

**BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL (BHPAC)  
MEETING MINUTES  
August 18, 2021  
1:00-3:00 p.m.**

Meeting Location:

**The meeting will be held using remote technology in compliance with *Nevada Revised Statutes 241.023*.**

1. Call to order/roll call  
Members present: Ali Jai Faison, Chair; Ariana Saunders; Char Frost; Dana Walburn; DeNeese Parker; Dr. Mavis Major; Dr. Pearl Kim; Drew Skeen; Garrett Hade; Dr. Megan Freeman; Misty Shore; Robert Moore  
Members absent: Gillian Rae Stover, Sean O'Donnell  
Staff/Guests present: Lea Tauchen, Stephen Wood, Tray Abney, Trey Delap, Brook Adie, Dawn Yohey, Wendy Whitsett, Joan Waldock
2. Public comment  
Ms. Yohey announced the Mental Health Block Grant application is ready for public comment. Members will receive an email instructing them how public comment can be made. Comments should be directed to [jwaldock@health.nv.gov](mailto:jwaldock@health.nv.gov).
3. Approve minutes from Behavioral Health Planning and Advisory Council (BHPAC) meeting on October 21, 2020  
Ms. Saunders moved to approve the minutes from the previous meeting. Ms. Frost seconded the motion. The motion passed. Mr. Skeen abstained.
4. Introduction and welcoming of new council members  
Mr. Faison welcomed new members, reminding them the council's purpose is to advocate for people with serious mental illness and substance use disorder. The council has had a hard time meeting quorum and fulfilling its duties. While the makeup and design of the council meets requirements other entities have to fulfill their missions, it has been unable to assist them because of not meeting quorum. Ms. Frost asked if, with the addition of the new members, the council was 51 percent consumers and family members as required. Mr. Faison said it was.
5. Review of BHPAC orientation and BHPAC historical documents  
Members introduced themselves, noting the positions they hold. Mr. Faison stated BHPAC has had 23 members, providing a view of how mental health affects everyone from all the different angles represented. He went through the [BHPAC Overview](#), noting the council is to advise on the development of the state's behavioral health plan, advocating on behalf of those with serious mental illness, those who are severely emotionally disturbed, and those with substance use and co-occurring

disorders. While required to meet at least once a year to look at block grant funding, the council does not successfully do its meeting once a year when only 14 percent of the people who suffer from mental illness are receiving services. The council tried to meet monthly, then quarterly, but has not met since last October—failing in its mission to have an impact on where funding went. Ms. Frost pointed out the council is also supposed to monitor, review, and evaluate the allocation and adequacy of behavioral health services in the state. Mr. Faison noted it would be good to meet more often in order to address all the concerns. Mr. Moore asked if subcommittees could do in-depth reviews and present their findings to the council. The topic was covered later in the meeting. When quorum is met, the council can participate in the block grant funding and make sure money is distributed proportionately to organizations and the areas where there are gaps.

Mr. Faison explained the attendance policy. A member can be removed after three unexcused absences in a 12-month period. He asked members to send updated contact information to Division of Public and Behavioral Health (DPBH) staff. To be excused, members should let staff know if they will miss a meeting.

The council elects a chair and a vice chair for a two-year term. The immediate past chair is an officer of the council and a member of the executive committee. Officers may serve an additional term with council approval, for a maximum of four years, unless the Council approves a further term with a 70 percent vote. After October 1, the nominating committee or council members make nominations for open positions. Each member will participate on at least one subcommittee. Subcommittee the council has had in the past are executive, nominating, legislative, bylaws, promotions, and rural monitoring; subcommittees can be removed or added as needed. All are inactive. Ms. Frost said the bylaws do not preclude the council from appointing ad hoc committees. She noted that with so many new members, they have the opportunity to redefine what BHPAC looks like. Mr. Faison said nominating and executive subcommittees are required. They can determine what subcommittees are needed in light of the changes in mental health, such as telehealth and other electronic means by which services are rendered.

Mr. Faison asked members to go over the Open Meeting Law material and Roberts' Rules of Order. There is information on the Substance Abuse and Mental Health Services Administration (SAMHSA) website about the Mental Health Block Grant at [samhsa.gov](http://samhsa.gov). He went over information about the Mental Health Block Grant since it is important to the council, the state, and the U.S. government. The council is to:

- Educate members on issues—share with others beyond the council.
- Use various formats and approaches—letter writing, working with media, education, and social events with decision makers.
- Help the council speak with one voice. Find the points of consensus.
- Present information in powerful ways, using data and illustrating with real life stories.
- Frame legislative advocacy as information and education—independent from the state behavioral health authority. The COVID-19 pandemic made staying

at home and taking care of your family more important than mental health. The concern was about survival. Now mental health is important again because people have issues from being confined. He noted the structure has changed—face-to-face interventions were replaced by telehealth services. He wondered how the council could address that, since effectively using telehealth with people who are mentally ill makes them responsible for getting online or on a device to keep their appointments. There are solutions for data problems, but how can a person at level 5 be responsible for logging on a computer and attending sessions on time? The council needs to come up with solutions to reduce the number of mental health problems in the state.

