Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL (BHPAC)
DRAFT MEETING MINUTES
Tuesday, September 21, 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
Members Present: Ali Jai Faison, Chair; Ariana Saunders, Vice-Chair; Dr. Pearl Kim; Garrett Hade; DeNeese Parker; Marshal Hernandez; Dana Walburn; Dr. Mavis Major; Sean O'Donnell; Drew Skeen; Bob Moore
Members Absent: Char Frost, Gillian Rae Stover, Dr. Megan Freeman
Staff/Guests Present: Jennifer Williams, Brandon Cassinelli, Jessica Flood Abrass, Lea Case, Michelle Bennett, Stephen Wood, Lea Tauchen, Wendy Whitsett, Jenny Fay, Tray Abney, Linda Anderson, Mary Beth Chamberlain, Susanne Sliwa, Dawn Yohey, Peter Ott, Brook Adie, Cody Phinney, Tracy Palmer, Dr. Ruth Condray, Joan Waldock, Tammie (last name not provided)
The meeting was called to order at 1:07 p.m. A quorum was present.

2. Public Comment
Mr. Skeen asked members for help in setting up a group home in Nevada. He is researching financing, becoming certified, and being placed on the state's client list. Mr. Faison offered to provide some information.

3. Approve Minutes from Behavioral Health Planning and Advisory Council (BHPAC) Meeting on August 18, 2021
Ms. Shore moved to approve the minutes. Dr. Kim seconded the motion. The motion passed without abstention or opposition.

4. Open Meeting Law Review
Deputy Attorney General Sliwa explained the Open Meeting Law allows members of the public access to what their government is doing—allowing them to attend, observe, and participate in the dealings of public bodies in their state. Questions can be sent to jwaldock@health.nv.gov.
Mr. Faison asked if a one-on-one conversation with a council member about something related to BHPAC would be a violation. Ms. Sliwa said it could evolve into one. If members want to discuss an issue, they should form a work group or a subcommittee, both of which must abide by Open Meeting Law, posting an agenda three business days in advance of their meeting. If members want to discuss something, they should go through state staff to ensure it does not result in serial communication, which occurs when someone contacts one member and another member is looped in. She cautioned against discussing any BHPAC business outside of an official meeting. Dr. Major mentioned that having topics for

a public meeting posted only days before a meeting did not give enough time to research and prepare a response. Ms. Sliwa explained the Open Meeting Law mandates meeting agendas be posted three business days prior to the meeting, but many post their agendas further in advance than that. Mr. Faison asked if they could discuss forming subgroups. She replied it should be done in a meeting.

5. Review of Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant Application Draft

Ms. Yohey provides oversight of the Mental Health Block Grant and special projects funds, including COVID-19 and homeless funds. The Bureau of Health Wellness and Prevention has submitted the Substance Abuse Block Grant and the Community Mental Health Services Block Grant together in the past; this year they are separate applications. The Mental Health Block Grant can be amended if necessary. The program's objective is to support grantees in carrying out plans for providing comprehensive community mental health services. SAMHSA's Center for Mental Health Services administers the Mental Health Block Grant fund through the Division of Public and Behavioral Health. Grantees can use funds for new programs or to supplement current activities for the targeted populations—adults with serious mental illness (SMI) and children with serious emotional disturbances (SED). There is a 5 percent carveout for crisis services, a 10 percent carveout for early serious mental illness (ESMI) and first episode psychosis (FEP), and a 20 percent carveout for SMI and SED children's services. She directed the council to look at the planning steps that break down assets and gaps in the current system in order to target these populations. Priorities were provided by the regional behavioral health policy boards, the Children's Behavioral Health Consortium, and the Commission on Behavioral Health. Members can email their questions to dyohey@health.nv.gov.

Mr. Faison noted they should look at behavioral health, access to health care, chronic disease, or housing to learn what the priorities are. The council can give feedback so adjustments can be made. It is important to know what is being done, where money is going, and how effectively it is being used to help the community.

Ms. Yohey pointed out the American Rescue Plan Act (ARPA) is block grant one. Block grant two is COVID funds; block grant three is the ARPA fund. Dr. Major asked if adding inpatient psychiatric beds and expanding psych services was a priority. Ms. Yohey replied that a notice of funding opportunity (NOFO) to increase funding for mobile crisis and crisis stabilization centers would go out soon.

