



STAFF REPORT

Report To: Board of Health **Meeting Date:** August 18, 2022

Staff Contact: Nicki Aaker, Health and Human Services Director

Agenda Title: For Possible Action: Discussion and possible action regarding a proposed acceptance of the report of the Carson City Department of Health and Human Services ("CCHHS") Director, Nicki Aaker. (Nicki Aaker, naaker@carson.org)

Staff Summary: The CCHHS Director's report will provide: (1) an update on COVID-19 pediatric vaccinations; (2) an overview of steps being taken to become a trauma informed agency; (3) an update on Monkeypox within the Carson City region; (4) a progress report on the 3rd Community Health Needs Assessment progress; and (5) a review of the behavioral health policy boards and an update on Northern Nevada Behavioral Health Policy Board activities.

Agenda Action: Formal Action / Motion **Time Requested:** 15 minutes

Proposed Motion

I move to accept the Director's report (with feedback and direction given by the Board as stated on the record, if any).

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

A report of the CCHHS Director is presented at each Board of Health meeting.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted? No

Explanation of Fiscal Impact:

Alternatives

Modify the report.

Attachments:

[Carson City Board of Health Meeting - Director's Report Presentation - Final.pdf](#)

[8.18.22 CCHHS Report to State and City BOH.pdf](#)

[NNBHPB - BH Authority Subcommittee changes NRS 433C 8_4_22-DRAFT.pdf](#)

[BHAuthority Flowchart- Proposal-DRAFT.png](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

Carson City Board of Health

Carson City Health and Human Services
August 18, 2022



1

COVID-19 Activities Update

- ▶ Vaccination
 - Pediatric vaccinations
 - Clinic and PHP staff running the events
- ▶ CCHHS continues to be a regional distributor
- ▶ Quad-Counties Hotline closed
 - All calls to the hotline are directed to the State COVID Hotline (1-800-401-0946) or website (nvhealthresponse.nv.gov) for information and resources

2

Trauma Informed Agency

- ▶ Transformation to a trauma informed agency
 - Trauma informed agency – all parties involved recognize and respond to the impact of psychological trauma on mental health and physical well-being
 - Year-long project
 - Adolescent Health and Human Services

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Epidemiology

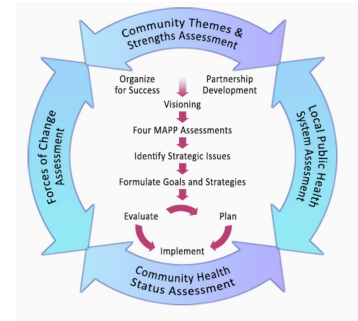
Monkeypox Update



4

3rd Community Health Needs Assessment

- ▶ Why is this an important assessment?
- ▶ Collaboration with Carson Tahoe Hospital
- ▶ Other assessments CCHHS will need to facilitate
 - Local Public Health Performance
 - Forces of Change
- ▶ Target date for completion



5

Northern Nevada Behavioral Health Policy Board (NNBHPB)

- ▶ Creation of policy boards – NRS 433.429
- ▶ Who is on the board?
- ▶ Each policy board can submit one Legislative Bill Draft Request (BDR)
 - The NNBHPB has voted to update and modernize NRS 433C – Community Mental Health Programs

6



- ▶ Difficult recruitment –
 - Health Fiscal/Grant Analyst
- ▶ Space for existing and new employees
- ▶ Significant reduction in Title X funding resulting in reduced services

7

Calendar of Events

- ▶ Affordable Housing/Transitional Housing – 1st Wednesday of each month (if interested, contact Mary Jane Ostrander – 887-2110)
- ▶ Carson City Behavioral Health Task Force – 3rd Wednesday of each month at 2:00 pm (if interested, contact Mary Jane Ostrander – 887-2110)
- ▶ Carson City Board of Health Resource Stewardship Advisory Group: TBD
- ▶ State of Nevada Board of Health – 9/2/22, 12/2/22
- ▶ Northern Nevada Behavioral Health Policy Board (if interested, please contact Nicki Aaker)
- ▶ National Association of Local Boards of Health (NALBOH) Webinar Series Available; nalboh.org (if interested, please contact Nicki Aaker)

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Carson City Health and Human Services Report Carson City Board of Health Meeting August 18, 2022 (1Q22 and 2Q22)

County Health Officer Name	Dr. Colleen Lyons
County	Carson City: some services provided in Douglas, Lyon, and Storey Counties

****Statistics provided in the tables of this report include comparisons to 1Q21 and 2Q21 since 2 quarters for 2022 are being reported due to the timing of this report.**

COVID-19 Update

- Vaccination events continue to be offered throughout the Quad-Counties region on a limited schedule due to lack of public interest and numerous outlets in the community offering COVID vaccines. Vaccinations include all Moderna and Pfizer renditions for every age group.
- Carson City Health and Human Services (CCHHS) serves as a regional distributor for COVID vaccines to healthcare providers registered with Nevada State Immunization Program.
- The Quad-Counties COVID Hotline After-Action/Improvement Plan has been completed as of June 30, 2022.
- CCHHS is collaborating with Community Health Nurses in Dayton, Fernley, and Yerington as well as the Douglas County and Carson City Clinic to offer COVID vaccines to children under the age of 5. By offering vaccines in a more private and clinical environment, it provides comfort to parents to have the time they need to ask questions as well as ease their concerns about their child crying in a more open Point of Dispensing (POD) environment.

