

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

4150 Technology Way, Room 303

Carson City, NV 89706

May 10, 2018

11:00 a.m. to Adjournment

DRAFT MINUTES

1. Call to Order

Call to order made at 1:00 pm by Chair Dave Fogerson.

2. Introductions, Members of the Rural Regional Behavioral Health Policy Board

Jessica Flood Coordinator, Assemblywoman Robin Titus, Ali Banister, Karen Beckerbauer Manager of Douglas County Social Services and Community Health, Edrie LaVoie, Director Lyon County Human Services, Nicki Aaker, Taylor Radtke, Adrienne Sutherland, Sandie Draper, Dave Fogerson East Fork Fire Protection District, Carson City Sheriff Ken Furlong, Wanda Nixon, Dr. Joseph McEllistrem

3. Regional Behavioral Health Updates – Presented by Jessica Flood, Regional Behavioral Health Policy Board Coordinator

Jessica Flood mentioned the state-wide attendance that occurred at the Re-entry Planning Summit which occurred in Clark County in April 2018. The Summit focused on re-entry planning from the criminal justice system.

Funding is being attempted to be secured for the first episode psychosis program. There may be an opportunity for funding in the Fall of 2018 for assertive community treatment, which has been a priority for the Northern Region.

4. Regional Behavioral Health Strategic Plan Overview – Presented by August Kvam, MSW Intern, University of Nevada, Reno

Please see presentation under Exhibit A.

Following the presentation, Edrie LaVoie thanked August Kvam for preparing the Strategic Plan Overview and gathering all the separate County information and compiling it into one document.

Jessica Flood thanked August Kvam for her efforts, and notified the Board the Regional Strategic Plan should be finished and can hopefully be presented at the next Board meeting.

5. Presentation of Northern Region's Coalitions regarding funding sources and recipients, budgets, priorities, and activities – Presented by Linda Lang, President of Nevada Statewide Coalition Partnership, Wendy Madson, Healthy Communities Coalition, Hannah McDonald, Partnership Carson City, Taylor Radtke, Douglas County Partnership

Please see presentation under Exhibit B.

During the presentation, it was clarified the Partnerships for Success (PFS) funding was secured to address opioid concerns in 2013, will be ending in September 2018.

Following the presentation, Linda Lang, President of Nevada Statewide Coalition Partnership, mentioned it is her hope for the Regional Behavioral Health Policy Boards and the Nevada Statewide Coalition to collaborate and engage as partners, to minimize duplication of efforts when addressing behavioral health needs for Nevada.

Sandie Draper questioned if opioid funding will be found to replace the PFS funding that will be ending in September 2018.

Linda Lang stated the PFS funding is scheduled to end after five years in 2018. However, the Coalition's State partners believe the federal government may be extending the funding.

Nicki Aaker questioned why the Coalitions are using some of their own money to fund the FASTT program.

Hannah McDonald stated there was and still is not enough funding for the FASTT program.

Edrie LaVoie questioned if there is a model to show how funding is distributed throughout the coalitions. Linda Lang stated meetings are currently occurring to decide where funding should be distributed, due to community needs often changing. Hannah McDonald clarified that all counties are receiving approximately the same amount of funding for FASTT.

Dave Fogerson questioned why the Office of Criminal Justice grant could not be applied for again, to assist with the FASTT funding. Jessica Flood stated Cathy Bartos and Dr. McEllistrem had applied for the grant in the past. Jessica Flood stated the federal grant process is long and mentioned Carson City is planning a pre-trial diversion program and suggested federal grants be looked at to offer future assistance.

6. Update on Workforce Development Efforts of Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors (MFTCPC) – Presented by Jake Wiskerchen, Board President

During the presentation, Jake Wiskerchen stated the MFTCPC Board seeks to implement repeals to overly restrictive Nevada Administrative Codes (NAC), Nevada Revised Statutes (NRS) and update current policies and procedures. Nevada has become one of two states to recognize a difference between the licenses of Marriage and Family Therapists (MFT) and Clinical Professional Counselors (CPC). Nevada currently has restrictive couple and family treatments. This has resulted in a lack of out of state

provider's ability to transfer into Nevada and created a lack of providers staying in Nevada due to limited scope practice. The MFTCPC Board has internal conflict between the MFTs and CPCs.

Jessica Flood questioned if the CPC school had a deficit to their curriculum in the past. Adrienne Sutherland stated she is a CPC that received her education in Nevada and questioned how competency is measured, and clarified everyone has areas of deficits.

