

## BEHAVIORAL HEALTH PLANNING AND ADVISORY COUNCIL (BHPAC) MEETING MINUTES Tuesday, February 15, 2022 1:00 to Adjournment

The meeting will be 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 1:02 p.m.

**Members Present:** Ali Jai Faison, Chair; Ariana Saunders, Vice-Chair; Dr. Mavis Major; Dr. Pearl Kim; Drew Skeen; Marshal Hernandez, Garrett Hade, Misty Shore, Robert Moore, Char Frost, Sean O'Donnell

**Members Absent:** Gillian Rae Stover (resigned), Dana Walburn, Dr. Megan Freeman, DeDe Parker

**Staff and Guests Present:** Tracy Palmer , Becky Captioner, Shannon Bennett, J'Aime Webster- Fredrick, Laura Yanez, Janice Stenson, Kendall Holcomb, Valerie Balen, Linda Anderson, Tyler Shaw, Chibudom Okoro, Gregory Gray, Lea Case, Michelle Bennett, Alex Tancheck, Dawn Yohey, Joan Wadlock, Jerrie Manning

2. Public Comment

No Public Comment

3. Approve Minutes from Behavioral Health Planning and Advisory Council (BHPAC) Meeting on December 14, 2021

Dr. Major made a motion to approve the minutes; Dr. Kim seconded the motion. The motion passed without opposition; Ms. Frost abstained, Mr. O'Donnell abstained Ms. Shore abstained, Mr. Moore abstained.

4. Bureau of Behavioral Health Wellness and Prevention Updates (*Dawn Yohey*) Ms. Holcomb is updating for Ms. Yohey. Ms. Holcomb states that NOFO for Community Mental Health and Substance Use Prevention and Crisis Services has closed. 157 applications have been received, and currently working through the evaluations for ARPA and Supplemental, which will keep group posted when completed.

Ms. Palmer introduces Shannon Bennett as the new Chief of Bureau of Behavioral Health and Wellness.

Mrs. Bennett introduces herself by encouraging everyone to reach out to her and offers her email in chat.

Dr. Major ask Ms. Bennet to share more about her role as Chief.



Ms. Bennett shares that as Chief over the BBHWP for the NV DPHB her role includes substance abuse prevention and treatment. Also, some Mental Health Block Grant and crisis work. Ms. Bennet invites those who wish to have a conversation with her in that regard.

5. Presentation on National Alliance on Mental Illness (Laura Yanez) Ms. Yanez introduces herself as working with NAMI Western Nevada which is an affiliate of Nevada for NAMI. Ms. Yanez speaks about Nevada Warm Line that has been going since 2/2018 as well as the Nevada Caring Contacts Program. Nevada Caring Contacts is a specialized form of Warm Line in Nevada. Ms. Yanez states that this is an inbound and outbound warmline which means there are individuals having a shared lived experience with mental health conditions who answer phones and offer support. Ms. Yanez continues that this includes suicide attempt survivors and clinicians. Ms. Yanez confirms the need and gap as many people have repeated ER visits due to behavioral health issues which the emergency room is not appropriate, they are not getting care, but needing support and follow-up is the gap. Ms. Yanez states that 70% of individuals that attempt suicide never engage in treatment or make that first appointment and it's known that follow-up care is an effective treatment. Ms. Yanez confirms the initial program was developed for but has expanded to hospitalization risk of hospitalization and post hospitalization which is an outbound contact allowing them to stay in their communities. Ms. Yanez affirms that this is not replacing other services, it is a companion to other services. Ms. Yanez states this is a level of support that fills the gap by creating a cost saving to systems due to the cycling through ER or hospitals and supports zero suicide crisis. The people served are those identified as a moderate risk of making a suicide attempt, have recently made that attempt, have been hospitalized, and at risk of rehospitalization by using Columbia and coded orange or above. Ms. Yanez states that the program is out bound and is open every day of the year including weekends and Holidays. Ms. Yanez includes that it is a one-on-one peer support, with phone and text connecting, video conference to an experienced, trained operator. Ms. Yanez discusses the procedure as first there is an outbound referral from a licensed provider, then a call to referral within 2-24 hours, and a call schedule is ongoing until the crisis is de-escalated. Ms. Yanez talks about the Peer Wellness Operators that have had a lived experience with suicidality or hospitalization and have at least 6 months working on the Warmline. The operator training consists of 21 NAMI Nevada Cares Training, 46 hours Peer Support Specialist Training, Applied Suicide Intervention Skills Training (ASIST), including mentoring and supervision. Ms. Yanez affirms the ongoing connection with follow-ups reduces unnecessary ER visits. Ms. Yanez states that the Nevada Carrying Contacts Program was developed by the VA, in which we are calling them, and it is understood that they will answer the phone. Once graduated from the program, they are then enrolled in a non-demand mailer, which the VA has shown reduces attempts and hospitalization. Ms. Yanez continues that this is a quarterly mailer launching in March, and the mailer is enveloped for confidentiality.



Ms. Yanez states that the program had a soft launch in April 2021, and they had limited providers, but since then they have expanded and out of the 56 people enrolled, 8 declined further connection, leaving 48 participants. Ms. Yanez continued that at the end of 14 days there was zero hospital admissions and readmissions had 2 in 30 days. Over the course since April there has been one suicide attempt out of the 48 engaged. Ms. Yanez shared that there are 2 pilot programs, one with St. Marys' where the intake is done while they are still a patient, and Carson Tahoe Behavioral Health where we will be coming into the unit doing a presentation. The next steps are Ms. Yanez states the average call is 30 minutes, not wanting the call to be long because it may form dependency, but some do go a bit longer and every call is person centered.