Clinical Services

- The clinic is currently working to restructure billing processes after the reduction in Title X (Family Planning) funding and a need to review revenue cycles for optimization.
- The Title X grant application was approved and funded for the first year within the project period at an amount well below the grant request. The Title X program will revisit funding allocations during their “non-compete” application in December 2022.

Program Statistics

Family Planning (Title X) Unduplicated Clients / Number of Visits					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
1,682/3,016	1,627/2,846	679/857	655/798	532/675	504/604

Vaccinations Administered/Number of Individuals					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
5,313/2,486	4,034/1,762	524/237	837/413	499/244	603/330

Carson City Pre-employment Drug Screens					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
161	206	33	43	78	66

Tuberculosis (TB) Screening

A TB test is a two-visit process. One visit to place the test and the second visit to assess the results. Some individuals are required to have two tests within 7 to 21 days of each other which requires 4 visits to complete both rounds of screening. TB testing includes services provided both at the clinic and an inpatient drug treatment center.

Tuberculosis (TB) Screening/Number of Individuals					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
566/414	629/467	105/84	115/87	154/123	117/87

Budget

- General Funds – 13%
- Grants – 49%
- Revenue – 38%

Staff Training

- 1/24/22 – Annual Skills Day for clinic staff and nurses
- Hands-on skills competency review, updating on and review of annual policies/procedures including OSHA regulations and Bloodborne pathogens, Point-of-Care testing competencies.
- Review of the 2022 Clinical Guideline for HIV, STI, and TB treatment put on by the Pacific AIDS Education and Training Center (PAETC)
- Nevada State Immunization Annual review
- Nevada Health Conference

Challenges

- March 30, 2022 - Significant reduction in Title X (Family Planning) funding resulting in reduced services.



Chronic Disease Prevention and Health Promotion (CDPHP)

Adolescent Health Education Programs

- April – May 2022 – “Start by Believing Campaign”.
- Ongoing communication and classes with Western Nevada Regional Youth Center (WNRVC) and China Springs.
- Promoted the comprehensive sexual education program through newer and renewed Community Partners – Boys and Girls Club Western Nevada in Carson City, Carson City Juvenile Detention, Carson City Juvenile Probation’s Wilderness Program, and Boys and Girls Club Western Nevada in Douglas County.
- Initiated regular community classes hosted at CCHHS in April and June. More classes will be offered in August.
- Outreach Events:
 - Carson City Parks and Recreation’s Annual Underwater Egg Hunt
 - Court Appointed Special Advocate (CASA) honored the National Child Abuse Prevention Month / Pinwheels for Prevention event at the McFadden Square, in Carson City
 - Carson City’s Kids to Parks Day
 - The Stewart Indian School Pow Wow

*Both the Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP) courses consist of 8 one-hour modules. The classes facilitated at the youth correction facilities have youth transitioning in and out of the facilities. They may be able to go home during the time we are facilitating the course or are entering the facility during our time with them.

Trauma Informed Care

- Adolescent Health staff are participating in a year-long Trauma Informed Care project along with Human Services. The project began with training. The topics of focus included the seven domains of trauma- informed care, resilience-oriented care, critical elements of the change process including visioning and communicating for buy-in, tools for organizational assessment and monitoring progress and consultation logistics.
- Staff have been engaged with the Sexual Assault Response Team (SART) gathering written materials to provide at classes within this grant cycle as well as producing Facebook posts for April which is Sexual Assault Awareness Month to promote the Start Believing Campaign to youth <https://startbybelieving.org/>

Trainings: (via self-study, live or pre-recorded webinars or Zoom)

- During January – June 2022, the full-time Adolescent Health Educator completed training as a facilitator for *Families Talking Together*, a curriculum which is a parent-based intervention to prevent and/or reduce sexual risk behavior in adolescents.
- Sexual Risk Avoidance Education (SRAE) Guidance for Obtaining Partnership Buy-In and Approval for Performance Measures at <https://vimeo.com/642430091>
- Online Survey Data Collection for SRAE Performance Measures Data at <https://vimeo.com/642430714>
- Engaging and Re-engaging Youth
- Communication Planning 101: How to Reach Your Teen Pregnancy Prevention (TPP) Program Audiences
- Talking to Teens About Sex Training, <https://rhntc.org/resources/talking-teens-about-sex-resources-caregivers>
- Link Between ACEs, Overdose, and Suicide available at: <http://urgentrelatedpreventable.org/> ****ACEs – Adverse Childhood Experiences**
- Nevada Youth Vaping Prevention by Parents against Vaping E-cigs (PAVE)
- Society, Sex and Science: Portrayal of Syphilis in the Victorian Era by Dr. Khalil and Dr. Jennifer Wally
- Chlamydia Self Study
- Creating Safe and Inclusive Spaces for LGBTQ+ Youth
- Teen Dating Violence, Human Trafficking, and Youth of Color: Understanding the Intersections
- Leadership Exchange for Adolescent Health Promotion - Youth Suicide Prevention for Black Indigenous People of Color and LGBTQ and youth with disabilities Webinar

Ryan White – Retention in Care Program

Ryan White Program Services Provided							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Number of Services provided/clients	1,591/ 512	524/ 150	411/ 104	101/48	108/65	103/47	71/48