Jake Wiskerchen stated scope of competence is an ethical issue, and if scope of competence takes precedence over scope of practice, which are legal issues, confusion can occur regarding statutes.

Jessica Flood stated CPCs are nationally the more popular license choice, rather than MFTs.

Adrienne Sutherland stated it is difficult to find MFTs and CPCs to come practice in rural Nevada, and arbitrary limitations do nothing to help Nevada.

Edrie LaVoie questioned if the presentation being made to the Board is suggesting the practice of MFT and CPC be recognized as the same full scope practice.

Jake Wiskerchen stated that is correct, that the MFTCPC Board is aiming to update NRS to reflect the scope of practice be shown as equal. Mr. Wiskerchen stated current NAC and NRS limit the scope of practice to address clinical psychotic disorders, and it is being recommended to allow MFT and CPCs treat psychotic disorders to assist with clinical psychologist workloads.

The MFTCPC Board would like to expedite the licensure process and increase the fees for licensure. The MFTCPC Board does not have the necessary funding to attract qualified workforce to fill MFT and CPC positions.

Dave Fogerson questioned if the MFTCPC Board can write a Bill Draft Request (BDR). Jake Wiskerchen stated the MFTCPC Board does not have the ability to write a BDR, but mentioned the Regional Behavioral Health Policy Boards may be able to assist with their need. Dave Fogerson questioned why there is not a Behavioral Health Licensing Board to reduce redundancy. Jake Wiskerchen stated there is no reason this type of Board could not exist, but there is a belief that professions should be able to regulate themselves.

Robin Titus stated the MFTCPC Board's struggle is not uncommon among other professional boards, and questions who else has heard Mr. Wiskerchen's presentation. Jake Wiskerchen stated the MFTCPC Board has heard his presentation, but plans to meet with Assemblyman Sprinkle and other legislators to hopefully receive BDR assistance. Edrie LaVoie stated she recommends the Board write a letter in support of Jake Wiskerchen's suggestions for NRS and NAC improvements to be made for the MFT and CPC practices.

Jessica Flood mentioned there are barriers for plenty of social workers and they are finding it difficult to find jobs in rural communities.

Jake Wiskerchen stated he feels encouraged as the licensing boards are communicating, when they would not have previously.

No further comments were made.

7. Public Comment

Robin Titus mentioned one of her constituents was involved with the October 1, 2017 shooting in Las Vegas, Nevada. This constituent lives in Northern Nevada and is concerned on the lack of victim services offered in Northern Nevada. Robin Titus suggested having the Board discuss what victim services can be offered to citizens within the Northern Region. Jessica Flood stated she agrees this topic is important and she will work on having this topic placed on the next meeting agenda.

Edrie LaVoie stated she attended the Re-Entry Planning Summit in Clark County and it was very beneficial. Edrie LaVoie mentioned being very interested in a presentation by Dr. Emily Saulsberry, who spoke about woman equity within the prison systems. Edrie LaVoie mentioned women are often incarcerated for longer periods of time than men, for committing the same crime a man may commit.

Nicki Aaker stated she agrees the Re-Entry Planning Summit was very beneficial and mentioned Dr. Saulsberry has been requested to come to the Carson City Jail to provide information on how to start a program for the women incarcerated there. Nicki Aaker added she has personally seen how crisis services are hard to come by when a person is needing lower level mental health assistance.

Jessica Flood agreed with Nicki Aaker, stating individuals who are below the requirement for inpatient services struggle to find the mental health care they need.

No further public comment.

8. Presentation on Nevada Legislative Process and Bill Draft Requests

Agenda item tabled until next meeting, due to Legislative Counsel Bureau staff unable to attend.

9. Discussion of priorities for Bill Draft Request (BDR) assigned to Northern Regional Behavioral Health Policy Board and recommendations as to content. – Board Members

Chair Dave Fogerson mentioned a conference call occurred with the Chairs of the Washoe and Rural Regional Behavioral Health Policy Boards, and the Behavioral Health Policy Board Coordinators. The Southern Regional Behavioral Health Policy Board listed Legal 2000 Procedures as one of their BDR priorities. The Washoe Regional Behavioral Health Policy Board listed Medicaid reimbursements for crisis triage centers as one of their BDR priorities. The Rural Regional Behavioral Health Policy Board listed workforce development as one of their BDR priorities. Chair Fogerson mentioned duplication is not wanted, and the four regional boards will be communicating to ensure each of the BDRs are addressing separate concerns.