Mr. O'Donnell asked if the substance abuse block grant application showed how many dollars were allocated. Ms. Yohey said she can come to another meeting to share what amounts specific providers were awarded for federal year 2022; it is not part of this application. Mr. O'Donnell asked about recovery services. Ms. Yohey said much recovery housing is for substance use disorder (SUD) through the Substance Abuse Prevention and Treatment Agency (SAPTA). As part of the Crisis

Now model, crisis services is increasing the use of peers; the state is looking at using supplemental funding for peers. Mr. Faison asked if peers are used in mental and behavioral health. Ms. Yohey answered they fund a National Alliance on Mental Illness (NAMI) warm line for peer support that provides care and connection for individuals who have had suicide attempts or suicidal ideation. Mr. Hade pointed out harm reduction strategies for risky injection behaviors are available and effective in reducing disease transmission; however, the services are not widely understood or available, but they are listed as critical. He asked if there was a plan to address that. He also wanted to know how short- and long-term care are defined Ms. Yohey explained the mental health and the substance abuse block grants work in tandem with braided funding. Mental health uses a Level of Care Utilization System (LOCUS) tool to determine level of care; the substance use side uses the American Society of Addiction Medicine (ASAM). Based on the results, individuals are filtered into the appropriate services and entities. Mr. Hade asked which agencies provide long-term care, noting a 90-day program is not long-term care, but extended acute care. .

Ms. Shore used mobile crisis services with her son and found it ends at 8 p.m. Since many of her son's crises occurred at night, she sees this as a gap. Ms. Yohey agreed since 24/7 mobile crisis teams are part of best evidence-based practice. Through COVID Emergency Relief funds, the state expanded a Division of Child and Family Services (DCFS) team to 24 hours, but few people call between 2 and 6 a.m. They are trying to determine which times have higher call volume and require more teams. Ms. Shore asked if that information was available in the report. Ms. Yohey explained it is not in the report because it pertains to a different grant—it is part of the NOFO that will go out for supplemental dollars for mobile crisis teams. Dr. Major noted Washoe County mobile crisis services stop at 6 p.m. Hospitals can help fill that gap, but the number of paces where youth and children can go for stabilization, especially at night, is limited. They may spend several days in the emergency room, which is uncomfortable and scary for children. Ms. Shore shared an incident when she called mobile crisis at 7:45 p.m. and was told they would close in 15 minutes, but she could call 911. The police did not know what to do; a mental health professional was needed. She noted mobile crisis funds are supposed to target kids with serious emotional disturbances. She tried to get their school district to recognize her son's SED. A member of the mobile crisis team who knew her son's history was willing to attend a meeting with the school, but the member's supervisor would not allow it. Her son did not receive the services for SED he should have gotten through the school district because she could not prove he had SED. Having a mobile crisis person there would have helped. If her son met the mobile crisis and the Washoe County social services criteria to be considered emotionally disturbed, the dollars should follow him wherever he goes for help. Ms. Yohey noted that is being discussed. She referred to Dr. Major's comment, saying that having people who can respond and a place for these individuals to go are needed. Depending on the acuity of the child and the

acuity of the unit, kids are turned away because they cannot fit into the milieu of hospitals. The state sees the problem and is slowly moving in the right direction.

Ms. Yohey explained braided funding. The mental health block grant is specific to populations with SMI and SED, so misses the SUD portion. Someone experiencing a crisis may call a mobile crisis team or a mobile outreach safety team. If they have SUD, the team may tell them they cannot see them. Braided funding allows the state to use two types of funding for a mobile crisis team to encompass the community as a whole. If someone is visibly under the influence of a substance and also has SMI, they can be cared for with braided funding. Mr. Faison asked if the state was aware of what others were doing. He worked with Clark County Detention Center under Clark County funding for mentally ill prisoners and detainees, and there are criminal justice funds in the block grant for first episode psychosis. Ms. Yohey said the state is finding out what funding is being used in order to not supplant funds.

Ms. Shore asked if they considered using a case manager approach to crisis. When she was a foster mom and her son was having a crisis, she called his social worker. All of a sudden, she had a case manager who called for resources or let her know who to contact at what number. As soon as her son was adopted, it became her responsibility, and it became much more difficult. When dealing with someone's crisis, it is hard to think. She would call different places and take notes about who to call for resources. At the end, her notes were incoherent and useless in solving his crises. She asked if someone could call mobile crisis and get a case manager who would check with them to find out if the offered resources helped. If they did not, the case manager could suggest other solutions. Ms. Yohey said those are wraparound services. DCFS funds an engagement team, not just a mobile crisis team. The team can go to a home, provide services for an individual who is in placement, and determine if a higher level of care is needed. Ms. Shore asked if this was only for foster/adoptive or whether it would be available to a birth child or an adult. Ms. Yohey said she would have to find out if an adult could receive these services.