Staff Training – Ryan White Retention in Care

- Viral Hepatitis National Plan
- Health Upkeep and Management for Older Adults Living with HIV
- 15th Annual HIV Symposium
- Staff Wellness, Vicarious Trauma, and Burnout
- Midwest Capacity Building Assistance (CBA) Virtual Symposium: the HIV Landscape During COVID-19
- Live with Leadership: HIV Among Women and Girls
- Mental Health and HIV Webinar Series 1: Addressing Depression In People with HIV

- HIV Sexually Transmitted for Infections and Oral Health for People with HIV
- Women and HIV: Intimate Partner Violence among Women with HIV
- Modified Adjusted Gross Income (MAGI) Training
- Mental Health and HIV Webinar Series 2: Pharmacotherapy for Depression
- National Suicide Prevention and Mental Health Crisis Hotline
- Women and HIV Series: Women, HIV, and Substance Misuse: Increasing Awareness to Support Care
- Mental Health and HIV Webinar
- Ending the HIV Epidemic (EHE) Regional Learning Collaborative Addressing the HIV Epidemic in Asian and Pacific Islanders
- Mental Health and HIV Webinar Series Part 4: Trauma and Stressors-Related Disorders
- When You Can't Stop the Party the Syndemic of HIV and Chemsex
- Communication Skills in the Context of HIV Service Delivery
- Recommendation for the Use of Antiretrovirals Drugs During Pregnancy and Intervention
- UCLA HIV Grand Rounds
- Multicultural Monday: HIV and DV: The Impact of Domestic Violence in the Hispanic/Latino
- Trauma – Informed Care Organizations in HIV Services Delivery
- Ending HIV Community of Practice: Session 3

Tobacco Control and Prevention Program

Funding consists of CDCs Tobacco Prevention, Health Disparities Grant through the Nevada Cancer Coalition, Nevada Clinical Services formerly the Funds for Healthy Nevada, and Nevada's Youth Vaping Prevention Funds.

- Hired a Community Health Worker and an intern to assist with program activities.
- CCHHS Tobacco program staff continue to participate in Nevada Tobacco Prevention Coalition as members, which will be important during the 2023 Legislative session.
- Outreach -
 - Thank you to Washoe County Health District for working so hard to make the Ace's Stadium tobacco free. CCHHS staff participated in a Family Day in June. CCHHS staff utilized a spin wheel game to educate attendees, including children, using questions related to facts, statistics, or risks associated with tobacco use and Tobacco 21. Spinning the wheel was a popular activity.



- Worked with a production company to develop a 30 sec Responsible Tobacco ad which is targeted to retailers to make sure they are only selling to individuals 21 and older. These ads were played before the movies at Galaxy Fandango and the Carson City Cinema in Carson City, along with the Ironwood movie theater in Minden.
- CCHHS has participated in events in-person and through other media outlets to promote the Nevada Tobacco Quitline and My Life, My Quit to reach youth and/or young adults.
- Twenty-four retailer toolkits were distributed to tobacco retailers. These kits include information for retailers about the Tobacco 21 (T21) law and how to abide by the tobacco laws.
- Staff and other individuals conducted the Standardized Tobacco Assessment for Retailer Settings (STARS) canvassing and achieved 100% of the goal of at least 10 retailers.
- Suzie Ledezma-Rubio, Program Coordinator, continues to be a member of Western Nevada College's (WNC) Healthy Campus Environment Committee.
 - In 2017, CCHHS assisted WNC with becoming a tobacco free campus.
 - Continuing to assist Western Nevada College with strengthening their Tobacco Free Policy.
 - It has been reported that there may be a problem with vaping in the restrooms on all campuses.
- CCHHS Tobacco program staff continue to participate in Nevada Tobacco Prevention Coalition as members.
 - Staff monitor meetings regarding the Cannabis Advisory Commission recommendations for the Cannabis Compliance Board.
 - Staff continue to work on policies related to the Nevada Clean Indoor Air Act, Tobacco Prevention and Control Funding, Restricting Flavored Tobacco Products, and Addressing Youth Access via Tobacco Retailers.
- Attracting Addiction's goals is to educate parents and adult influencers on the predatory practices of the tobacco industry, increase awareness of the dangers of smoking and vaping flavored tobacco products, prevent youth and adults from becoming tobacco users, and support the quitting of all flavored tobacco products. This project is a collaboration between CCHHS, Southern Nevada Health District, and Washoe County Health District.
 - CCHHS has posted social media ads created by an outside contractor that provide education to parents and youth.
- In collaboration with Healthy Communities Coalition in Lyon and Storey Counties, conducted 2 assembly presentations.
- In collaboration with Partnership Douglas County, conducted 1 class presentation.
- Supported Washoe County Health District's Nevada three series webinar with Parents Against Vaping E-cigs (PAVE) called "Ask the Expert" focused for parents and educators. Starting March and ending in May.