Chair Fogerson questioned what priorities the Northern Regional Behavioral Health Policy Board has. Dr. McEllistrem mentioned supporting the MOST, FASTT, JASTT, and other crisis intervention triage services. Jessica Flood mentioned possible legislative assistance to fund crisis intervention services in Carson, Douglas, Lyon and Churchill

Counties. Assemblywoman Titus stated the priority she believes will get the most acceptance and backing by the Legislature is the Legal 2000 issue. This is due to the fact it does not mention funding as a requirement and has been presented to the Legislature previously. Assemblywoman Titus is willing to have priorities that require funding, but wanted to mention realistic struggles that may be encountered. Assemblywoman Titus feels the rural community workforce development is a big priority of hers.

A Board Member mentioned other priorities such as: the community health worker definition needing to be changed in order to better receive reimbursement through Medicaid. The Board Member also mentioned establishing a standardized procedure for school districts to release juvenile information and the sealing of juvenile records.

Karen Beckerbauer agreed the sharing of information and continuity of care is important.

Edrie LaVoie questioned if the sharing of information requires a change in legislation. Jessica Flood, stated it may not require a change in legislation. Jessica Flood stated Elder Protective Services expanding to Adult Protective Services which may assist with continuity of care. DuAne Young, DPBH and Joanne Hall, Nevada Rural Hospital Partners, have been working with Jessica Flood to create a standardized MDT release that is acceptable to every agency. Jessica Flood offered to study what other states are doing to offer continuity of care. Jessica Flood stated the District Attorneys, and Deputy Attorney Generals agree on standardizing the procedure of sharing information, but they are not HIPPA specialists so the process is still being worked on. Jessica Flood stated she also plans on working with the school districts and the Department of Education, to develop the standardized sharing of information process.

Jessica Flood stated DuAne Young, Joanne Hall and Sheila Leslie met to discuss the Legal Hold process and concluded the court judges need to be engaged in the discussion. Jessica Flood also mentioned this issue could be brought to the Nevada Supreme Court to see if they can address it, like the guardianship and pre-trial issues.

Edrie LaVoie stated she supports having MOST continue to be funded, to identify individuals in crisis. Edrie LaVoie stated there needs to be services established to offer individuals after they have been identified in crisis. Edrie LaVoie mentioned mentally ill individuals require one on one assistance that is not offered in our communities.

Sandie Draper stated she is a parent of a mentally ill individual and is supportive of crisis intervention services like MOST. Ms. Draper feels if these services were available when her daughter was younger, her mental illness would not be as extensive.

Chair Dave Fogerson opened the discussion to receive public comment.

During public comment, Karen Tory-Green reminded the Board there are peer specialists that can assist with workforce development. Karen suggested having peer specialists have a standardized set of competencies to include ethics training and reimbursement for services. This would then allow an additional workforce pool of peers to be utilized.

Linda Lang stated prevention specialist and peer specialist certifications have been developed in Nevada recently. Linda Lang stated Nevada has adopted the peer specialist

certifications from the national standards. Linda Lang stated she agrees peer specialists are under-utilized for lower level mental health supportive services.

Elaine Zimmerman suggested expanding the “good Samaritan law” NRS 41.500 to include further personnel to assist in behavioral health support.

Jessica Flood stated she is under the impression peer specialists are receiving reimbursement for services from Medicaid. Linda Lang stated she is unaware whether this is true.

Taylor Radtke stated there is no funding for basic needs health workers, only for medical health workforce models.

Joanne Hall, Nevada Rural Hospital Partners stated DuAne Young, DPBH and herself both served on the National Governor’s Association Committee on Behavioral Health Initiatives. While on the Committee, Joanne learned of North Dakota, Colorado and other states who have created continuum of care behavioral health models.

Jessica Flood questioned Assemblywoman Titus if the BDR should be fiscally neutral. Assemblywoman Titus stated it would help if the BDR was fiscally neutral and explained the long process bills must go through when they require funding.

Edrie LaVoie, questioned what the plan is for the next Board meeting.

Chair Dave Fogerson stated the next meeting will be focusing on the BDR and taking in knowledge learned from the future LCB presentation. Jessica Flood confirmed the deadline for the BDR is September 1, 2018.

