



Bureau of Behavioral Health Wellness and Prevention (BBHWP)
Behavioral Health Planning and Advisory Council (BHPAC)
Meeting Minutes
Monday, May 5, 2025
11:00 a.m. PST until adjournment

1. Call to Order

Ariana Saunders, BHPAC Chair
Meeting called to order at 11:08am.

Present Members:	Absent Members:
<input type="checkbox"/> Anna Binder	<input type="checkbox"/> Dr. Krista Hales
<input type="checkbox"/> Dr. Pearl Kim	<input type="checkbox"/> Drew Skeen
<input type="checkbox"/> Lori Kearse	<input type="checkbox"/> Sarah Dearborn
<input type="checkbox"/> Misty Shore	
<input type="checkbox"/> Allison Wall	
<input type="checkbox"/> Ariana Saunders	
<input type="checkbox"/> French Dafinone	

This meeting was held using remote technology in compliance with Nevada Revised Statute 241.023

2. Public Comment

Ariana Saunders, BHPAC Chair

Tracy Palmer stated she's the Health Program Manager over the office of the data management within the Bureau, as well as the new lead manager over the committee to review suicide fatalities. Tracy stated this committee was developed in and supported by the Nevada Revised Statute 439.5102 requiring ten (10) members. Some of the members of this committee were interested in looking for some people who would be interested in taking these positions. The positions would be responsible for reviewing suicide fatalities in the state to determine and look at trends, risk factors and strategies for prevention of this activity, recommend any improvement in sources of information relating to the investigating reported suicide fatalities and preventing suicide in the state.

Ms. Palmer stated there are two positions they are looking to fill, one is expertise in suicide prevention, and another is advocates for individuals and families with mental illness. We do rely on subject matter experts reviewing these cases and providing feedback. I am here today to reach out to the BHPAC if you know of anyone who is interested or if you know someone who would be interested, please reach out to myself or Elizabeth Willis as well as going to suicide prevention hotline at suicideprevention.nv.gov community review suicide fatality website.

Allison Wall stated she is in a work shirt but not representing NDOT, she is here as an individual on own time here with the BHPAC today.

Anna Binder stated if not watching Legislative session they have budget finalization hearings today and tomorrow. Ten (10) items on agenda one (1) of those being on Thursday when budgets are on the floor, one(1) of the Senators pulled the Governor's recommended funding for the Summit View Intake Center which they were looking to revamp that based on substance abuse as well as Mental Health which would also put us in alignment with the Department of Justice (DOJ) settlement on not using incarceration on youth. If they today or tomorrow approve the budget with that removed, will have no funding to implement what they are trying to do. I wanted to make everyone aware of that and we are always on our individual capacity able to submit opinions and if you want, I will send that back to Tierra to circulate to you because you have 24 hours to submit your opinion form.

3. For Possible Action – Approval of February 3rd, 2025, and March 10th, 2025, BHPAC

Meeting Minutes

Ariana Saunders, BHPAC Chair.

Anna Binder motioned to approve the February 3rd and March 10th, meeting minutes Lori Kearse seconded the motion. The motion passed unanimously.

4. Informational-Substance use activities covered by BHPAC from the Division of Public and Behavioral Health Stephanie Cook Division of Public and Behavioral Health, Behavioral Health Wellness Prevention and Treatment

Stephanie Cook stated Shannon was out sick today and will be taking her place going over agenda items four and five.

Ms. Cook stated the Bureau of Behavioral Health and Wellness Prevention has historically maintained the substance abuse prevention and Treatment Agency Advisory Board that is referred to as SAAB and this board helped us review and make recommendations for the Division Criteria as it related to substance use activities outlined in NAC 458.028. This criterion of the division is used to certify substance use prevention and treatment agencies using SAAB as the body to do so. To better align ourselves and support comprehensive behavioral health programming and whole person care. The SAAB activities have been absorbed into the BHPAC. We are utilizing now the BHPAC to advise the division or bureau on changes to the criteria of the division as needed so that we manage and maintain the document on our end Fran Maldonado and Stefany Andrade on our side oversee certification and they manage that document disseminate to certified providers.

We have recently rebranded what was previously known as SAPTA certifications to Behavioral Health Certifications for Excellence in Nevada (BHCEN) all that happens in the bureau and take that criteria of the division to the advisory board to review and pass along to our administrators support.

That is the information we have to share regarding substance use activities being folded into the broader behavioral health programming and oversight of the BHPAC.