Budget

- General Funds – None
- Grants – 100%

Staff Training – Tobacco Control and Prevention

- 8-week Community Health Worker (CHW) course which began in January

- Vaping: Know the Truth – Empowering Students with the Facts on E-cigarettes & Tools to Quit by Truth Initiative
- The Inter-Tribal Council of Michigan's National Native Network with Indian Health Service Clinical Support Center (Accredited Provider) present a webinar on Healthy and Inclusive events
- Innovative Strategies to Promote Quitline's During the Pandemic by North American Quitline Consortium
- Webinar-Intersection of marijuana and smoke free multi-unit housing by American nonsmokers' rights foundation (ANRF)
- Society for Research on Nicotine & Tobacco (SRNT) Annual Meeting: Innovation and Opportunity in a Changing Landscape: Working Together to Advance Nicotine Science to Achieve Health Equity

Challenges – Tobacco Control and Prevention

- Being able to get back into all the schools to conduct classes (pre-COVID-19 levels). (Adolescent Health Education and Tobacco Control and Prevention)
- Finding youth to conduct focus groups and youth engagement in general. (Tobacco Control and Prevention)



Environmental Health

Permitted Establishments – Inspections Conducted							
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Restaurants – Carson City	670	608	700	180	144	123	171
Restaurants – Douglas County	772	726	827	215	186	18	24
Temporary Events – Carson City	169	0	131	0	7	37	45
Temporary Events – Douglas County	78	2	169	0	5	27	35
Childcare Facilities	20	18	24	1	5	22	21
Public Pools, spas, aquatics – Carson City	49	50	66	0	6	23	47
Public Pools – Douglas County	94	79	100	2	2	5	5
Septic	9	5	10	2	1	18	27

Permitted Establishments – Inspections Conducted Cont.							
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Hotels/Motels	24	4	42	4	1	13	16
Schools	15	16	24	0	0	11	11
Permitted Establishments – Violations, Carson City Only							
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Food							
Critical	71	195	175	54	33	33	34
Non-critical	243	439	385	94	86	64	117
Pools							
Critical	4	17	12	0	0	2	8
Non-critical	4	25	148	0	6	23	47

Plans Reviewed							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Number of Plans	*	*	156	38	12	18	19

**Starting in 2021 staff changed the way plan reviews were tracked*

Mosquito Abatement							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Number of Hours by EH Staff	32	30	55	4	1	25	21

** EH – Environmental Health

Other News

- The Environmental Health Division Manager made possible by America Rescue Plan Act (ARPA) funding; Maria Menjivar started on May 6, 2022.
- Public outreach opportunities are being reviewed to spread the word about Environmental Health and what the Division will be doing this fiscal year.
- Environmental Health staff are looking to introduce some new fees including a “Coordinator” Event Fee, “Service Depot/Commissary” Fee and starting the research for implementing inspections for hotel/motels in Douglas County (picking up the work started from Dustin). Will be bringing to the BOS in the future.
- Environmental Health staff are looking into possibly offering the opportunity to provide English and Spanish Pool Operator Cards as well as English and Spanish Manager Food Safety Certifications.
- Environmental Health staff are developing New Environmental Health Specialist Manuals to mirror the FDA’s Retail Food Standards.
- Clark Mosquito Control Products, a vendor in which mosquito products are purchased, has been contacted to conduct a Mosquito Assessment later this fall to help plan, organize and proactively engage the Division in treating existing prevalent mosquito issue next season.
- Will begin accepting online payments as of September 2022
- Will be deploying an Environmental Health Customer Satisfaction Survey by October 2022

Staff Trainings

- Soil and Site Evaluation for Onsite Wastewater Systems

Budget

- General Funds – 8%
- Grant Funds – 81% - this percentage has increased substantially due to COVID-19 grants
- Revenue – Carson City Permit Fees – 1%
- Revenue – Douglas County Permit Fees – 5%
- Douglas County Interlocal Agreement – 5%

Epidemiology

The current Monkeypox outbreak is being closely monitored. There are constant communications with the Nevada Division of Public and Behavioral Health, the Centers for Disease Control and Prevention (CDC), local health authorities across the state, and local healthcare partners.

The Department of Health and Human Services (HHS) has been shipping doses of JYNNEOS vaccine to jurisdictions as part of an enhanced national vaccination strategy. This strategy is intended to help limit the spread of monkeypox in communities where transmission is highest and with populations most at risk. Currently, the Centers for Disease Control and Prevention (CDC) recommends vaccination for people who have been in close contact with people who have monkeypox.

At this point in time, there are no confirmed or suspected cases of monkeypox in the Quad-County Region. Following the national vaccination strategy and the vaccine priority being communities with high transmission rates, most of the Nevada allocation went to Southern Nevada. The monkeypox vaccine is extremely limited and currently is not available to the general public. Vaccines are currently only available for close contacts to a confirmed case. We will continue to work with the Nevada Division of Public and Behavioral Health and the CDC to obtain additional vaccines while following the National Vaccine Strategy. The public will be notified if the monkeypox vaccine were to be made available to the general population.

Sexual Health Statistics (Carson City)							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Chlamydia	265	188	206	43	49	58	65
Gonorrhea	42	43	52	11	6	11	4
Primary and Secondary Syphilis	8	6	10	4	4	3	1

Sexual Health Statistics (Douglas & Lyon Counties)							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Chlamydia	287	256	282	78	64	72	47
Gonorrhea	52	93	65	18	11	20	8
Primary and Secondary Syphilis	5	7	15	5	1	4	2

Vector Borne Diseases							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Carson City	None Reported	None Reported	None Reported	0	0	0	0
Douglas & Lyon Counties	None Reported	None Reported	1	0	0	0	0
Other Disease Investigations – Carson City, Douglas, and Lyon Counties							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Campylobacteriosis +	6	0	10	0	2	3	1
GI Outbreak (Childcare Facility)	0	0	1	0	0	0	0
Rabies, Animal (Bat)	0	0	1	0	0	0	1
RSV Outbreak (Childcare Facility)	0	0	2	0	0	0	0
Salmonellosis+	4	3	9	1	1	3	3