Sandie Draper questioned if there are statistics on the crisis intervention services such as MOST. Jessica Flood stated all the crisis intervention teams need to be brought together to supply the statistics. Jessica Flood commended Heather Benson, who is Edrie LaVoie’s employee in Lyon County for her efforts in capturing FASTT statistics in Lyon County. Jessica Flood mentioned further work needs to be done to gather more statistics of the crisis intervention services if the Board feels they may write a BDR on the topic.

No further public comment.

10. Adjournment

Adjournment motioned by Assemblywoman Titus. Motion seconded by Karen Beckerbauer. All remaining Board Members were in favor and the motion was passed.

Exhibit A

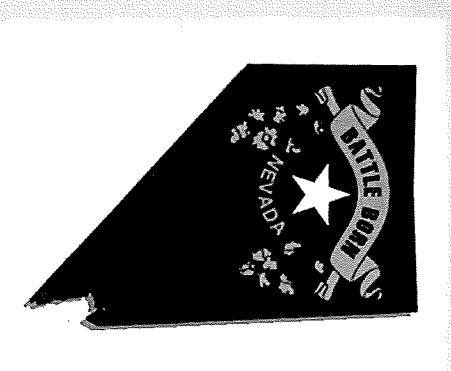
Nevada Rural Behavioral Health Coalition Strategic Plan

Northern Regional Behavioral Health Coalition:
Carson, Lyon, Douglas, Churchill, Storey, and Mineral Counties

Prepared by:

August Kvam, LSW
University of Nevada, Reno

Jessica Flood, LSW MSW
Regional Behavioral Health Coordinator
Nevada Rural Hospital Partners

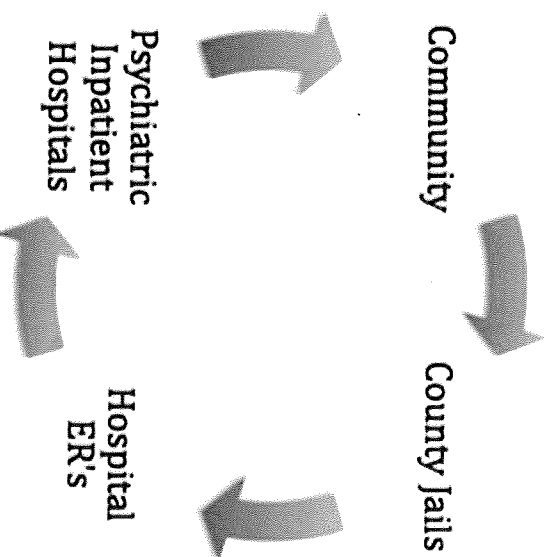


Northern Nevada Regional Behavioral Health Coalition

and

Taskforce
Groups

- Formally developed in 2013 as a community based forum for discussion, collaboration, alignment regarding shared behavioral health issues
- Created to address unmet behavioral health needs in region
- Includes regional meetings and localized county based taskforce group meetings
- Multiple stakeholder members: county leadership, law enforcement, Fire/EMS, behavioral health service providers



Purpose of Strategic Plan

1. Explain history, creation, and organization of coalition & taskforce groups
2. Identify behavioral health priorities and objectives of group
3. Identify behavioral health programs/ interventions implemented in region
4. Clarify coalition and taskforce relationships with key Governmental Agencies, Legislative Committees, and County/Regional Coalitions
5. Identify group strategies for future work

Community Behavioral Health Strategic Plan and Need Identification Processes

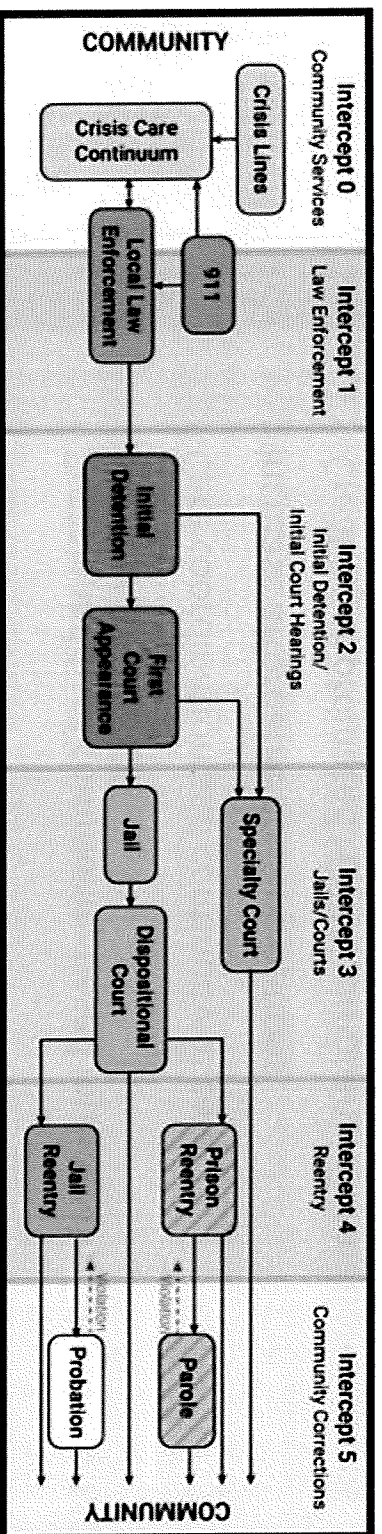
Behavioral Health Task Force Strategic Planning Sessions- County Specific

