

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MINUTES
September 2, 2021
2:00 pm to Adjournment

The meeting will be held using remote technology in compliance with *Nevada Revised Statutes 241.023*.

1. Call to order/roll call

Members: Taylor Allison (Chair), Dr. Ali Banister (Vice-Chair), Dr. Robin Titus, Nicki Aaker, Lana Robards, Sheriff Ken Furlong, Dr. Daniel Gunnarson, Erik Schoen, Dr. Amy Hyne-Sutherland

Members Absent: Matt Law, Shayla Holmes

Staff/Guests Present: Dana Walburn, Katie Ryan, Linda Lang, Lea Case, Lea Tauchen, Greg Kitchingham, Wendy Nelsen, Joan Hall, Linda Anderson, Ashley Tackett, Evette Cullen, Jeanette Belz, Dr. John Packham, Laura Yang, Michelle Bennett, Peter Ott, Sean O'Donnell, Trey Delap, Wendy Whitsett, Miranda Branson, Debra Campanella, Dr. Karen T. Greene, Michelle Sandoval, Brook Adie, Dawn Yohey, Joan Waldock

2. Public Comment

There was no public comment.

3. Review and approval of minutes from August 5, 2021

Mr. Schoen moved to approve the minutes. Ms. Robards seconded the motion. The motion passed without abstention or opposition.

4. Presentation on Recovery System - Building Recovery Ready Communities

Ms. Flood Abrass explained the presentation, [Building Communities of Recovery](#), would broaden the board's knowledge. Mr. O'Donnell's organization, Foundation for Recovery, is governed and staffed by people with lived experience—people and family members in recovery from behavioral health disorders. Mr. O'Donnell shared two different models of building recovery-ready communities—the recovery-oriented system of care (ROSC) and the recovery-ready ecosystem model (REM). ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improve health, wellness, and quality of life for those with or at risk of alcohol or drug problems. He suggested they view people with lived experience as assets in service delivery. Mr. Schoen pointed out there is not enough funding to build a robust response system and that Medicaid does not reimburse for services provided by paraprofessionals. Mr. O'Donnell noted block grant funding increased, and there is a proposal to have a set aside for recovery support services. REM focuses on coordinating the existing services and resources of a community but does not provide a framework for evaluating all the components

that may improve the recovery process for an individual. It looks at services beyond the clinical model that people in recovery can use to help coordinate existing community assets. Ms. Allison suggesting the board add members in recovery and prevention. Ms. Flood Abrass pointed out they need to build more recovery in their communities. Mr. O'Donnell suggested involving the community from the ground up through community listening forums, townhalls, and asset mapping. His agency provides peer recovery support specialist training. He mentioned the Recovery-Friendly Workplace initiative and becoming a recovery-friendly workplace. Ms. Flood Abrass said she would send his material out to the region. Mr. O'Donnell said the Recovery Advocacy Project has a series of recovery guides that go over topics such as asset mapping, how to build a recovery-run coalition in your community, and how to advocate as a person in recovery. Mr. O'Donnell noted provides information on a consumer-led movement of mental health resources.

5. Discussion and update on planning for Crisis Response System in the Northern Region

Ms. Flood Abrass reported Ms. Allison sent a letter to the state on behalf of the board asking that new requests for proposals (RFPs) include a mandate for providers to attend regional coordination meetings and provide the data needed for data-driven decision-making in the region. Ms. Allison stated the attempt to implement an ideal crisis system model in Nevada has become top-down, not engaging communities. The Nevada Resilience Project was developed with great intentions, but it is becoming "humans behind 211" and is not receiving input from communities about what their true crisis response needs are. She suggested addressing what the northern region's needs are compared to the model system. Dr. Hyne-Sutherland said the five regional boards should coordinate the crisis network. Ms. Flood Abrass said it would be a lot to coordinate the crisis system, review data, make sure people enter data, and hold coordination meetings. Dr. Titus was concerned about the boards when they were created under *Nevada Revised Statutes* (NRS). Each board has one bill draft request (BDR). This board has used its BDR to clarify involuntary commitment. The boards ensure the legislature understands the limited access to mental health services in Nevada. She offered to ask the Legislative Counsel Bureau (LCB) to provide a formal review. Ms. Flood Abrass pointed out that NRS requires the board's having a database to help in decision-making. Mr. Schoen said they need to reimagine Nevada's systems of care and delivery system and asked if the state coordinator could work under Ms. Flood Abrass. Ms. Allison said the board has tried to implement using community health workers, which would be sustainable with psychological first aid training. She asked if the board could go forward by compiling data and collecting program evaluations to show what is effective and make recommendations that way. Dr. Hyne-Sutherland asked if they need to coordinate with the other regional boards. It might require all the boards having their regions' state coordinator under them if NRS would allow this within the scope.

Ms. Flood Abrass said, in terms of regional authority, the boards could go to the legislature and change NRS. There are smaller steps they could take that would not

would not require NRS changes, such as getting grants and hiring a data analyst. She is concerned because the state was going to depend on the crisis planning done by the boards. Ms. Allison said it would be helpful to have Ms. Yohey or Dr. Woodard at a meeting to continue to have this conversation. Ms. Adie said she would talk with Ms. Yohey about how they respond as she is the lead on the crisis system. Dr. Titus suggested having the LCB research staff give an overview of what this board does as membership has changed significantly. It could provide direction.

