

**BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL (BHPAC)  
DRAFT MEETING MINUTES  
Thursday, November 18, 2021**

**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; Char Frost; Dana Walburn; Dr. Mavis Major; Dr. Pearl Kim; Drew Skeen; Garrett Hade; Marshal Hernandez; Misty Shore; Robert Moore; Sean O'Donnell  
Members Absent: Gillian Rae Stover, Dr. Megan Freeman, DeNeese Parker (excused)  
Staff and Guests Present: Ben Trevino, Dan Musgrove, Dinisha Mingo, Elyse Monroy, J'Amie Webster, Janice Stenson, Janise Wiggins, Abigail Bailey, Jessica Flood Abrass, Lakiesha Oliver, Lea Tauchen, Linda Anderson, Lashaundra Lewis, Andrew Herod, Sarah Adler, Perla Landa, Dr. Lisa Durette, Lisa Ruiz-Lee, Michell Bennett, Michelle Tyler, Peter Ott, Alex Tanchek, Stephen Wood, Joan Waldock, Tray Abney, Trey Delap
2. Public Comment  
There was no public comment.
3. Approve Minutes from Behavioral Health Planning and Advisory Council (BHPAC) Meeting on October 19, 2021  
Dr. Kim moved to approve the minutes. Ms. Walburn seconded the motion. The motion passed without abstention or opposition.
4. Bureau of Behavioral Health Wellness and Prevention Updates  
Mr. Wood provided a link for the Advisory Council for a Resilient Nevada [https://dhhs.nv.gov/Programs/Grants/Advisory\\_Committees/ACRN/Home/](https://dhhs.nv.gov/Programs/Grants/Advisory_Committees/ACRN/Home/). A notice of funding opportunity (NOFO) was sent out. Applications are being accepted through December 23, 2021. They will be reviewed on or before the second week of January 2022. The application includes the development of mobile crisis teams and crisis stabilization centers. A second NOFO for a statewide 988 call center will be released in January. These funds were from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the block grants. There are several open positions in the Division of Public and Behavioral Health (DPBH) for contract positions and full-time state employees at [careers.nv.gov](https://careers.nv.gov).
5. \*\*\*This item was taken out of order\*\*\*  
Presentation on Chicanos Por La Causa (CPLC)  
Ms. Ruiz-Lee explained the agency is part of a national organization that has been operating for 30 years. They offer programs with economic development,

education, social service and integrated behavioral health, and community development. The Pediatric Access Line (PAL) is a joint partnership between CPLC and the University of Nevada, Las Vegas (UNLV) School of Medicine. Dr. Durette shared a presentation on the [Pediatric Access Line](#). She explained a child and adolescent psychiatrist is a physician who completed a four-year residency in general psychiatry plus a two-year fellowship program. [Center4CS.org](#) hosts their website. Tools available on the PAL dashboard for primary care providers include guidelines on suicide screening, attention deficit hyperactivity disorder, anxiety disorder, autism, depression, eating disorders, disruptive dysregulation disorder, and oppositional defiant disorder. Dr. Major asked if there are geographic limits. Dr. Durette replied they take calls from anywhere in the state. Dr. Major asked how they follow up with people in crisis. Dr. Durette said they do not provide direct patient care; they provide physician-to-physician consultative support. The care coordinator follows up within two weeks by calling families, explaining what their recommendations are, and helping provide linkages. Ms. Shore asked if they plan to connect with schools so schools could call for referrals. Dr. Durette said their current program does not allow for that, but it could be an area for growth.

**6. Presentation on Solutions of Change**

Ms. Mingo gave a [Solutions of Change](#) presentation. The demographic they serve is largely African American and Latino. They use a family approach to treatment and provide family support services—even for people who do not receive therapy with them. Ms. Oliver said they work with the crisis intervention team at the Las Vegas Metropolitan Police Department, giving them information about how to connect with the community and see situations differently. Ms. Mingo said since faith is often a major component of their clients' lives, they bring the dialog of mental health to the faith-based community through Healing to Health. Ms. Wiggins reported Dignity Health approached them to develop a mental health resource program in the North Las Vegas area. They have a grant with Dignity Health to provide services. Their community resource specialist goes to the hospital once a week to provide resources, assist with Dignity Health education opportunities, and help with crisis intervention services. In 2022, they will begin a program to provide resources for prenatal and postnatal women.