Questions or Comments

Ms. Kearse requested clarification regarding the acronym on what it stands for and asked if it is no longer being referred to as SAPTA.

Ms. Cook reiterated the acronym and what BHCEN stands for. Behavioral Health Certifications of Excellence in Nevada and Fran placed it in the meetings chat.

Ms. Cook will send out the notification of the change that was sent out last week through our listserv channel last week on the rebranding can send that out directly to the committee. The Bureau used to be called SAPTA, it's now bigger than just substance use that's what SAPTA represented, now rebranding our SAPTA we are trying to get rid of the acronym SAPTA. This is the biggest step in doing this due to our certifications have always been tagged to SAPTA certifications, now BHCEN certifications. We do have a new logo going out on all the certifications. Currently in the process of rebranding all the certifications. Ms. Cook informed the Council that we can disseminate the latest criteria of the division to the Council so you all will see where we are.

5. Informational – Ad hoc subcommittee meeting and bylaw amendment discussion from the Division of Public and Behavioral Health

Stephanie Cook, Division of Public and Behavioral Health, Behavioral Health Wellness Prevention and Treatment

Ms. Cook stated ad hoc subcommittee and bylaw amendment discussion from us. To best support the BHPAC in revising their criteria of the division, The Bureau recommends the council amend its bylaws to allow for non-board members to be appointed to subcommittees. In various other boards or councils, we've had the ability to have a subcommittee to work on a specific topic and then bring it back to the full committee has been helpful for us. To do that the bylaws have to allow to add-in members that are not necessarily on the board or on the council. Having input from stakeholders in the community, participants from another program or project not necessarily on the board, the request or the recommendation would be to amend bylaws to allow for that to happen within subcommittees. We think this will allow for specific subject matter expertise as it relates to specific topics especially as we roll out and expand in certifications and the main council will still appoint the

subcommittees and the stakeholders on to those subcommittees. We suggest possibly bringing this to a vote next meeting if that is ok with the BHPAC, then we can look at a proposed amendment. Tierra stated she shared the amendment in the email highlighted in section XI for everyone's review prior to this meeting.

Ms. Cook said the council is not going to vote on this agenda item since it is informational, but if in interest we can add that to the next agenda item for the next meeting. The mockup of the bylaws was attached and posted and dispersed prior to this meeting.

Questions or comments.

Ms. Binder stated the BHPAC was supposed to have subject matter experts that we are waiting on recommended quite a few appointments and the status of the new members.

Ms. Cook stated there has been no update yet, however she knows the team is working on that and current applications are pending the Governors appointment right now.

Ms. Sears stated the recommendations have been sent over to the Governor's office and believes that is what we are waiting on which could be a lengthy process.

Jennifer Simeo stated she just received an email from the Governor's office, five (5) applicants are awaiting the Governors appointment. One for the housing representative, one for the mental health representative, one individual with lived experience, one for the treatment provider and one advocate.

Ms. Cook reiterated the mockup bylaws were sent out to the council; it is recommended that everyone will look at them and that they can possibly be put on the agenda for the next meeting and discuss and possibly take a vote.

Dr. Pearl Kim questioned can one of the members be involved in this subcommittee.

Ms. Cook stated yes. Intention to where much of the subcommittee must be council members and still have quorum, meet all requirements, can include others to participate on the subject matter, and then it must go back to the council and be voted on.

Dr. Pearl Kim questioned how big does the subcommittee need to be? How many members, and can it be different based on subject or issues of the target?

Ms. Cook stated the subcommittee can be different based on the target. Can range from five to seven (5-7), since BHPAC is a bigger council, it could depend. Keep in mind that since the participation needed, which council would want to participate in that council based on subject matter expertise. Could be as low as three (3) if you can meet quorum.

Ms. Binder questioned when the next meeting was.

Ms. Saunders stated the next meeting would be in July.

Ms. Binder stated when the council got the draft of the agenda, they do not get any of the reference material and that is why she didn't catch that this is informational or would've recommended possible action just so we are not waiting that extra time.

6. Informational 988 Kick Off from the Division of Public and Behavioral Health
Rachel Isherwood, Crisis Response System Section Manager

Rachel stated they will be updating everyone on our recent 988 kickoff and what that means for the state of Nevada.