+ Common causes of foodborne illness

Influenza Hospitalizations - Carson City, Douglas, and Lyon Counties							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Influenza Hospitalizations	36	2	6	1	7	1	58

Staff Training

- Two staff attended the InFORM (Integrated Foodborne Outbreak Response and Management) Conference
- Two staff attended the Council of State and Territorial Epidemiologists (CSTE) Disaster Epidemiology Workshop
- Ten staff completed Disease Investigators (DIs) fundamentals Training Plan on CDC Train (100 hrs. of training each)

Budget

- General Funds – 5%
- Grants – 95%

**Note: Health authority investigation of reportable communicable diseases is required by NRS 441A.



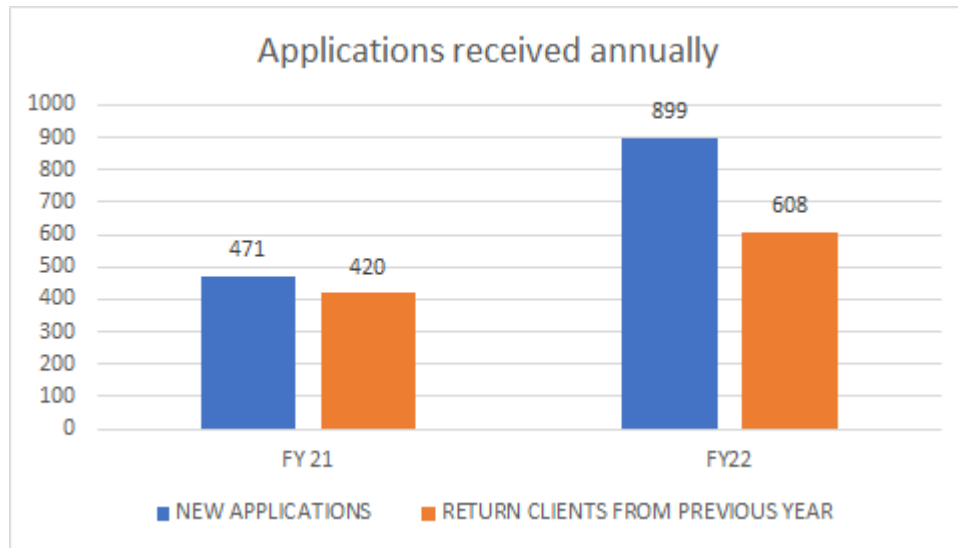
Human Services

Activities

- Since CCHHS is converting to a Trauma Informed Agency, the team has chosen two initial projects.
 - The first project is changing the Human Services Conference Room into an interview room. The interview room will have a living room style setting with calming features. This room can also be used by CCHHS employees needing to decompress. This will be completed as space becomes available.
 - The second project is ensuring our policies and procedures include trauma informed provisions.
- Staff participate in the Carson City Behavioral Health Taskforce, Carson City Community Coalition, Rural Nevada Continuum of Care (RNCOC), RNCOC Coordinated Entry (intake assessments of the homeless), Nevada Community Action Association, Nevada Association of County Human Services Administrators, and Carson City Forensic Assessment Services Triage Team (FASTT). In addition, Human Services is a resource for the Carson City Specialty Courts, Mobile Outreach Safety Team (MOST), and discharge planners for the hospital.
- Human Services Division has been approved for a \$32,472 HUD grant that will allow group living. This means if there are two roommates living together and only one needs rental assistance, we can assist without including the eligibility of the other roommate. In other words, we will be able to manage each roommate separately. Implementation is October 1, 2022.
- Faith Barber has attended the 38th Annual National Association of Workforce Development Professionals and has brought back some new strategies to assist employers and jobseekers.

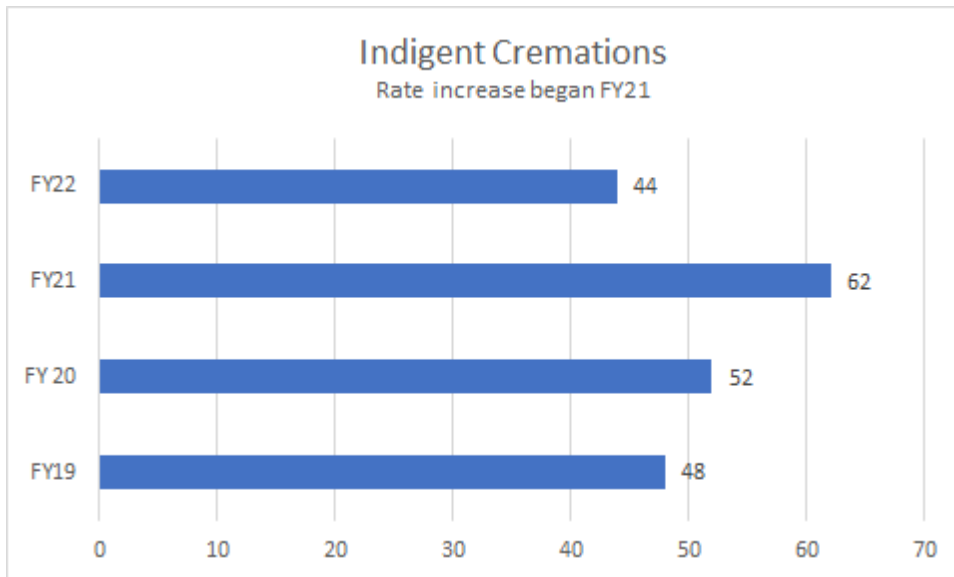
Individuals Assisted –July 1, 2021, to June 30, 2022

- Between July 1, 2021, and June 30, 2022 – Received a total of 899 assistance applications with 608 returning clients. Chart indicates total received previous fiscal year and received this fiscal year through June 30, 2022.



