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

WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MINUTES

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

Date: **October 12, 2020**

Time: **3:00 p.m. to Adjournment**

Location: **Zoom Meeting:**

Join Zoom Meeting: https://zoom.us/j/91374894853
Meeting ID: 913 7489 4853
One tap mobile
+16699006833,91374894853# US (San Jose)
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Meeting ID: 913 7489 4853
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1. Roll Call, Introductions, Announcements
   Chair Ratti determined a quorum was present.

   Members Present: Julia Ratti (Chair), Assemblywoman Sarah Peters, Char Buehrle, Jennifer DeLett-Snyder, Sandy Stamates, Dr. Kristen Davis-Coelho, Cindy Green, Dani Tillman, Wade Clark, Steve Shell, Tom Zumtobel
   Members Absent: Henry Sotelo, Frankie Lemus
   Staff and Guests Present: Dorothy Edwards, Coordinator; Jimmy Lau; Lezlie Mayville; Helen Troupe; Sean O'Donnell; Kim Donohue; Christy Butler; Valerie Padovani; Elaine Mangini; Ken Krater; Megan Comlossy; Natalie Powel; Linda Lang; Sydney Banks; Shannon Kossick; Joan Hall, Rural Hospital Partners; Valerie Balen; Tray Abney; Kindle Craig; Cherylyn Rahr-Wood; Rachelle Pellisier, Crisis Support Services of Nevada; Helen Schraeder; Brook Adie, Tracy Palmer, Dawn Yohey, Joan Waldock, Division of Public and Behavioral Health

2. Public Comment
   There was no public comment.

3. Approval of Minutes for September 2020 Policy Board Meeting
   Ms. Peters moved to approve the minutes from the September meeting with changes suggested by Ms. Stamates. Ms. Green seconded the motion. The motion passed unanimously.

4. Presentation of Crisis Support Services of Northern Nevada (CSSNN)
   Chair Ratti identified the three components to the Crisis Now model. At its "care traffic control" or call center, trained individuals achieve de-escalation and stabilization over the phone in the majority of crisis incidents. They will integrate with OpenBeds for available beds and/or aftercare services at an appropriate level. A mobile outreach team that can be dispatched to help stabilize a crisis. That team can reconnect to care traffic control if an individual needs outpatient services or a bed. The third component is the crisis stabilization center—a living room model where a variety of professionals can facilitate less than 24-hour stabilization and subacute services before determining if an inpatient bed is needed. They can reconnect with care traffic control if an acute bed is needed or to schedule outpatient aftercare.
   Ms. Pellissier gave a presentation of CCSNV. In 1966, they started as the Crisis Call Center, an outreach program of the University of Nevada, Reno (UNR) to address Nevada's high rate of suicide. The great need for services resulted in expanding the program to handle any type of crisis. Crisis Support Services of Nevada operates 24/7, 365 with a call line and a text line. Volunteers listen, de-escalate, create safety plans, and refer for services. If someone is a risk to self or others, emergency services are called. Case management staff is available on day shift and swing shift.
   Crisis Support Services of Nevada is one of nine national suicide prevention Lifeline national call centers. They take after-hours calls for Nevada's Rural Behavioral Health clinics and deploy mental healthcare teams to people in mental health crisis in rural counties. They take after-hours calls for Vitality, a certified community behavioral health clinic (CCBHC) and will take calls for Building Hope Nevada through FirstMed in Las Vegas. They also take after-hours crisis calls for UNR Clinical Services and are the hub for OpenBeds.
   If callers can be stabilized and de-escalated, a safety plan is created to keep them safe for the next day. They are also referred to needed services. If they are not safe, emergency services are dispatched, and callers will be taken to an emergency room for stabilization or admission to a mental health bed.
   A coordinated crisis care response system is important to deliver the appropriate care at the appropriate time in the appropriate place. If this were implemented statewide, it could save state and local resources $146 million. The crisis center hub operates every moment of every day, staffed by clinicians overseeing clinical triage while other trained staff responding to calls. It coordinates overflow coverage with resources that meet the minimum crisis center expectations. If too many calls come in, it rolls to another center that can assess risk of suicide and danger to others, coordinate connection to crisis mobile team services in the region, and connect individuals to facility-based care through warm handoffs. Staff is trained in Zero Suicide, Suicide Safe Care, and behavioral health services. They have been accredited by the American Association of Suicidology since 1998. They use OpenBeds for provider referrals across the state.
   Gaps have been identified. The hub needs to answer calls in an average of 30 seconds; currently, the average is about one minute. They do not have access to mobile teams yet. They also need access to a person's specific healthcare data. Law