988 replaced the 10-digit national suicide number and now anyone can call, text or chat 988 and be connected to free anonymous behavioral health help anytime day or night. We recently went out to Request for Proposal (RFP) in 2024 and were awarded the contract. We awarded the contract to Caralon Behavioral Health through the purchasing RFP process. That contract is for \$49 million to have an additional call center to provide these call center services to Nevada. Currently we have a long-standing partner crisis support services of Nevada, who has been operating as a crisis support line as well as the 988-call center since 988 inception two years ago. From there we realized that our call volume is much

higher than anticipated, so we employed the help with RFP process and established the contract with Caelon Behavioral Health to better support our call volume and the needs of our Nevada residents. In March, we had our 988-kickoff introducing Caelon to the state of Nevada and our community partners and stakeholders. Caelon was chosen as the National leader in Behavioral health Crisis solution through the RFP process. Caelon has done work in other states such as Washington, Colorado, Wyoming, New Jersey, Louisiana and Georgia. They have experience with their crisis contact center as well as crisis system management, and total crisis solutions.

This means for our Behavioral Health care hub that 988 will be overseen. We will have two call centers providing the same services through our 988 platform with our federal partners Vibrant. They will provide clinical oversight, regional support, statewide coverage, as well as blending the two systems or augmenting our current systems. Wherever you are in the state of Nevada, a Nevada person will be the ones taking the call for all 988 calls received.

Crisis Support Services in the North and Caelon Behavioral Health in the South. They are working on the same platform to provide 988 services. We will also be working with our Public Safety Answering Point (PSAP) which is our 911 dispatch centers across the state of Nevada to ensure that we have call diversion through 911 and 988. If someone is calling 911 and it's not a medically emergency emergent situation. The call can be seamlessly transferred to our 988 call takers whether that be in the North or the South. From there we are working on our community outreach and regulations for our Caelon team with Crisis Support Services, as well as with Crisis Support Services of Nevada. We are doing targeted outreach to our Nevada communities to ensure the integration into the 988 Crisis care hub is seamless to ensure everyone who is calling, chatting or texting to receive help is receiving that tailored help.

We're focusing initially as our priorities with local Government, law enforcement and our other community partners that support those local governments in law enforcement across the state of Nevada. Our biggest goal for this year is to have Southern call center up and running by July 1, 2025. We are also going to be promulgating regulations to allow for a single point of dispatch to have our mobile crisis teams be dispatched from 988.

An effective crisis response system is that someone can call text or chat 988 and that person elects to have additional help, respond in person or the mobile crisis team that mobile crisis team can be directly dispatched to that person's location. Promulgating regulations will allow for us to have only certified teams be dispatched for mobile crisis.

Currently we have different modalities of mobile response for crisis across the state and trying to get to a certified standard solely dispatched for 988 calls.

As I said, our goal first and foremost is to have our Southern Nevada call center up and running by July 1, 2025. From there, Caelon is going to be having a contracting relationship with Crisis Support Services of Nevada to provide their additional infrastructure and oversight of their 988 programs. We will be establishing the Southern Crisis Call Center in Las Vegas. We're also identifying Caelon as a 988 provider in Nevada as part of that community outreach that I talked about and we're also implementing the crisis safety platform for Northern and Southern Call Centers. The platform is so the Northern and Southern can talk to each other and it doesn't matter where you're calling, texting or chatting to 988, they're all on the same page. Once we have those deliverables completed, we will transition into phase two, which we will focus on Mobile crisis dispatch and what that means for the platform with 988 Caelon and crisis support services of Nevada that will provide a system wide integration for the entire state and any Nevada resident calling. We're also again going to be collaborating with community partners for example the 911 dispatch centers, or known as PSAP, to ensure that we have a seamless call transfer from 911 to 988. A completion of our referral directory. If call, chat or text 988 regardless of crisis or the reason for your call if you need additional services or contact information can be either made for you or provided to you for you to call and establish for yourself.

Any questions?

Dr. Pearl Kim questioned if we have enough workforce for your implementation of all these platforms? And how do you establish the workforce for your project?

Ms. Isherwood stated regarding workforce, we are not concerned when it comes to workforce for the call takers, we have been pushing forward that promotion for employment for call takers for two to three months now and is going very well. For the workforce for mobile crisis, we are conducting a needs assessment for the state of Nevada's mobile crisis modalities to better understand what services are out there, what the workforce looks like, and what rural and frontier areas need to be supported for our mobile crisis infrastructure build out.

Dr. Pearl Kim questioned what is the biggest challenge you are facing?