Under monitor, review, and evaluation, the council is to:

- Focus on allocation and adequacy of services within the state.
- Numerous strategies fulfill requirement
  - Peer-review organizations and programs. In the past, peer services were for substance use, drug, and alcohol, with mental health pushed aside. The council needs to speak up for where funding goes and why it does not go to other services. The council wanted to have 100,000 peers working to offset gaps in the credentialed provider base. Peers and the council should be able to direct people to where services are and how to reach them.
  - Presentations to council from block grant-funded organizations.
  - Design outcome and evaluation activities to monitor improvements and systemic changes. This council can hold people who have received funding accountable.
- Include information on monitoring activities in report to SAMHSA.
- Recruit members with data and evaluation expertise. There are vacancies on the council. The nominating subcommittee will deal with this.
- Consider a designated liaison from state data staff to regularly attend council meetings.
- Access the State Epidemiology Outcomes Workgroup.

The regional behavioral health boards are saying the same things. The council needs to determine how to address these problems and find out what resources are available for those needing help.

Ms. Shore asked about the vagueness of the block grant. For the state children's mental health authority, it says, "School-based behavioral health brick-and-mortar options infrastructure for Medicaid billing in schools is to reinvest revenue in tier 1 services to correct imbalance of tier 3 and tier 1 services." She asked if this was to get the grant, with the funding going to someone who meets the criteria, or if there was a way to make sure people like her son can access the funding. She wondered about the council's role. Mr. Faison explained the block grant has different categories for where the money will go. The council reviews it to see if anything needs to be changed. It is returned to those writing the block grant for

making recommended changes. They submit the application to the federal government to receive the block grant funding. Ms. Frost stated the council is supposed to let DPBH know what it is happening in the community and if the priorities are the same so DPBH can complete the block grant application. The document Ms. Shore referred to was orienting the council to the state priorities; it is the council's responsibility to say whether those priorities are current. Mr. Faison said the council would discuss this at a later meeting so members know what everyone thinks. They can then vote in favor of accepting the agreed upon changes. Ms. Shore asked if the grant application has measurable goals—such as defining tier 3 for the schools—and how they will measure progress. Dr. Freeman replied there are stringent requirements for applying funding and measuring performance. There are monthly reports to complete for DPBH. She reports to them, and they report to the federal government. Ms. Walburn asked if the council could meet monthly because there is also \$80 million in COVID-19 relief to be strategized for distribution. Dr. Freeman said there is another process for the relief funding, but she agreed the council could give recommendations based on the priorities of professionals, consumers, and family members. The deadline for submitting documents for that meeting has already passed. Ms. Walburn thought recommendations could be submitted to the Interim Finance Committee (IFC), especially for behavioral health services through school districts. Ms. Frost noted the IFC met August 18. Each of the regional behavioral health policy boards submitted funding recommendations to the Governor's Office for those American Recovery Plan funds. Dr. Freeman said each department submitted proposals for spending the funds that are allocated for different purposes, so there is information coming from all directions. Mr. Faison noted they are allocating \$80 million for the 3 to 4 million people in Nevada—a little bit of money for maximum problems. Money is great, but people are not looking for money; they are looking for services. He hopes this council can have some input, digging into this to find out who a person needs to talk to in order to get services for a child. He wants to see his child's needs met. If he is not getting coverage, there must be others just like him he can advocate for. The council should ask if they are reaching Ms. Shore's family and assure them something will be done about their situation. They can advocate for her and her son so he can get the services he needs here in Nevada.

6. Review of BHPAC current makeup: BHPAC absences and current vacancies to be filled; current list of names of individuals to add to BHPAC as consumers, providers, and state representatives; Office of the Governor response to questions submitted after last Council meeting regarding the delay in review and approval of applications to BHPAC, appointments, etc.

There are current vacancies for representatives in housing and Medicaid, but most of the vacancies are for consumers. There is a vacancy in public and private entities concerned with the need, planning, operation, funding, and use of mental health, substance use disorder, and co-occurring services; there are three vacancies in persons with mental illness who are receiving or have received behavioral health

services. Ms. Frost asked if members would commit to talking to their contacts about filling these vacancies. Mr. Faison reminded them that the larger the council is, the harder it will be to meet quorum.

7. Submit names for nomination as BHPAC Vice Chair and vote for new Vice Chair Ms. Frost nominated Ariana Saunders as vice chair. Dr. Major nominated Dr. Pearl Kim. There were no other nominations. Both nominees were willing to serve as vice chair. Seven were in favor of Ms. Saunders as the nominee; four were in favor of Dr. Kim. Mr. Faison abstained. When they voted, Mr. Faison abstained, all others voted to approve Ms. Saunders as vice chair.
8. Update on BHPAC's possible role in supporting or becoming a member of the Behavioral Health Commission without dissolving or dismantling BHPAC  
This item was tabled to the next meeting.
9. Public Comment  
There was no public comment.
10. Adjournment  
The meeting adjourned at 2:59 p.m.