- Point in Time Count preliminary numbers have **69 unsheltered homeless and 611 in long term motels**.
- An on-going housing program, Shelter Plus Care, is assisting **9 households** that were previously chronically homeless individuals.
- Homeless prevention programs through the Emergency Solutions Grant-Homeless Prevention and Affordable Housing Tax Fund assisted **11 households**.
- The Emergency Solutions - Rapid Rehousing Grant made it possible to rehouse **2 households**.
- **Twenty-four individuals** were assisted with security deposits through the Welfare Set-Aside funds.
- **Nineteen households** received one-time rental assistance through the Welfare Set-Aside funds.
- **Fourteen individuals** were housed in the CCSHARES Program, which is the housing partnership between Human Services and the Carson City Specialty Courts.
- **One senior** gets a rent supplement funded through the Indigent Accident Funds (IAF).
- With the Emergency Solutions COVID-19 Grant, **38 households** impacted by COVID were assisted with rental assistance.
- There were **548 inmates** enrolled in Forensic Assessment Services Triage Team (FASTT).
- Human Services staff responded to **38 requests** for wrap-around services for quarantined residents due to COVID.
- **Nineteen residents** were housed in a location secured by CCHHS who did not have a place to isolate or quarantine due to COVID-19 or were at high risk due to medical needs.
- In FY22, **3 individuals** in the county received assistance for long term care. Two have since deceased and one continues to receive assistance. No new applications have been received.

- There are **134 individuals** (average) in the Medicaid County Match program (long term care) in FY22.



Women, Infants, and Children (WIC)

For calendar year 2022 to date:

- The Carson City Clinic has seen a total of **462 unduplicated participants**: 38 pregnant women, 25 fully breastfeeding, 15 partially breastfeeding, 33 not breastfeeding, 127 infants, and 224 children.
- The Gardnerville Clinic has seen a total of **249 unduplicated participants**: 28 pregnant women, 18 fully breastfeeding, 8 partially breastfeeding, 14 not breastfeeding, 77 infants, and 104 children.

Carson City Behavioral Health Task Force Update

- The Carson City Housing Plan was reviewed.
- At the next meeting, the new Regional Behavioral Health Coordinator, Cherlyn Rahr-Wood, will assist with updating strategic plans and reviewing the Open Beds dashboard and program.

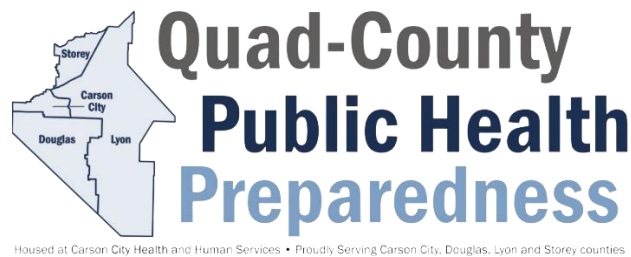
Other news, including staff trainings

- The Era of Homelessness Part 1 and Part 2
- All things Elogic [Community Services Block Grant (CSBG) database]
- National Association of Counties (NACO) Jail Reentry for People with Substance Use Parts 1, 2, and 3.
- CPR/First Aid/Bleed Control
- Helping Individuals Experiencing Homelessness Obtain ID
- GreenBusiness Training and Certification Program
- Introduction to Results-Oriented Management and Accountability (ROMA)

- Risk Code Assessment and Scheduling
- Effective Nutrition Education
- The Value of Lived Experience—from Peer Support to Policy
- Continuum of Care (CoC) Responsibilities and Best Practices
- Centering Racial Equity in the Work to End Homelessness
- Homelessness and Opioid Use Disorder—Best Practices for Whole Person Care
- The Psychological Origins of Stigma & Bias
- Supporting Resiliency in Housing and Health Professionals

Budget

- General Funds – 28%
- Grants – 72%*
 - *Includes the Indigent Accident Funds



Public Health Preparedness

Emergency & Disaster Preparation

- Quad-County Public Health Preparedness (PHP) staff attended the first annual national Access and Functional Needs Symposium. This was a two-day symposium with subject matter experts from across the country discussing planning, training, and serving the whole community during emergencies.
- Quad-County PHP staff attended the Rural Preparedness Summit in Fallon, NV.
- Quad-County PHP staff are revamping the Western NV Medical Reserve Corps operational capabilities. This includes building situation-specific trainings for volunteers to include mass care sheltering and points of dispensing (POD) activities.
- In collaboration with CCHHS Epidemiology, Quad-County PHP staff are holding bi-weekly operations meetings to discuss the Monkeypox cases in the state, nation, and around the world. PHP staff are leading the development of educational packets for clinicians, adult-entertainment industry workers, and hospitality workers. The packets will be delivered through door-to-door outreach by two staff – one from Epidemiology and one from PHP – so questions can be addressed. We will also be doing outreach to employers with migrant or transient workers in an effort to discourage workers from sharing clothing or other linens. While there are currently no cases of Monkeypox in the Quad-County Region, our efforts are to support our community partners in their efforts to educate and protect the public.

