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

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MINUTES
August 5th, 2021
2:00 pm to Adjournment

THIS MEETING WILL BE HELD AT THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH ADMINISTRATION BUILDING

4150 Technology Way, Room 303
Carson City, Nevada 89706

1. Call to order/roll call

Ms. Allison called the meeting to order at 2:05 p.m. She announced that Sandie Draper resigned her seat on the board.

Members Present: Taylor Allison (Chair), Dr. Ali Banister (Vice-Chair), Dr. Robin Titus, Nicki Aaker, Matt Law, Lana Robards, Shayla Holmes, Dr. Daniel Gunnarson, Erik Schoen, Dr. Amy Hyne-Sutherland

Members Absent: Dave Fogerson, Sheriff Ken Furlong

Others Present: John Packham, Andreé Kinney, Ashley Tackett, Ben Trevino, Stephen Wood, Brian Burris, Cindy Roes, Helen Troupe, Jackie Stewart, Jimmy Lau, Joan Hall, Kelly Marschall, Lena Hatzidopavlakis, Peter Ott, Valerie Balen, Jonathan McDowell, Lea Tauchen, Linda Anderson, Michelle Sandoval, Sarah Dearborn, Stacy McCool, Teresa Etcheberry, Terry Kerns, Tina Gerber-Winn, Tray Abney, Morgan Briscoe, Robin Tejada, Stephanie Bellura, Laura Yanez, Joan Waldock

2. Public Comment

There was no public comment.

3. Review and approval of minutes from May 6, 2021, May 20, and June 3, 2021

Dr. Bannister moved to approve the sets of minutes. Mr. Schoen seconded the motion. The motion passed without abstention or opposition.

4. Overview and update on Nevada 988 Planning Coalition

Ms. Marschall provided a presentation on Building a Crisis Response System in Nevada that outlined how the system works, beginning with a person calling 988. The one receiving the call determines if the caller is in crisis, not needing law enforcement, an ambulance, or a fire truck to show up and can dispatch a mobile crisis team (MCT). If the MCT cannot resolve the situation, the caller goes to a crisis stabilization center. Upon stabilization, the client is discharged into community with resources, appointments, and needed medication. The system connects people to treatment and tries to address long-term recovery. Law enforcement, dispatch, and emergency medical services are partners. The Roadmap to the Ideal Crisis System was the guiding document to address eight core elements. Funding through passage of

Senate Bill (SB) 390 helped, but there is supplemental funding through the Mental Health Block Grant. A planning coalition of over 30 key stakeholders representing different sectors across the state meets monthly. In the planning process, the person in crisis is the number one priority. The next component is supporting families, police, and first responders. There has to be a structure for regulation, financing, and to track funding throughout.

A behavioral health crisis system links a mobile team, a psychiatric emergency service, and a crisis residential unit with structures, processes, and services to meet urgent and emergent behavioral health crises as soon as possible for as long as possible. It encourages "no force first" so someone having a mental health crisis does not escalate, requiring a law enforcement response. It is clinically effective and cost-effective. Data will be collected, shared, and used for continuous improvement. She mentioned that the Crisis Assistance Helping Out on the Streets Act will help states adopt mobile crisis response teams that can be dispatched for behavioral health or substance use disorder crises. There is an FMAP [federal medical assistance percentage] for states through Medicaid to fund that component. The American Rescue Plan (ARP) included temporary increases for Medicaid FMAP with an 85 percent increase for MCTs.

Ms. Holmes asked if the plan includes local crisis response teams and if there were plans for MOUs. Ms. Marschall replied the state is working with local and jurisdictions to cobble everything together with primary and secondary public service answering points (PSAPs). If a PSAP realizes a caller is having a mental health crisis, the caller can be linked to 988 through a dedicated line. The PSAP assesses whether existing CRTs want 988 or 911 to dispatch; an MOU would be required so 911 could dispatch. Crisis Support Services of Nevada will manage 988 with call, chat, and text. Ms. Flood Abrass added the behavioral health policy boards identify the plans and thoughts on what "good" looks like. They also recommend mobile crisis teams to protect from outside providers moving in. The state will use Nevada 211 for resources. Ms. Marschall added certified community behavioral health clinics (CCBHCs), with their own MCTs and crisis lines, are a critical partner, particularly in rural and frontier Nevada. Ms. Holmes asked at when Medicaid and insurance come into play. Ms. Marschall answered it would not be during the 988 call. If someone is Medicaid-eligible, a mobile crisis team can enroll them and get reimbursed. If they are on Medicaid, the CRT can be reimbursed. The state is working with private insurance providers and managed care organizations (MCOs) to ensure there is an all-payer option. Crisis stabilization units are billable expenses, so those should be reimbursed if the person is on Medicaid or Medicaid-eligible.

