

**BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL (BHPAC)
MEETING MINUTES
Wednesday, October 21, 2020
9:00am – Adjournment**

Meeting Locations: TELECONFERENCE ONLY

Call In number: (888) 363-4735 **Access Code:** 3818294#

1. Call to Order, Roll Call and Announcements
Members Present: Ali Jai Faison, Chair; Dr. Karen Torry Greene, Co-Chair; Drew Skeen; Charlene Frost; Ariana Saunders; Dr. Megan Freeman
Members Absent: Renee Norris, Stacy Kollias, Gillian Rae Stover, Dr. Megan Freeman, Susan Maunder
Staff/Guests Present: Brook Adie, Cari Moss, Amy Roukie, Sean O'Donnell, Sidney Banks, Sean Thomas, Ben Trevino, Dawn Yohey
A quorum was present.
2. Public Comment
There was no public comment.
3. Approve Minutes from Behavioral Health Planning and Advisory Council (BHPAC)
Dr. Greene moved to approve the minutes. Ms. Frost seconded the motion. The motion passed without opposition. Mr. Skeen abstained.
4. Discussion of the Results of the Research on Joining BHPAC With the Commission of Behavioral Health and Exploring Other Boards or Commissions to Join
Dr. Greene explained that the BHPAC has consistently struggled to meet quorum and was considering alternative ways to meet the requirements of the Substance Abuse and Mental Health Services Administration (SAMHSA). The federal government requires the state to have a Planning and Advisory Committee, Nevada's smaller population contributes to the difficulty in meeting quorum.
Ms. Frost said membership of the Commission of Behavioral Health is defined in *Nevada Revised Statutes* and does not include some positions represented on BHPAC. She suggested they remove members for nonattendance. Mr. Faison stated the Commission does not hear consumer interests at its meetings. This Council represents how treatment is received and where the gaps are—51 percent of its makeup is consumers of services and people affected by mental illness. Input from the Council could provide what has been missing in the Commission's annual report to the Governor. Dr. Greene pointed out the Commission's membership represents youth, components of mental health, and consumers of mental health services. If BHPAC became a subcommittee of the Commission, their missions would align. This would benefit state employees required to attend multiple meetings covering the

same topics, but the primary reason for this is to enable BHPAC to meet quorum. The bylaws state the Governor shall appoint 23 members. Dr. Greene said having only 11 members gives them the best chance of consistently reaching quorum.

Ms. Adie has spoken with several people who have submitted applications to serve on this Council, including people from the court system, Medicaid, and the Department of Education. She will help with state employee membership. Mr. Faison wanted to investigate BHPAC membership so they could see who they are, what they represent, and where the gaps are to know how to move forward. There was concern the missions of the two entities do not overlap enough and that representation of people who are mentally ill was inadequate.

5. Discussion of Advocacy Efforts to Federal Government for Telehealth

Mr. Faison heard from providers about the inability to reach the same goals using telehealth as they did with face-to-face intervention. Many reported that scheduled clients do not show up or they access services while out in public. Medicaid told him it is the responsibility of licensed professionals to follow the rules as they do not have the capacity to police this. Ms. Frost pointed out a consumer can choose to receive therapy while in a public place, which is not a violation of privacy because it was a personal choice. The provider would violate Health Insurance Portability and Accountability Act of 1996 (HIPAA) by being in public while providing services, but consumers are the wardens of their own privacy. There are three bills regarding telehealth that will go before the legislature next year. Many professionals have seen good results with telehealth. Some consumers love it, some do not. Even after the COVID-19 pandemic, consumers should have a choice in how they receive services. Dr. Greene reported three of her four licensed clinical social workers (LCSW) interns use telehealth to conduct most of their appointments. As a LCSW supervisor, she can do site visits via telehealth. Private practice and insurance boards allow her to do telehealth with her clients. She has 100 percent attendance; however, some of her interns report their clients may pick up a beer during therapy or have children running around in the same room. Those are not HIPAA concerns, but they can be therapy-interfering behavior. She prefers her clients be in a place appropriate for doing therapy. A federal telehealth council and insurance boards have put guidelines in place. She suggested the Council advocate for consumer choice regarding telehealth post-COVID-19 since the biggest barrier to continuity of care is transportation. Mr. Faison agreed that telehealth can reduce the number of people suffering from mental illness and emotional disturbances. Ms. Frost added this group could encourage public service education so consumers who feel their privacy was violated know where to send their concerns. Mr. Faison said they could put that information in a resource guide for consumers. Dr. Greene and Ms. Saunders offered to share the guidelines they have received.

6. Presentation of All Proposed Recipients of SAMSHA Block Grant Funding: Who are They, What Do They Do, The Use of Funds, and the Expected Outcomes After Funds Are Used and Programs Are Implemented

Ms. Yohey spoke about the [Mental Health Block Grant](#). It targets First Episode Psychosis (FEP) and Early Serious Mental Illness (ESMI); adult services focusing on criminal justice diversion; assertive community treatment (ACT) services; and community-based treatment; youth services focusing on juvenile justice diversion, target transitional age youth (TAY), and adolescent services. Funding for the regional behavioral health coordinators comes from three funding sources to assist in targeting these areas. The FEP funding provides mental health services to individuals who have serious mental illness (SMI) and are experiencing their first episode of psychosis. For adult jail diversion and reentry, they fund two programs—Northern Nevada HOPES and the National Alliance on Mental Illness Nevada. Assertive Community Treatment is funded through Carson Tahoe Hospital. An ACT team is made up of ten people with a caseload of 60 to 100 individuals of higher acuity in order to keep them in the lowest level of care in their own communities. Community-based treatment funds Crisis Support Services of Nevada and NAMI Western Nevada. The youth jail diversion program funding was awarded to Northern Nevada HOPES. Youth and Adolescent Services funds Solutions for Change to provide outpatient therapeutic and counseling services to children and youth with serious emotional disturbance (SED) determination.

