

**BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL (BHPAC)
DRAFT MEETING MINUTES
Tuesday, October 19, 2021
1:00-3:00 p.m.**

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

1. Call to Order/Roll Call (*Chair*)

The meeting was called to order at 1:06 p.m. A quorum was present.

Members Present: Ali Jai Faison, Chair; Ariana Saunders, Vice-Chair; Dr. Pearl Kim; Garrett Hade; DeNeese Parker; Marshal Hernandez; Dana Walburn; Dr. Mavis Major; Drew Skeen; Char Frost; Bob Moore; Misty Shore

Members Absent: Dr. Megan Freeman (excused), Sean O'Donnell (excused), Gillian Rae Stover

Staff and Guests Present: Dr. Ruth Condray, Sarah Baker, Jessica Flood Abrass, Gregory Gray, Elyse Monroy, Miranda Branson, Tom Strahler, Linda Anderson, J'Amie Webster-Frederick, Abigail Bailey, Alex Tanchek, Teresa Etcheberry, Michelle Bennet, Stephen Wood, David Stoebling, Wendy Whitsett, Valerie Balen, Nicole Mara, Lea Case, Dawn Yohey, Lea Tauchen, Cody Phinney, Carin Hennesey, Trey Delap, Joan Waldock,

2. Public Comment

There was no public comment.

3. Approve Minutes from Behavioral Health Planning and Advisory Council (BHPAC) Meeting on September 21, 2021

Mr. Hade made a motion to accept the minutes as written. Dr. Kim seconded the motion. The motion passed without opposition; Ms. Frost abstained.

4. Presentation on First Episode Psychosis

Dr. Condray went through her [Nevada NAVIGATE presentation](#). NAVIGATE is a program for Nevada residents experiencing early state serious mental illness (ESMI). The initial focus is first episode of psychosis (FEP) of the schizophrenia spectrum type. She provided an overview of Nevada's program's background, development as an evidence-based treatment program, and its implementation. She noted the importance of intervening as early as possible in the course of serious mental illness (SMI). The first site chosen was Carson-Tahoe Health in the Northern Behavioral Health Region. The program started in February 2019 and serves Carson City, Churchill, Douglas, Lyon, and Storey Counties. The second site opened in 2020 in the Clark Behavioral Health Region at University of Nevada, Las Vegas (UNLV)/Mojave Counseling. It serves Clark County and a portion of

Nye County. The third clinical site is the University of Nevada, Reno (UNR), School of Medicine, Department of Psychiatry and Behavioral Science, in the Washoe Behavioral Region. Their program, Soar, began accepting patients in August 2021. Mr. Stoebling gave his [First Episode Psychosis \(FEP\) Program](#) presentation.

Mr. Faison asked if Mojave Counseling uses the NAVIGATE program. Mr. Stoebling said they use that model for family education, individual resiliency training (IRT), and supported employment and education (SEE). Their wraparound services are coordinated with the med clinic. Mr. Faison asked how they are funded. Mr. Stoebling replied they bill for psychosocial services, med clinics, case management, and therapy. The psychological evaluations are paid through a different funding source. Dr. Condray added these programs are being implemented through the 10 percent set aside of the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant. They will eventually be sustained through Medicaid and other sources of funding. Mr. Faison asked if Mojave's program does prior authorization requests (PARs) for their services and whether PARs are denied or if services are allotted to each client. Mr. Stoebling replied said they submit PARs for continuing therapy services, family education, and IRT. They have a good approval rate for PARs and are rarely declined for therapy or medication. Mr. Moore noted Medicaid enrollment eligibility is a low percentage of the federal poverty level (FPL). He asked what percentage of Mojave's clients meet the criteria. Mr. Stoebling said most of their 16 active clients are Medicaid/Medicare; only 2 or 3 are not Medicaid clients. If clients come in without insurance, staff helps them apply for Medicaid. Mr. Hade asked if someone experiencing psychosis as a result of substance use disorder (SUD) could be accepted in the program. Mr. Stoebling said they can accept clients with SUD. They use the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders to screen out comorbidity versus drug-induced psychosis. Ms. Saunders asked if this would be a resource for the transition-aged youth homeless population in Nevada. Mr. Stoebling said it was. They have had individuals who are homeless or from conflicted homes. If an individual is not on good terms with a family member, Mojave tries to mend that. For those without family, they focus on the IRT. Dr. Major if there were services in Reno at this time. Dr. Condray said an FEP program is located in the UNR clinic. Ms. Shore provided the link to the program med.unr.edu/soar. Mr. Faison asked if anyone knows the underlying causes of schizophrenia and bipolar disorder so the number of or victims falling to SMI and ESMI can be reduced. Dr. Condray reported that, based on decades of work on the brain and the genome, it appears these are central nervous system disorders that are genetically conferred. There are genetic and environmental components that cause a higher degree of bad outcomes for vulnerable brains subject to environmental risk factors than for those who do not have the genetic loading; early trauma tends to have more impact on a developing