Dr. Kim asked how many youth and family members were served during COVID-19. Ms. Wiggins said their program started in October of 2020. Since then, they have impacted about 200 families through crisis intervention, virtual programs, Healing to Health, and counseling and therapy. Dr. Kim asked if they collected data. Ms. Mingo replied they collect data and provide monthly reports to the state concerning family services, therapy, and counseling.

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**7. Discuss and Approve Subcommittees and Their Membership**

Ms. Saunders explained the chair can establish committees, but the Council is required to nominate members of the nominating committee. They can appoint a chair for each subcommittee. Each member of BHPAC is required to serve on at least one subcommittee. Their bylaws require the executive and nominating committees. They discussed the need for a crisis committee to explore what the crisis system—including 988—would look like across the age span. Ms. Frost pointed out the legislative committee usually starts right before the legislature starts. Dr. Kim thought the promotions committee was for awareness of mental health, behavioral health, or substance use resources. Ms. Walburn noted that is the opposite end of their focus on crisis services. Mr. O'Donnell suggested calling it community relations or establishing a consumer-led subcommittee primarily driven by people who are using behavioral health services to advise and provide feedback on services and systems of care. Ms. Walburn wondered if they should be separate, adding consumer awareness should be embedded in all the subcommittees. Dr. Kim noted rural monitoring is important because rural areas are underserved. Mr. Morse pointed out that not all members have attended any of their meetings and was concerned about appointing members who have been absent. Ms. Walburn asked if they could talk about these topics in depth in their meetings. Dr. Kim suggested having two subcommittees report in their general meetings. Ms. Walburn added they could share action plans and dates. Having the meetings more goal-oriented would help move the Council along. Mr. Morse asked if a discussion of attendance could be an agenda item for the next meeting to provide a better idea of their membership. Ms. Saunders concluded they were not ready to develop subcommittees. Mr. Wood pointed out the chair has discretion to create subcommittees and appoint members. Dr. Major moved that the Council adopt the previous subcommittees and add the ones mentioned today. Ms. Shore seconded the motion. The motion passed without abstention or opposition.

**8. Discuss Future Agenda Items**

- Attendance report
- Subcommittees

Mr. Hade asked how members would be appointed to subcommittees. Ms. Saunders suggested they let the chair know where they would like to serve.

- 988 implementation and how the Council can support it
- Council priorities and how they align with subcommittees on crisis response and rural monitoring

Ms. Shore asked if the first hour of meetings could be for presentations and getting information to the regional behavioral health policy boards for their websites so their resource list could grow. Dr. Kim suggested having the promotions subcommittee do that. Mr. Morse suggested having the promotions subcommittee look at the Council's web page to see if materials could be compiled there.

Ms. Walburn asked if they are tasked with anything for this fiscal year. Ms. Saunders noted they missed making recommendations for the mental health block grant, which

is their primary purpose. Mr. Wood explained the Council was created to advise and recommend on the block grants. Now that the Council is meeting, that will be one of its main functions.

- A presentation from the Office of Analytics in the Division of Public and Behavioral Health or the UNLV Center for Analytics on data for suicide ideation and suicide attempts

Ms. Walburn noted statewide data could help them regionally allocate money where it is needed such as where there is an increase in hospitalization or suicide attempts and in overdoses (ODs). Ms. Shore suggested they start their meetings knowing what has happened in the past month or the past quarter.

- A biannual review of data
- Reports from the regional behavioral health policy board coordinators on a rotating basis throughout the year

Mr. Wood suggested waiting for the epidemiological (epi) profile to be released; someone can walk them through the report. Ms. Frost mentioned data on suicide and Legal 2000 holds by community is available through the Office of Suicide Prevention. The coalitions also collect OD data. Ms. Saunders noted the regional behavioral health policy boards dig into the reports and bring out the highlights for their regions after the epi profile is published. Dr. Major asked if there was a board the Council reports recommendations to. Mr. Wood explained the Council falls under the umbrella of the Behavioral Health Commission. Recommendations can be sent to the Commission or to the Division of Public and Behavioral Health. Dr. Major suggested the promotions subcommittee send updates to the Commission or ask to present their updates at their meetings. Mr. Wood noted the epi profile is published on the Office of Analytics website once it is completed. Ms. Saunders said the regional behavioral policy boards' website also has data. Mr. Wood said the coordinators' regional reports go to the Behavioral Health Commission.

**9. Discuss Future Meeting Dates**

A doodle poll will be sent out to determine the date of the next meeting.

**10. Public Comment**

There was no public comment.

**11. Adjournment**

The meeting was adjourned at 2:48 p.m.