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

Ms. Flood Abrass shared [Northern Board Top Strategies](#) showing the top three strategies for each of the five priorities.

- Regional board infrastructure to impact the behavioral health system
 - Review authority in NRS, have LCB make presentation on intent
 - Match priorities with authority currently in law
 - Explore possibility of BDR to align priorities in coordination with other bodies/boards
 - Enhance/explore data dashboard
 - Continue to advocate for a data analyst
- Increase access to affordable and supported housing and other social determinants of health
 - Have presentation by subject matter experts
 - Dr. Hynes to serve as liaison with Carson housing committee and identify housing specialist to make presentation
 - Social determinants of health: food deserts, outdoor places to play, poor water quality, poverty, and homelessness in our region—Dr. Packham to provide presentation
- Increase behavioral health workforce with capability to treat adults and youth
 - Department of Education awarded grant for five years to continue to build workforce that matches populations—training opportunities in middle school and high school—presentation by Ruby Kelley/Dana Walburn
 - Get more information on location flexibility for supervision of interns
 - Formalize subcommittee to work with partnership to sustain community health workers in the state
 - Mr. Schoen to serve as liaison board member to Rural Nevada Health Network and provide updates to board
 - Presentation on statewide community health workers on Centers for Disease Control grant bringing 50 community health workers to assist seniors
- Develop a regional crisis response system
 - Waiting for billing rates, looking into assertive community treatment and first episode psychosis
 - Building rate now, waiting for update

- Ms. Walburn will provide information on opportunity for counties to develop bullying consortium
 - Ms. Flood Abrass will develop regional monthly Medicaid billing group
 - Develop services to support continuity of care (i.e., continuation of mediation/service connection with community health worker)
 - Bring psychological first aid training to community health worker organization
 - Presentation/perspectives on benefits of psychological first aid
 - Tabletop exercise for Behavioral Health Emergency Operations Plan
7. ***This item was taken out of order***
Presentation on the role and duties of a Board of Directors
This item was tabled to the next meeting.
8. Update on concept and submission to Governor for “Ideas to Utilize American Rescue Dollars
Ms. Flood Abrass sent out a new survey from the Governor's Office. Mr. Schoen said the Human Service Network will have a hearing on Wednesday, October 6, 2021, 11:30 a.m.-1 p.m. via Zoom.
9. Review and adopt draft bylaws for Northern Regional Behavioral Health Policy Board
There was no feedback on the bylaws. Mr. Schoen moved to approve the bylaws. Dr. Hyne-Sutherland seconded the motion. The motion passed without abstention or opposition.
10. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts, initiatives, and legislation
Ms. Flood Abrass said they already talked about the website and the survey. There have been changes in board membership. Mr. Fogerson resigned as the emergency medical services member. He recommended a replacement from Storey County Fire Department. Ms. Draper resigned as the peer and family advocate. Dr. Banister will be reappointed by Speaker Jason Frierson. There has been no word from Senator Nicole Cannizzaro regarding Sheriff Furlong's reappointment. Ms. Holmes reapplied. The Legislative Commission will be reappointing Dr. Titus. Dr. Hyne-Sutherland was reappointed. Mr. Schoen's term expires May 17, 2022. At the next meeting, they will reappoint Ms. Allison, Ms. Robards, and Ms. Aaker. Mr. Law is good until October 23, but will be included on the next appointment. Dr. Gunnarson is good. If members know of someone who would like to apply, this is the time.
11. Board member updates on behavioral health concerns, initiatives, and successes in their area of specialty or county

Dr. Titus said a new bill passed regarding the interim and standing committees, but it is unclear what will happen. She will apply to remain on this board. She does not know when the Legislative Commission's next meeting will be.

Mr. Schoen announced Community Chest has several open positions: three for mental health therapists, one for a community health worker, and two for employment case managers—one working with adults, one with out-of-school youth. The jobs are posted on indeed.com.

Ms. Robards's agency is also recruiting. She is looking for therapists, counselors, and recovery support people for her CCBHC. The jobs are listed on indeed.com. They are an intern site for all of the boards, so she would even take an intern. She is working with the state on COVID-19 mitigation.

Mr. Schoen had to shut down two programs last week due to COVID exposure. Ms. Flood Abrass said Yerington is covered with COVID. Ms. Allison reported the Douglas County community is suffering from the evacuations and the fires. Taskforce partners are overwhelmed with trying to organize and provide the best quality of care in the most appropriate setting.

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

Some ideas were noted during the meeting. Mr. Schoen asked if Ms. Robards would share how her agency evolved, figured out the Medicaid billing piece, and built capacity internally. His is a grant-based organization; he does not have a template or frame of reference for doing that. Ms. Robards said they have been a Medicaid provider since 2005. The application process was the hardest part. They started as Provider Types 14 and 82 for outpatient services. When the Affordable Care Act rolled out and Nevada adopted the substance abuse model, that covered Provider Type 17-215. They could not be all of those, but had to pick a lane. Since they were already certified and funded by SAPTA, it was easy for them. They transitioned into CCBHC as a Provider Type 17-188. She is happy to help anyone who has questions. Mr. Schoen asked if she would be willing to share at a future meeting about Medicaid billing. Ms. Flood Abrass said she could send an email out to the region to see who would be interested in a monthly regional meeting on this topic. We could do an ongoing monthly meeting.

13. Public Comment

There was no public comment.

14. Adjournment

The meeting was adjourned at 4:23 p.m.