brain that is already vulnerable. The Nevada program was implemented primarily for schizophrenia spectrum disorders because reasonably good outcomes could be achieved with high fidelity to the evidence-based program. The economic burden for these disorders is huge in dollars and in terms of human suffering. The data indicate that intervening as early as possible should improve outcomes, reducing the number of episodes with severe symptomology. That may improve quality of life and social functioning, allowing people to achieve a higher level of vocational and educational performance. Mr. Faison asked if information is being disseminated to other practitioners so they can implement some of the programs or services to ensure the people suffering from these disorders get the proper care and treatment. Dr. Condray said a goal of the state mental health authority in the Division of Public and Behavioral Health is to implement these three programs and expand to cover all areas of the state. Mr. Faison asked if this would lead to practitioners becoming qualified or certified under this model. Dr. Condray said the plan is to make programs like NAVIGATE the standard of care, rather than specialty service care so it is distributed throughout Nevada. Mr. Faison asked if existing agencies could reach out to her or the programs for more information. Dr. Condray said she is the program lead and is willing to collaborate with as many community providers as possible. Dr. Kim asked how long the program is designed to last, and what happens after the program. Dr. Condray said the evidence-based program considers two years to be the minimum amount of time for services. At the Carson-Tahoe program, individuals have not been discharged at the end of two years if it is the clinical judgment of the team that the person could continue to benefit from the services. Dr. Kim asked if what the plan for sustainability is. Dr. Condray said the slides show steady improvement in the areas of symptoms of psychosis, social functioning, and quality of life across the course of one year of treatment for one individual. The metrics are achieved via the assessments administered throughout the course of treatment. The data from those assessments is used for ongoing evaluation of whether the program is helping or if adjustments need to be made to increase frequency or add ancillary treatment. After this treatment program, there will be a variety of clinical programs for serious mental illness people could be referred on to if they need additional high-level care. Mr. Faison asked if they are looking at the effectiveness of types of psychotropics that are prescribed and going across demographics. Dr. Condray said there are a number of national and international studies to identify what should be the frontline first choice antipsychotic for early-stage illness. Some of the antipsychotics that have preferred or considered front line choices are those with lower side-effect profiles.

5. Discuss Collaboration on Comprehensive Resource Guide

Ms. Flood Abrass said their original conversation was about a resource guide for

Nevada. She demonstrated how to use the nrbhpb.org site. She mentioned the coordinators are open to collaborating with others on their site. *Nevada Revised Statutes*, the policy boards are not mandated to create a website but are told to create one if possible. The site is to be a data repository, but also have behavioral health resources. There are other resource directories, such as 211. The Division of Child and Family Services has a program on primary care integration. Their scope of work requires them to develop a behavioral health repository for resources. They have collected a huge amount of information about youth behavioral health services in the state. Ms. Walburn asked if the primary care integration program was going to put their list on OpenBeds.

Ms. Branson shared the [Nevada Overdose Data to Action Presentation](#) that explains their funding source, what OpenBeds can do, what information they have collected, and what the platform looks like. Overdose Data to Action (OD2A) is Nevada's primary source of Centers for Disease Control and Prevention funding for overdose surveillance and prevention. They are in year two of a four-year grant. They operate OpenBeds, an electronic behavioral health and social services referral tool and bed registry that allows them to see which facilities have available beds and where patients can go, providing linkage to care. OpenBeds will strengthen Nevada Health Connection and be used with the Crisis Now model. The behavioral health resource registry allows providers to see where resources are available. She showed how Treatment Connection, the public-facing tool, allows family members, friends, or individuals to find treatment at the correct level of care. She demonstrated how a request is sent from a referring agency to a receiving agency in the real-time service availability platform. Since its launch August 13, 2020, almost 1,700 referrals have been processed on OpenBeds.

Mr. Faison asked how they are you getting the word out to providers. Ms. Branson said they started with all SAPTA-funded and SAPTA-certified facilities to ensure the quality of care and service people would get. Mr. Faison asked if they could interface with the licensing boards for list of people who are operating in the state. Ms. Branson said they were planning to do that next. OpenBeds allows up to three referrals for the same service. The agency that picks up the referral first is where an individual would go. Ms. Monroy added that once the referral is picked up, it is removed as available, and the other locations are informed the referral has been taken care of.

Mr. Hade asked if real-time data is presented to the public. Ms. Monroy said their information is delayed. They provide monthly regional overdose reports of emergency room admissions for overdose and suspected deaths at nvopioidresponse.org.

6. Bureau of Behavioral Health Wellness and Prevention Updates

Mr. Wood reported the bureau chief resigned, and they are recruiting for a new one. Interested parties are directed to careers.nv.gov where they can learn more and apply. The notice of funding opportunity (NOFO) for supplemental COVID-19 and ARPA funds was released. Bureau staff is in a blackout period and cannot

discuss anything regarding the NOFO, but anyone with questions can contact Sheila Lambert in the director's office at the Department of Health and Human Services. The state is moving forward with tenancy support services regulations.

- 7.** Discuss and Approve Subcommittees and Their Membership
This item was tabled.
- 8.** Discuss Future Agenda Items
This item was tabled.
- 9.** Discuss Future Meeting Dates
This item was tabled.
- 10.** Public Comment
There was no public comment.
- 11.** Adjournment
The meeting adjourned at 3:10 p.m.