- Strategic Planning Sessions held in: Carson City, Lyon, Douglas, and Churchill Counties
- Purpose: Identify community gaps, needs, and priorities
- Attendees: taskforce members including EMS/ Fire, law enforcement, county officials, social services, behavioral health treatment providers, hospitals, and peer and family advocates

Stepping up Initiative Workshops- County Specific

- Workshops held in Carson City, Lyon, Douglas, and Churchill Counties from late 2016 to early 2017
- Purpose: Diversion of individuals with behavioral health from criminal justice system, unnecessary EMS contact and hospital E.R. admissions
- Methods: Sequential Intercept Model Mapping
- Attendees: law enforcement, judges, District Attorneys, Parole and Probation, county officials, hospitals, behavioral health providers, community coalitions, social services, and peer and family advocates

Sequential Intercept Model Used in Stepping Up Initiative Workshops



Identified Shared Priorities

- Sustainability of community based intervention programs: MOST, FAST, JAST, and CIT
- Care coordination and continuity of care
- Increase affordable housing options
- Creating coordinated HIPPA compliant information systems
- Workforce development

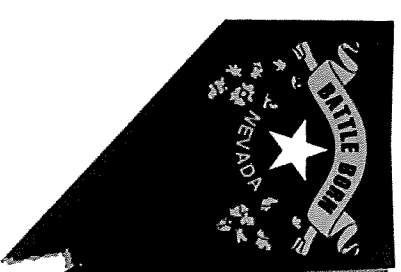
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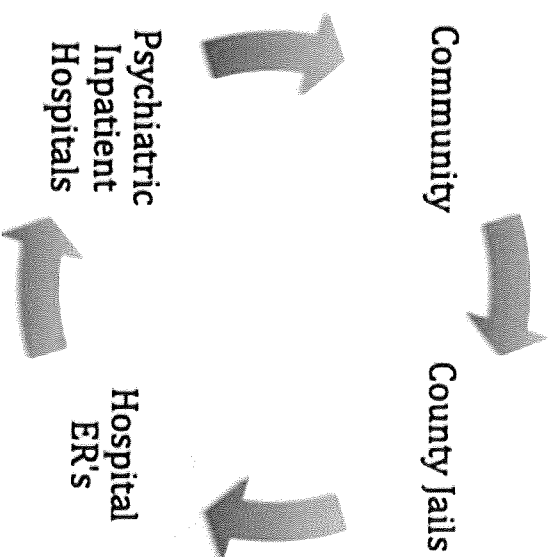
Jessica Flood, LSW MSW
Regional Behavioral Health Coordinator
Nevada Rural Hospital Partners



Northern Nevada Regional Behavioral Health Coalition

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Community Behavioral Health Strategic Plan and Need Identification Processes