5. Discussion and update of grant opportunities and potential barriers to expand behavioral health system in Northern Region

This agenda item was tabled.

6. ***This item was taken out of order.***

Update and discussion of Regional Behavioral Health Authorities (RBHAs) and vote

to allow Chair to write letter in support of Regional Behavioral Health Policy Boards on behalf of region

The letter supporting regional behavioral health authority and the regional behavioral health authority concept paper were discussed. The "Roadmap to an Ideal Crisis System" was used to develop the framework for Nevada's crisis response system. It talks about a delegated financing authority for system accountability and data-driven decision making, a crisis coordinator, and a crisis collaboration structure. Ms. Allison's letter states the board could give guidance and assist the state for the requests for proposals (RFPs) in developing and implementing the ideal crisis system in this region. Ms. Flood Abrass said the board could pilot having a regional data analyst and getting program evaluation since the board is mandated to provide a behavioral health data repository for the region. Ms. Robards stated her support of having a data analyst pull data from other state sources for CCBHCs, TEDS [treatment episode data set], WITS [Web Infrastructure for Treatment Services], different funding streams, and block grants. Ms. Holmes and Ms. Aaker also supported the letter. Ms. Allison moved to approve the letter from the regional behavioral health policy board. Dr. Hyne-Sutherland-Sutherland seconded the motion. The motion passed, with Dr. Gunnarson abstaining. None were opposed.

7. Continued development and approval of Northern Regional Behavioral Health Policy Board strategic plan

Ms. Flood Abrass reviewed results of a survey on board priority setting for five areas:

- Regional board infrastructure development—developing data collection and analysis systems to support data-driven decision-making and communications and behavioral health authority
- Increase access to affordable and supported housing and other determinants of health—coordinating with experts on housing to identify strategies to increase housing stock, acknowledging and advocating for social determinants of health, identifying board in supportive role so potential mental health issues are mitigated at lower levels of care, educating policymakers about the importance of affordable housing, exploring ideas to develop supportive housing
- Actions to increase behavioral health workforce with the capability to treat adults and youth--allowing for flexibility through location of supervision of interns, advocating for sustainability of school social workers, partnering with agencies to incentivize increased clinicians providing services to populations such as youth and seniors, increasing Medicaid reimbursement for those providing care to incentivize attraction to behavioral health, identifying training to assist community health workers and other providers in working with youth and seniors
- Obtaining sustainable funding for current stabilization and jail diversion programs results--securing Medicare and Medicaid rates that are sustainable to provide services such as crisis stabilization units, assertive community treatment, and First Episode Psychosis, and sustain the things we have; identifying more sustainable funding streams for teams and using of community health workers/peers; obtaining knowledge of funding sources and streams; helping smaller agencies develop

group billing mechanism for Medicaid
- Increasing access to treatment in all levels of care—looking for innovative strategies to assist uninsured; identifying and increasing strategies for people to utilize telehealth when appropriate, such as safe rooms in libraries; exploring insurance companies not paneling providers; leveraging community health workers and peers to support telehealth
- Developing services to support continuity of care--supporting implementation of Crisis Now as a cohesive crisis response system, seeking to understand barriers and perspectives in discharge planning including courts and judges and developing a plan to address barriers, supporting implementation and utilization of the Behavioral Health Emergency Operations Plan

Ms. Flood Abrass will create another document that shows the five priorities in the top three areas. Ms. Allison suggested board members could approve or disapprove setting up subcommittees. Dr. Hyne-Sutherland suggested they find out what other boards are advocating for to help solve the same kinds of issues together. Additionally, having ears in different areas and reporting back is a great idea. Dr. Gunnarson wondered which priorities were feasible for the board to have an impact on. Among the feasible ones, the board could choose what is closest to being accomplished to focus on where they can make a difference. They discussed several methods of collecting national and state data and creating custom dashboards. One way the board could demonstrate working toward becoming an authority is by showing how to do the data collection and making the information shared usable by the public. Ms. Flood Abrass suggested creating a work group. Ms. Aaker asked if they could put this piece in as a request to the Governor's Office for the use of ARP funds. Ms. Allison clarified Ms. Flood Abrass will summarize the survey results.