Health Care Emergency & Disaster Preparation

- The Quad-County PHP team continues to be actively engaged with local healthcare partners in response to the staffing shortages that most hospitals are experiencing across the country. Strategies from around the country are shared with healthcare partners to assist in their efforts to address these staffing concerns.
- The Quad-County Healthcare Ready and Response Coordinators are keeping the Coalition apprised of the Monkeypox situation and sharing information regarding Clinical Staff calls with the federal government, ordering processes, and symptomology.

Community Vaccinations

- Continuing to host COVID-19 vaccination events every week. Have plan ready to support any changes in COVID vaccination recommendations.

Staffing Trainings

- Two staff completed a set of courses regarding risk management for special events.

Staffing Challenges

- Challenges with hiring vaccinators to support all community vaccination responses.

Budget

- General Funds – None
- Grants – 100%
- Revenue – Collected from health insurance companies and individuals for influenza vaccinations. (Community Vaccination Revenue)

CCHHS Administrative/Fiscal

Staff Report

- Employees – Number of employees - 64
 - 32 FT City Employees - 50%
 - 14 PT City Employees – 22%
 - 18 Contract Employees (Marathon, Nevada System of Higher Education (NSHE), CDC Foundation) – 28%
 - 2 – Contracted (Health Officer; Clinic, PHP, and Sexual Assault Response Team (SART) Pharmacist) (not included in the percentages)

Other News

- Director manages 2 small grants – Sexual Assault Response Team and Preventive Health and Health Services

Challenges

- Hard to fill vacancy - Fiscal/Grant Analyst – Health

Budget

- General Funds – 100%

* Three of the fiscal staff (1 FT and 2 PT) are partially grant funded and are included within the appropriate division statistics.



Accreditation

- Additional documents or explanations requested submitted 6/23/22
- Next Steps -
 - Review of documentation by the site reviewers
 - Request for more documentation or explanations
 - Virtual site visit
 - Public Health Accreditation Board Decision

3rd Community Health Needs Assessment (CHNA) Update

- CCHHS and Carson Tahoe Health are collaborating on the CHNA to complete the Community Themes & Strengths Assessment and the Community Health Status Assessment.
- CCHHS will conduct the Local Public Health System Assessment and the Forces of Change Assessment. Two staff members identified to complete this project.
- The Mobilizing for Action Through Planning and Partnership (MAPP) process will be used again for the upcoming Community Health Needs Assessment.

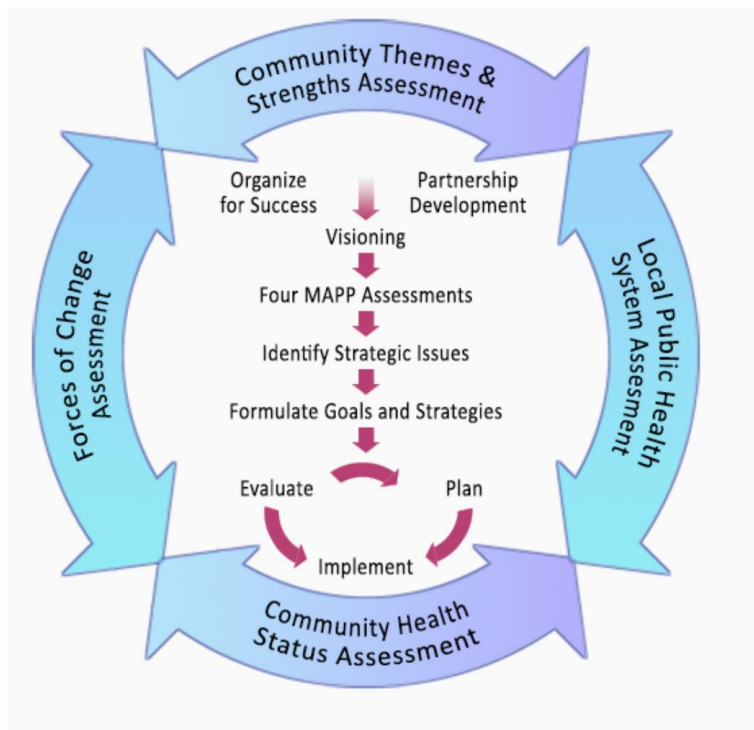


Diagram: MAPP Process

3rd Community Health Improvement Plan

After the Community Health Needs Assessment is completed, the Community Health Improvement Plan will be developed with the assistance of community partners. This plan is not CCHHS' plan but is the community's plan.

Current Community Health Improvement Plan

- Access to Healthcare – no new developments
- Behavioral Health – Carson City Behavioral Health Task Force – Community Health Improvement Plan is in the process of being updated based on the current Community Health Needs Assessment (CHNA)
- Nutrition – no new developments

Quality Improvement Projects (overseen by the Quality Improvement Committee)

- Open projects
 - Administration – Employee Satisfaction - Communication
 - Chronic Disease Prevention Health Promotion (CDPHP) – Video and Brand
 - Clinic – CAGE questions – screening for alcohol/drug abuse; Myriad hereditary cancer screening **CAGE – Cut, Annoyed, Guilty and Eye which is based on the questions that can help tell if one has a substance problem
 - EH – SWEEPS (EH database) Audit
 - EH - Septic/Well Scanning Project
 - Human Services – Trauma Informed Care Agency
 - Human Services – Homeless Individuals Program