The grant funds three budgets through the Division of Child and Family Services (DCFS)—Washoe County's mobile crisis response team (MCRT) program, Clark County's MCRT program, and the Planning and Evaluation Unit to support programs of the Southern Nevada Child and Adolescent Services and Northern Child and Adolescent Services. United Citizens Foundation provides school-based treatment in Clark County. Chicanos Por La Causa is developing and providing a pediatric psychiatry access line for youth with SED. Technical assistance is provided by the Center for the Application of Substance Abuse Technologies (CASAT). They provide training and support for certification, data gathering, usage, and reporting; conduct site visits; and provide technical assistance to the certified community behavioral health clinics (CCBHCs) and one independent ACT team; and assist in the development of provider qualification and certification data in the tenancy support program. The regional behavioral health coordinators are funded by three different funding sources to help build community capacity through board activities to improve access to treatment, education, and related behavioral health services to individuals with SMI, co-occurring, or separate substance use disorders. She provided a link to the [Competitive Grant Awards 2020-2021](#) document listing all funded providers and sources. Dr. Greene asked how the budgets for ACT teams and justice diversion were determined. Ms. Yohey stated they were based on what the providers asked for and how much they spent the previous year. Ms. Frost asked if recipients of the MHBG are being funded by other mental health grants. Ms. Yohey replied that applicants were required to disclose all the funding they were already receiving. Within statute, they cannot use MHBG dollars to supplant any sort of programming. Since the grant has a finite amount of money, they identify programs to enlist, then have Medicaid assist with developing a payment source based on the expansion of Medicaid; they ensure an agency can become a Medicaid provider and have billable services. Mr. Faison asked which tools were used to establish if a recipient is in first episode psychosis. Ms. Yohey

explained that the NAVIGATE program includes a comprehensive evaluation for an individual. The score in the evaluation determines whether it is FEP or if they need to be in a different treatment. Mr. Faison pointed out some people know how to use the system to receive treatment that should be going to others. Ms. Frost noted the FEP program covered services for individuals within a specific age range. Dr. Greene pointed out it would be unusual for a person to have FEP even in their late 20s. Early intervention could make a big difference.

Ms. Adie commented on how they measure outcomes. The grant requires the Division to collect client-level data. In the past, Nevada provided client-level data for those receiving services through Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Nevada Rural Clinics, and DCFS; they now collect the same data sets from MHBG-funded providers to add to the overall data. They are creating a tool for MHBG providers to enter client-level data. Adding these community providers will give a better picture of what mental health services look like in Nevada. Dr. Greene asked if the information would be accessible and if they tracked "super utilizers" of services. Ms. Adie said there is a public-facing website through the Office of Analytics that allows people to request data. They are working to improve their behavioral health dashboard.

7. Review of BHPAC Council Make Up: BHPAC vacancies; BHPAC communities and their inactivity; The Submission of Names of Individuals to Add to BHPAC; and Revival of the BHPAC

Ms. Moss said many members terms have expired. They can continue to serve as members until someone is appointed for their position, or they can reapply to continue to serve on the Council. If they do not plan to continue, they should resign so their membership does not count against quorum. People who would like to apply should be referred to the [website](#). Ms. Norris was still interested in being a member but may not be able to attend meetings due to health issues. Ms. Maunder was reminded to reapply; Ms. Moss will follow up with her. Mr. Faison said Ms. Stover has exceeded the number of absences allowed by the bylaws. Ms. Frost noted anyone whose membership was terminated due to nonattendance can reapply at a later date. She asked Mr. Faison if he could encourage someone with a major medical health issue to step down so the Council could meet quorum. Dr. Greene asked about the application process. Ms. Adie said they met with the Governor's Office. She has seen some improvement in their response time. Resignations can now be handled by email; they will accept resignations quickly. Current vacancies are in education, criminal justice, housing, Medicaid, SAPTA, and vocational rehabilitation. Ms. Adie reported being told by the Governor's Office if someone leaves the entity where they were working, they are automatically taken off the membership list to free up that position. That is the case with Jenna Sexton and Amber Neff. Ms. Moss said she received an email resignation from Ms. Neff. She emailed the Governor's Office regarding Jenna Sexton and is waiting for a response. Sondra Cosgrove's position with public and private entities is vacant. She has been in contact with Susan Maunder. Alyce Thomas' spot with persons with mental illness, substance abuse, and co-occurring disorder is vacant. There are many whose

membership is expired and need to reapply. Dr. Greene suggested this be a standing agenda item. Mr. Faison asked any who reapply to inform Ms. Moss so she knows of their interest in remaining on the Council. Ms. Adie said the Governor's Office expects to process applications in a matter of weeks. The Division will actively follow up with them. Dr. Greene asked if Council members should keep their eyes and ears open for good candidates for membership. Mr. Faison said they should continue to try to fill vacancies even though it is easier to meet quorum with fewer members.

8. Update from Governor's Office on the Delay in Review and Approval of Applications to BHPAC, Appointments, and the Lack of Filling of Positions that Represent the State of Nevada

Ms. Adie reported on many of these positions. She said she would submit an application as part of SAPTA, and has reached out to education, criminal justice, housing, and would reach out to Medicaid.

9. Public Comment

Ms. Adie said she shared the Behavioral Health Chart Pack and the link to the Behavioral Health dashboard for their review. Ms. Frost asked if the chart pack could be on the next agenda. Ms. Frost stated it would be helpful to know how the Governor's Office would notify a person the Governor chooses not to appoint.

10. Adjournment

The meeting was adjourned at 11:13 a.m.