Chair asks if the peer support specialist that participate in the program are they volunteering or are they on hourly wage, or how are they compensated?

Ms. Yanez answers that they are on an hourly wage, and this was a good way for to help peers get back to work. Currently there are 16 paid staff including supervisors, peers, 2 UNR Interns, plus 2 additional Interns.

Chair Faison states when we first started talking about development at the state level, we were going to incorporate them into a model that would allow for agencies to use Medicaid as funding, would that be possible through your program?

Ms. Yanez answers that Warmline doesn't have an intake process and having many people uninsured or underinsured it may be a barrier calling into the warm line or engaging in Caring Contacts.

Mr. Schnese is interested in this program would like to contact Ms. Yanez asking for contact information. Ms. Yanez offered the information to all members and guests.

# 6. Presentation on Behavioral Health Campaign Throughout State

Ms. Holcomb offering updates of different campaign the state is doing regarding mental and behavioral health and what is coming in next few months. Ms. Holcomb states that they are working in a partnership with University Nevada Las Vegas on suicide prevent with a virtual town hall meeting March 1<sup>st</sup>. There is a campaign that is with Las Vegas Golden Knights which is similar to the Las Vegas Raiders campaign. Ms. Holcomb shares that there are 2 adds, one for Nevada Resilience Project and one for Project Worth which is problem gambling. These are in the Golden Knights and Las Vegas Raiders season programs as well as specialty events. Ms. Holcomb adds that different players from the teams will be sharing mental health messages and resources on their social media profiles, plus there was PSAs' that went out on TV and radio. Ms. Holcomb states that Nevada Resilience Project is addressing the mental health impacts of the continuation of Covid, though the mask mandate was lifted covid is still prevalent. These adds will be launched in two weeks in both English and Spanish. Ms. Holcomb shares the recent partnership with CASAT through UNR to do an episode on Nevada Resilience Project and how it supports those who are dealing with behavioral health challenges. Ms. Holcomb states the 2.



upcoming campaigns are the Refrain Recovery Campaign for Mental Health and Opioid Stigma Campaign that have not launched but will be going live a month or two. Ms. Holcomb shares that the Crisis Holds, with 4 educational videos, 2 in English 2 in Spanish that will explain how crisis holds work with anticipation to launch in May. Ms. Holcomb agrees to reach out to Dr. Major and Dr. Kim.

Chair Faison asks about when reaching out, do you go with the Hispanic/African American promos, is this used based on date that you've collected where there is a large amount of suicide within those communities?

Ms. Holcomb replies that there is some data showing certain demographics that have upticks to suicidal ideations using focus groups partnering with UNLVs' Office of Minority and Equity.

# 7. Discuss Role of Subcommittees

Chair Faison states that Subcommittees are splinter groups that are formed to. Dr. Major asks if the subcommittees have resources or budget and how it works? Chair Faison replies that anything the committee thinks of as important, a proposal must be submitted to the state, and they would determine if the need necessitated funding. A promotion request would include the cost of that promotion and if approved the state would disburse funds for that promotion. DR. Major asks the turnaround time and if there is a template for a formal request.

Chair states that if a subcommittee comes up with something important, then it is submitted to the general council who will then decide to back the idea. Chair said he will check with the state representative about documents or forms for funding requests.

information you can bring the information back to the subcommittee and then figure out how the subcommittee thinks BHPAC can participate on those campaigns. The Chair continues that as the information is brought to be shared in open forum with open meeting laws applied, and after it goes through the open process it is voted on and make a movement. At that point we go to the state and say this much money is needed to operate this.

### 8. Report from Promotions Subcommittee

Dr. Major shared that the Promotions Subcommittee last meeting on February 8, and that due to technical issues they were unable to make solid decisions. Dr. Major also stated they had added Mr. Hade as a new member. Also, the committee wanted to understand the process of affiliating with other organizations in Nevada who are active in their programs as we heard from Ms. Holcomb today, and what is the process so to follow correct protocol before joining?

Chair Faison states that there is a requirement for the MOU to become partners, but to gather information and data is simply by outreach. Then as they share that information you can bring the information back to the subcommittee and then figure out how the subcommittee thinks BHPAC can participate on those campaigns. The Chair continues that as the information is brought to be shared in open forum with open meeting laws applied, and after it goes through the open process it is



#### voted

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## 9. Public Comment

Mr. Moore suggested that if an email reminder to be sent the day before the meeting due to the difficulty connecting with this meeting.

Ms. Frost reminded members that the Nevada Mental Health Crisis is holding treatment summit on March 7<sup>,</sup> and 8<sup>th.</sup>

10. Adjournment Chair calls adjournment February 15, 2022, 2:26 p.m.

AGENDA AND SUPPORTING DOCUMENTS POSTED ON THE INTERNET AT: Department of Health and Human Services Website https://dpbh.nv.gov/Programs/ClinicalBHSP/Meetings/Behavioral Health Planning and Advisory Council/ Nevada Public Notices: www.notice.nv.go