Ms. Isherwood stated the biggest challenge we're facing is building out the infrastructure for mobile crisis. As your question perfectly pointed out the workforce and with that development is going to look like we do have some nonprofit partner organizations that we're working with regarding a social work pipeline workforce. It's understanding what rural, and Frontier Nevada needs and how we can support that infrastructure. It's a learning as we're going but also to ensure that Nevada is taken care of by Nevada.

Ms. Binder stated that she assuming that all the southern data will be presented to the council like the existing one has over the last couple of years.

Ms. Isherwood stated yes, once we have the Southern call center up and running, we do have to figure out what our call diversion looks like for location wise when calls are distributed between the two call centers.

Ms. Binder stated some data isn't being captured and having a conversation about the desire to have some more data, but don't remember where they left off.

Ariana Saunders stated she does not remember and would have to go back and look at minutes. We had a presentation before and there were questions about specific data that we thought might be helpful to be tracked but will have to go back and look at the information.

Ms. Isherwood stated one of the biggest things for data for 988 is that it is an anonymous service, so it is hard to get those demographic data points. The personal information, especially speaking to someone in crisis, we are figuring out ways to see what we can do.

Ms. Binder stated she believes that it had more to do with the resolutions and the outcomes as well as their treatment referrals, nothing to do with personal data. Will go back and check their minutes and get back.

Ms. Kearse stated she has a concern regarding if the services would be able to accommodate the deaf population. You have a TTY, but if you had to send a therapist or assessors out in the rural areas or anywhere or perhaps the family is deaf and use sign language, how would we accommodate that?

Ms. Isherwood stated in regards to a variety of calls, we could get whether it be Spanish speaking, Tagalog speaking, deaf or hard of hearing Persons with disabilities, what we've looked at in the past with the federal contractor vibrant is that they can select an option when they're calling to help them hear or speak from there it would be tracked in the system so if mobile crisis were to respond in person we have contracts in place via the federal partners that allow for a third party contractor to do ASL, different language via iPad or through the app with our 988 system.

Ms. Binder stated currently there is a bunch of bad information going around the country about the Trump administration withdrawing funds from the national suicide crisis line, as we move forward to opening the Southern Call center and continue to do our work that we are diligent in counter acting that false statement because there are many people in our communities that rely on these lines for support and tumultuous situations and I don't want one person to think it's not available to them. Have we thought about any additional marketing?

Ms. Isherwood answered stating we have telecom fees that are solely written into NRS for the crisis response continuum in 988. Our fees that are paying for this contract and for the Carelon 988 oversight and support and infrastructure of our crisis support services of Nevada. The entire Crisis response continuum is Nevada taxpayer dollars. My team and I work very diligently to protect those dollars to ensure that the 988 system is effective for Nevada. From there, we are aware of the Trump administration stigma, and that is why my team is doing a community outreach to reassure our community that we are not going away. We have your taxpayer dollars, and this is what we are doing with it for Nevada.

7. Public Comment

Next meeting 7/7/25 at 11:00 am

Ms. Saunders stated If you cannot make the next BHPAC, to email the BHPAC email address as you see we have lots of support through from the department so if you can

email them and copy me to let us know if anything comes up and you cannot attend to ensure we make quorum.

A reminder that you can email Ariana Saunders if you want to add an agenda item if anything comes up between now and July.

Ms. Cook stated we have two requests for application that are open right now from our Bureau. One is looking at Substance use services, and the other one is looking at the community Mental Health services. They're both out, so if you can share, if you need the link e-mailed directly to you, we can email it out to the Council. All the information is posted all our request for applications have been aligned with our Bureau's strategic plan that is still in process, but we have the core pieces of that plan. We're trying to align all our funding to that plan. The two requests for applications are out. The substance use one closes May 31st and we have a webinar coming up on Wednesday if you have questions. All the information is in the request for applications announcement online and then the Mental Health one also has some similar things happening. Share with anyone you may know that is interested in those services.

Helen Byrd stated hope to get a path RFA out soon, which is a homelessness grant. We have a carve out set aside for the mental health block grant for early state mental illness will be a separate RFA process, which should be coming out soon. The other item that we have is we hope to get a draft of the mental health block grant to the council at the July meeting so you can review it prior to submission by the end of or beginning of September.

Ms. Binder stated she wanted to highlight the importance of meeting the quorum at the next BHPAC meeting in July. It will be the Monday after a 4th of July weekend.

8. Adjournment

Meeting adjourned at 11:55am