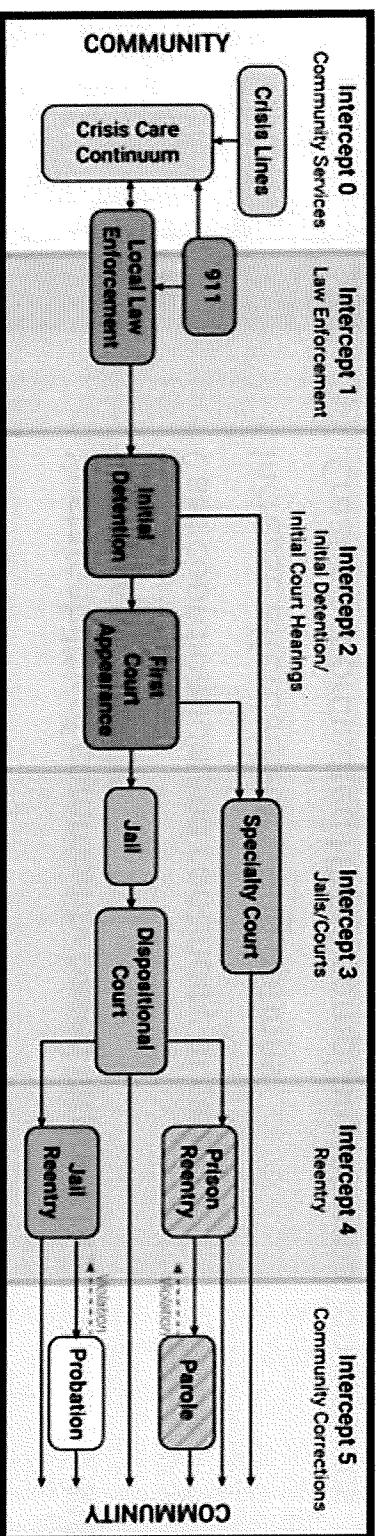
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Future Regional Strategies

- Develop infrastructure for ongoing communication for communities and stakeholders
 - Identify and maintain community resource information
- Formalize communication processes between stakeholders
 - Discharge planning
 - Regional program development and coordination
 - Coordinated advocacy
- Coordination around identified priorities and initiatives

Strategic Plan Full List of Contents Highlights

Regional Behavioral Health Coalition Overview

Background

Community Behavioral Health Strategic Plan Processes

Implementation of Collaborative Evidence-Based Programs and Best Practices

County Taskforce Background, Overviews, and Objectives

Carson City Behavioral Health Task Force

Lyon County Public and Behavioral Health Task Force

Douglas Behavioral Health Taskforce

Churchill Behavioral Health Taskforce

Storey County Multidisciplinary Team

Mineral County Stakeholder Group

Future Regional Strategies

Questions

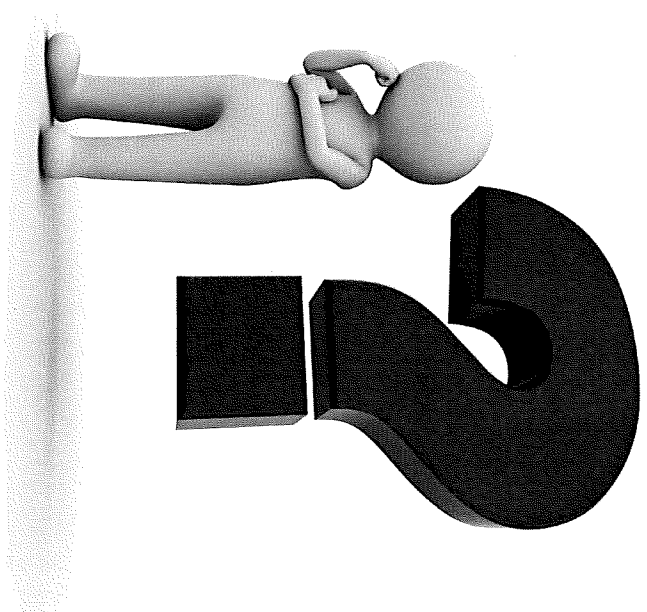


Exhibit B


NEVADA'S COALITION STRUCTURE

PRESENTED TO:
NORTHERN REGIONAL BEHAVIORAL
HEALTH POLICY BOARD

MAY 10, 2018

Supporting a network of community coalitions
to promote a healthy Nevada

How the Coalition Structure Began



Nevada Statewide
Coalition Partnership

- **October 2001** – Bureau of Alcohol and Drug Abuse (BADA) presented the vision of supporting and/or creating functional coalitions representing all counties in Nevada. Coalitions would incur the responsibility of prioritizing what programs are right for a community, while the state moved towards a technical assistance role. The state would continue to certify coalitions and direct service providers. The coalition infrastructure would be built first, then money would be dispersed through coalitions to direct service providers.

- **November 2001** - Sheila Leslie, District 27 Assemblywoman; Carlos Brandenburg, Administrator, Division of Mental Health, Developmental Services; Larry Carter, Chief, Division of Child and Family Services, Juvenile Justice Programs; and Maria Canfield, Bureau Chief, Division of Health, Bureau of Alcohol and Drug Abuse outlined their commitment to the coalition process by establishing the NV Statewide Coalition Partnership through a Youth Mental Health grant.