Mr. Faison talked about individuals who age out of programs. There are providers that offer a continuum of care. Some agencies have nonprofit entities that fund services that cannot be billed to insurance, such as transportation or home visits. He can supply a list of resources that can be shared with others who are in similar situations. Many things fall through the cracks with the block grant. BHPAC members need to do their own research to find out if there are local entities that provide these services. That information can then be shared. He suggested they develop a resource guide so that everyone knows what services are available, where, and how effective it can be. Many agencies provide wraparound services. Dr. Condray added that sometimes circumstances with individual children fall through the cracks. The state needs to hear about those instances.

Ms. Yohey reported there is adult case management through a hot line with the care team for northern region and the rural regions.

6. ***This item was taken out of order.***
Presentation on First Episode Psychosis
This item was tabled to the next meeting.

7. Approve Future Agenda Items
Dr. Condray's presentation on first episode psychosis will be on the next agenda. Ms. Shore asked if BHPAC could collect information about where an entity can get information on financing and licensing and put it where the public can access it. She wondered BHPAC could put together a resource nonmembers could access. Mr. Faison said they have talked about putting out a resource guide and how to reach people with the information. There are funds BHPAC can request to use that could pay for ads to get the word out that mental health does not stop when mental health month ends. A lot of people do not know what certified community behavioral health clinics are or where to go to help. Some people need someone to tell them where they can go or have peers guide them to a door to walk through to get needed services. Mr. Moore asked if the guide could consolidate services by certain groups—kids, adults, seniors—and provide subgroups below the age groups. In that way, people could look at the resource guide as targeted to their own interests. Mr. Faison asked if the state has anything like that. Ms. Shore mentioned nevada211.org. When she clicks on child, she finds a list of providers but has to call to find out if they accept Medicaid or if they address her issue; it is not specific enough. Mr. Faison stated that, as consumers and providers, they know where gaps are and what the leads are, so they could probably do a better job or augment what currently exists. Ms. Flood Abrass mentioned a website the regional behavioral health coordinators are creating. It has a digital behavioral health resource guide. She suggested collaborating to identify other efforts. Ms. Yohey suggested they look at the behavioralhealthnv.org website. The list of SAPTA-certified providers can be sorted by the level of care a person needs. Mr. Faison asked if information was gathered from certifying boards and insurance companies operating in the state and how data could be gathered for mental health. Ms. Yohey suggested they invite Miranda Branson and Elyse Monroy to share information on entities for referrals and the regional behavioral health coordinators to share information about their website.

Dr. Major asked whether there were subcommittees working outside of these meetings or if they were developed as needed. Mr. Faison said the subcommittees are not currently operating. Now that quorum is being met, the council can discuss forming subcommittees. Every member is required to serve on at least one. At a future meeting, the council can talk about the committees, what they represent, and who would like to volunteer to be on them. There was a rural committee, an executive committee, bylaws committee, and an advertising committee that discussed what to do for mental health awareness month.

Ms. Shore moved to include a presentation on first episode psychosis on the agenda for the next meeting. Mr. Skeen seconded the motion. The motion passed without abstention or opposition.
Mr. Moore moved to include a discussion with regional behavioral health coordinators, Ms. Branson, and Ms. Monroy on collaborating on a comprehensive resource guide. Ms. Parker seconded the motion. The motion passed without abstention or opposition.
Dr. Kim moved to include discussion on and possible creation of BHPAC subcommittees. Dr. Major seconded the motion. The motion passed without abstention or opposition.

8. Update on Behavioral Health Planning and Advisory Council's (BHPAC's) Possible Role in Supporting or Becoming a Member of the Behavioral Health Commission and Dissolving or Dismantling BHPAC
Ms. Yohey made it clear the state is not dismantling the BHPAC. The state spoke with SAMHSA about making the BHPAC a subcommittee of the Behavioral Health Commission in order to give it a greater voice. SAMHSA is looking into it from their end.

9. Approve Future Meeting Date
Ms. Shore moved to accept October 19, 1-3 p.m. as the next meeting date. Mr. Moore seconded the motion. The motion passed without opposition or abstention.

10. Public Comment
The was no public comment.

11. Adjournment
The meeting adjourned at 2:35 p.m.