enforcement in northern Nevada is looking for a way to de-escalate callers and help them without dispatching officers. A pilot project with Washoe County, Reno Police Department, Sparks Police Department, and Washoe County Sheriff's Office will have dispatch link callers with suicidal ideation and/or mental health issues to CSSNV for de-escalation first. Callers who cannot be de-escalated and are a risk to themselves will be returned to dispatch for the appropriate emergency services that includes having a mobile clinician go out with law enforcement. To function statewide, they would need to know what mental health and suicidal calls coming into 9-1-1 look like so infrastructure could be put in place.

Ms. Yohey reported OpenBeds rolled out after the psychiatric inpatient hospitals were onboarded. It did not go live until 75 percent of Substance Abuse Prevention and Treatment Agency (SAPTA)-funded providers were on the system.

Chair Ratti asked where clinicians fit in the Crisis Now model. Ms. Pellissier stated there are no clinicians at her facility; they send out mobile teams and clinicians. As they expand, they will hire clinicians to help triage. Currently, they have staff and volunteers well-trained in crisis response and crisis de-escalation. She said there is a gap in connecting to mobile crisis services. She asked the Board to investigate whether a control center team could see where beds were available through an OpenBeds dashboard. She said they use a Voice over Internet Protocol (VoIP) system for calls. Chair Ratti asked if a systems investment would be necessary. Ms. Pellissier replied that they have the systems. They need more staff and the tools necessary to get on the systems—computers, headsets, and hardware.

Chair Ratti stated 9-1-1 and crisis line calls should end up in one system. It might eliminate some calls for first responders when phone de-escalation would be appropriate. Crisis Services would need to connect with mobile outreach teams. OpenBeds will need to provide information about beds, outpatient services, and interventions available in communities. Connection to crisis stabilization centers should be made for people needing services beyond outpatient intervention or mobile outreach. She pointed out this will not provide a better system of care for people with serious mental illness who use state systems; it will not solve the homeless problem; it will not solve the problem of access to care after someone is stabilized.

Ms. Troupe asked how Crisis Services' case management worked and if it could be used in Adult Protective Services. Ms. Pellissier stated they take their after-hours calls now. Call-takers de-escalate and get callers to a safety point, then hand them off to a case manager for follow-up the next day. The case manager gets callers started with the services they need. Case management is available to all callers seven days a week for both day and swing shifts.

Chair Ratti stated she would follow up with the County Health District and emergency medical services for data on how many calls for service are behavioral health-related and to see if the data could be broken up by substance use disorder versus general behavioral health. She stated Crisis Support Services would assess the actual cost of getting to the full Crisis Now model.

5. Update on Washoe Policy Board's Bill Draft Request (BDR) Status
   Chair Ratti stated this item will be on the agenda until the legislative session in case there are updates. The BDR will focus on two things—peer recovery support specialist certification and substance abuse prevention. Peer recovery support specialists are part of the Crisis Now model in other communities. When information is available, it will be reported.

6. Review of progress on the Community Health Improvement Plan (CHIP) – Behavioral Health Section
   Chair Ratti thanked the Board for being the steering committee for the CHIP and the CHIP update. There are many ideas for goals and objectives; the challenge will narrow that down. She will distribute the CHIP to the Board for individual stakeholder feedback.

7. Approval of Future Agenda Items
   Chair Ratti stated the next meeting will primarily focus on exploring mobile outreach for the Crisis Now or Crisis Stabilization model. The mobile outreach safety team (MOST) and Quest Counseling will present. Elyse Monroy will give an update on OpenBeds. A request was made for an update on the Washoe County Resiliency Project.
   Chair Ratti stated the Board plans to move through the Crisis Now model, covering mobile outreach in November. The Board can expect a presentation about the crisis stabilization center in the December meeting.

8. Public Comment
   There was no public comment.

9. Approval of Next Meeting Date
   The next meeting will be held November 16, 2020 at 3 p.m.

10. Adjourn
    Lieutenant Wade Clark moved to adjourn. Dani Tillman seconded the motion. The meeting adjourned.