How the Coalition Structure Began

- ❑ **Coalitions in Existence in 2001:**
 - 1989 - Partnership Carson City (Carson City)
 - 1991 - Healthy Communities Coalition, informally (Lyon, Storey, Mineral Counties)
 - 1992 - Partnership of Community Resources, (Douglas County)
 - 1995 - JTNN (Washoe County)
 - 2000 - Churchill Community Coalition, (Churchill County)
 - 2000 - Nye Communities Coalition, informally, (Nye, Lincoln, Esmeralda Counties)
 - PACE Coalition, being formed (Elko, White Pine, Eureka Counties)
 - Frontier Community Coalition, being formed (Humboldt, Lander, Pershing Counties)
- ❑ **Coalitions established in 2010:**
 - PACT Coalition (Clark County)
 - Care Coalition (Clark County)
 - Community Prevention Coalition (Rural Clark County)

How the Coalition Structure Progressed

- ❑ Many of the formalized coalitions first received Drug Free Communities funding in the mid 2000's.
- ❑ In 2004, Richard Whitley began to support the coalition process through his role in managing chronic disease programs.
- ❑ In 2008, BADA secured the SPF SLG funding to further support the coalition process and begin funding local prevention services through the coalitions.
- ❑ In 2009, State Prevention Infrastructure (SPI) and Methamphetamine Education and Awareness monies were secured through the legislature. SPI funds intended to support sub grantee direct services.
- ❑ Soon after, Block Grant funds were allocated to the coalitions to support primary prevention infrastructure.
- ❑ In 2013, Partnerships for Success funds were secured to address the opioid problem.

Coalition Substance Abuse Funding Sources

Substance Abuse Funding by Community Coalition (FY18)

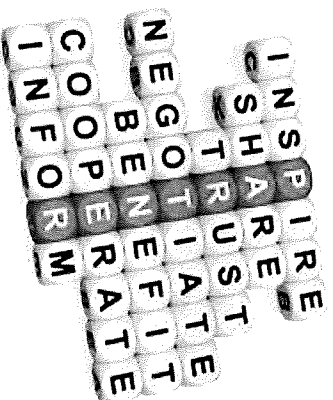
County/Coalition	SAPP	Block Grant	Total Pre-Subs	Sub-Recipients	% To Subs	PFS	Total
Lyon, Storey, Mineral Healthy Communities Coalition	\$102,141	\$244,929	\$347,070	\$(158,005.00)	46%	\$136,000	\$483,070
Carson City Partnership Carson City	\$117,917	\$173,529	\$291,446	\$(129,734.00)	45%	\$136,000	\$427,446
Douglas Partnership Douglas County	\$77,524	\$193,274	\$270,798	\$(82,406.00)	30%	\$117,500	\$388,298
Churchill Churchill Community Coalition	\$92,299	\$168,080	\$260,379	\$(65,365.00)	25%	\$120,000	\$380,379
Region Total Awards	\$389,881	\$779,812	\$1,169,693	\$(435,510.00)	37%	\$509,500	\$1,679,193



Sub-Recipients Include:

- HCC: Central Lyon Youth Connections, Yerington Paiute Tribe, Turning Point, Mineral City Coalition, B&G Club, Community Chest
- PCC: B&G Club, United Latino Community, Capital City Circles, Ron Wood Family Resource Center
- PDC: Suicide Prevention Network, Tahoe Youth & Family Services, Me For Inc. Youth, Inc.
- CCC: Care Net, New Frontier, Churchill County School District, Fallon Youth Club

Example of How We Roll



☐ Issue:

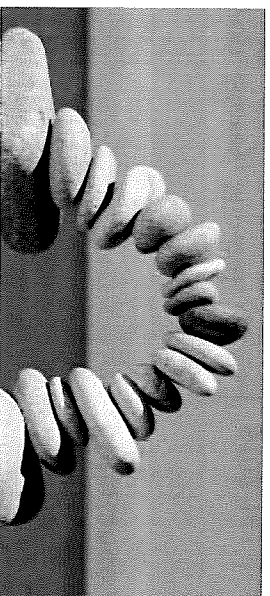
How can the coalitions be responsive to a community or statewide need and ensure access to education, training, services, and resources.