8. Update on concept and submission to Governor for "Ideas to Utilize American Rescue Dollars

Ms. Allison pointed out that Ms. Aaker identified an idea we could submit for ARP dollars. Mr. Schoen thought the state would be in support because it aligns with the board's strategic plan and where it is going. He moved to ask the Governor to consider using ARP funding to fund the data support position. Mr. Law seconded the motion. The motion passed without abstention or opposition. Mr. Law suggested using a data collection broker to figure it out. They discussed other options as well. They were concerned that they do not distill their data in a way the community can act on or understand why it is important. Dr. Gunnarson asked if a broker could train people how to collect the data that would go into the dashboard. Ms. Flood Abrass said they need a full-time data person and someone to train the region how to do data collection well and to set up data collection systems. Ms. Aaker wanted a data analyst to look at the data that is out there and get what is needed to make decisions.

9. Update on next steps for Northern Regional Behavioral Health Policy Board Bill, Senate Bill 70, on modernizing and clarifying the mental health crisis hold process in *Nevada Revised Statutes* (NRS) Chapter 433A

Ms. Flood Abrass said work continues on the youth mental health crisis hold brochure. Someone is going to fund the brochure's publication and are going to send 8,000 copies throughout the state. Then, the adult brochure will be updated. They may do webinars with child welfare, family advocates and courts, on what mental health crisis holds are for youth and adults. They are having weekly meetings on developing the mental health crisis holds website for the state. They are also doing an overview and an education piece on SB 70. The brochures are for families and parents of youth on those holds. The SB 70 overview is for providers that need to know the changes in the law. They are thinking about doing training webinars through the Center for the Application of Substance Abuse Technologies.

This agenda item was taken out of order.

10. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts, initiatives, and legislation including the Northern Regional Behavioral Health Emergency Operations Plan, Northern Regional Behavioral Health Communications committee and website and Nevada Crisis Now Initiative meetings Ms. Holmes gave a report about using the regional behavioral health emergency operations plan at the Tamarack fire evacuation center. It was a good learning opportunity. Rural Nevada Counseling, the CCBHC in Lyon County, sent two individuals trained in psychological first aid who were there at mealtimes. Individuals were evacuated in large chunks, leaving them overwhelmed at registration. Evacuees cared more about their animals, their medical or ambulatory needs, getting some place to be comfortable, and plugging in their cell phones than they did about anything else. There were lessons learned about how having an emergency response plan actually using it. It was structured chaos. Ms. Flood Abrass noted the behavioral health emergency plan is a living document so adjustments can be made. Ms. Holmes said they need nurses, as there were more medical issues than behavioral health issues. Dr. Stephanie Woodard reminded them they should use the CCBHCs in the region. The State's Crisis Counseling Assistance and Training Program (CCP) was ready and could come to provide webinars at the request of Alpine social services. Ms. Holmes said her location was rural Nevada location and wi-fi was spotty. Telehealth was not feasible. She suggested they flood the market with psychological first aid training and get people on the registry so they can be part of the volunteer effort. Ms. Allison suggested a tabletop exercise ton work on specific objectives in the plan. It would engage all the partners based on the lessons learned and how to improve. Dr. Titus made suggestions about the intake questionnaire and how to quickly triage folks for both mental and physical health needs. Nobody knew who needed what at the time. Ms. Allison suggested a tabletop exercise be done later this fall.

11. Review and adopt draft bylaws for Northern Regional Behavioral Health Policy Board Ms. Allison tabled this to the next meeting.

12. Board member updates on behavioral health concerns, initiatives, and successes in their area of specialty or county

Mr. Law announced that his Hello Health project went live this month. It is YouTube Live which is a way for people to connect with doctors, ask questions, and get answers in real time for free. It would be nice to include some mental health therapists to speak on a topic and answer questions.

13. Board member recommendations for future presentation and topics for board consideration

This item was covered through earlier discussion. Ms. Flood Abrass added having people who want to join the board to replace Sandie Draper make presentations. Anyone interested can send her a resume and letter of interest. She served as a member who has received behavioral health services or a family member of such a person or, if such a person is not available, a person who represents interests of behavioral health patients or the families of behavioral health patients. She also suggested having Sean O'Donnell talk about recovery.

14. Public Comment

There was no public comment.

15. Adjournment

Ms. Holmes moved to adjourn. Dr. Hyne-Sutherland seconded the motion. The motion passed without opposition or abstention. The meeting adjourned at 4:13 p.m.