☐ Goal:

How can the identified strategy be implemented in the most cost effective manner while meeting the needs of the communities and the state.

☐ Strategy:

How can strategies be replicated in multiple communities, avoiding duplication of resources and efforts.



Other Funding Sources

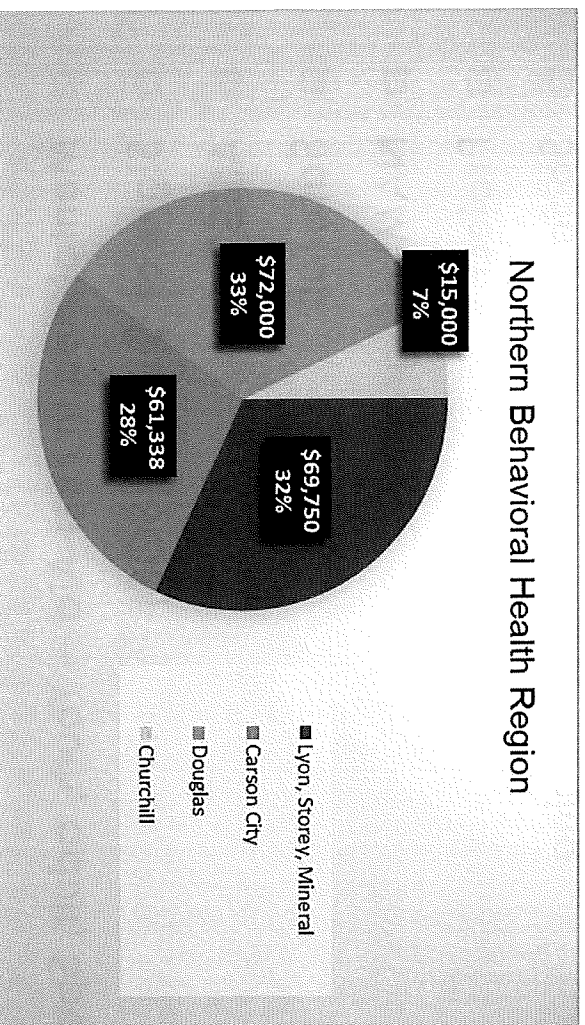
How we meet the needs of Nevada's very unique communities

Partnership Douglas County	Partnership Carson City	Healthy Communities Coalition	Churchill Community Coalition
CDC Tobacco	CCHHS - Tobacco	CDC Tobacco	State Tobacco
State Tobacco	City - Youth programs	State Tobacco	Drug Free Communities
County - Latino focused	NV Humanities - Education	SAPTA Tobacco	
County - Youth initiatives	Diabetes - English/Spanish	Safe Schools Healthy Students	
Office of Violence Against Women	SNAP - Nutrition Assistance	LC School District Social Workers	
Project Aware - Youth Behavioral Health	Educational Enrichment - Support of At-Risk Youth	Community Health Worker Association	
		Health Resources & Services Administration – Workforce	
		USDA - Food/Nutrition	

History of FASTT/MOST

- November 2012 – Richard Whitley approached Partnership Carson City Steering Committee with the idea for FASTT
- PCC wrote and received grant from Office of Justice Programs (OJP) for \$248,921 for 2 years (2013 – 2015)
- SAPTA funded program through Substance Abuse and Mental Health Block grants in the amount of \$283,593 (2015 – 2017)
- SAPTA funded program through State General Funds in the amount of \$280,088 (2017 – 2018)

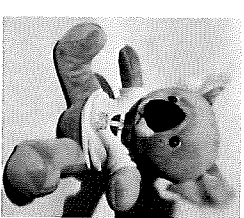
FY18 MOST/FASTT Funding



Additional resources leveraged by other coalition funding

- CIT training
- Mental Health First Aid
- SafeTalk
- Spanish translations
- Jail clinician time
- Equipment

Other Mental Health Efforts



- ☐ Mental Health First Aid – Youth, adult, Spanish, and discipline specific
- ☐ Signs of Suicide (SOS)
- ☐ ASIST
- ☐ SafeTalk
- ☐ NAMI programs
- ☐ Project Aware
- ☐ Social/Emotional Learning training
- ☐ Media and promotion
- ☐ Parenting Project
- ☐ Ignite

Next Steps...

- How can we engage as partners?
- How can we avoid duplication of efforts?
- How can we support behavioral health efforts statewide?

Thank you for partnering with us!