Northern Nevada Behavioral Health Policy Board Update

- Created by NRS 433.429; currently there are 5 regional boards within the state
- Composition, NRS 433.429 (2-8):
 2. Each policy board consists of not less than 7 members and not more than 13 members appointed pursuant to this section.
 3. The Speaker of the Assembly shall appoint to each policy board one member who represents the criminal justice system.
 4. The Majority Leader of the Senate shall appoint to each policy board one member who represents law enforcement agencies and who has experience with and knowledge of matters relating to persons in need of behavioral health services.
 5. The Governor shall appoint to each policy board one member who has extensive experience in the delivery of social services in the field of behavioral health, including, without limitation, directors or officers of social service agencies in the behavioral health region.
 6. The Legislative Commission shall appoint to each policy board one member who is a Legislator.
 7. The Administrator shall appoint to each policy board:
 - (a) One member who represents the interests of hospitals, residential long-term care facilities or facilities that provide acute inpatient behavioral health services;
 - (b) One member who represents the interests of administrators or counselors who are employed at facilities for the treatment of alcohol or other substance use disorders; and

- (c) One member who represents providers of emergency medical services or fire services and who has experience providing emergency services to behavioral health patients, which may include, without limitation, a paramedic or physician.
- 8. The members appointed to a policy board pursuant to subsections 2 to 7, inclusive, may appoint to the policy board:
 - (a) One member who represents the interests of community-based organizations which provide behavioral health services.
 - (b) One member who represents the interests of owners or administrators of residential treatment facilities, transitional housing or other housing for persons with a mental illness or persons who have an alcohol or other substance use disorder.
 - (c) One member who is a health officer of a county or who holds a position with similar duties or, if no such person is available, an employee of a city, county or Indian tribe who has experience in the field of public health.
 - (d) One member who is a psychiatrist or a psychologist who holds the degree of doctor of psychology, has clinical experience and is licensed to practice in this State or, if no such person is available, a provider of health care, as defined in [NRS 629.031](#), who has experience working with persons with a mental illness or persons who have an alcohol or other substance use disorder.
 - (e) One member who represents private or public insurers who offer coverage for behavioral health services or, if no such person is available, another person who has experience in the field of insurance or working with insurers.
 - (f) One member who has received behavioral health services in this State, including, without limitation, services for substance use disorders, or a family member of such a person or, if such a person is not available, a person who represents the interests of behavioral health patients or the families of behavioral health patients.
- Each Board has the opportunity to submit 1 Bill Draft Request

Northern Region Behavioral Health Policy Board
NRS 433C Regional Behavioral Health Authority Concept

- **Aligns with national Roadmap to the Ideal Crisis System framework** – establishes an accountable entity for a community/catchment area with responsibility for designing, financing, and operating best practice crisis system, with the goal of ensuring people-centered services.
- **Braided funding model** – Allows for accountability and oversight of all funding streams braided under one umbrella with the goal of providing greater system efficiency to individuals and families in need of behavioral health care across the continuum. Further, a Regional Behavioral Health Authority will increase community oversight and use of federal block grants to deliver community-based services to individuals with serious mental illness and substance use disorders.
- **Allows for increased community oversight and participation in Medicaid-managed care** – Senate Bill 420, which passed in the 2021 Nevada Legislature, will allow for a managed public insurance option for rural areas in 2026. Enabling Regional Behavioral Health Authorities provides for community-based participation in approval of competitive bid process with managed care organizations in regional behavioral health service area.
- **Allows for opportunities to develop additional services** through intentional transparent democratic process with diverse leadership and community representatives.
- **Potential for quality assurance system and cost savings through system oversight** – establishes a safety net so consumers’ needs don’t fall through the cracks.
- **Offers communities access to necessary data** - to provide evidence-informed decision making and to address and mitigate spikes in behavioral health needs in the communities
- Increases access to care
- **Supports state behavioral health authority** - with additional value-based infrastructure to address program capacity, contract management and funding coordination, data collection, quality improvement, etc.
- **Allows for cross-jurisdictional sharing efforts** to obtain grant funding for regional projects

Background:

In response to efforts at deinstitutionalization and development of community-based mental health services, all states in the U.S., including Nevada, developed a legal mechanism to develop local mental health authorities in 1975. For multiple reasons, Nevada remains one of the only states who has been unable to bring a community-based mental health system to fruition.

Problem:

Current language in NRS 433C regarding local mental health authorities, including the 10% funding requirement, has circumvented counties and regions from moving forward in developing community-based behavioral health infrastructure. Lack of local or regional behavioral health infrastructure inhibits local participation and oversight in development and provision of community-community-based behavioral health services. Current language in NRS 433C regarding local mental health authorities, limits the ability for counties and regions to move forward in developing this infrastructure. This lack of local oversight causes issues with accountability regarding quality treatment and coordination of behavioral health services[1].

Proposed solution:

Modernizing existing law in NRS 433C, focused on local mental health authorities, to develop a feasible mechanism that enables counties and local community stakeholders to participate in Regional Behavioral Health Authorities.

Why now:

- Nevada is still seeing the behavioral health impact of COVID- 19, and regional stakeholders have recognized gaps in state infrastructure and their ability to respond.
- Since the pandemic, counties are assessing the need for increased local public and behavioral health infrastructure to help avoid or lessen the impacts of future pandemics or behavioral health crises.
- Regional infrastructure is crucial to aligning state initiatives with community needs and programming for a successful crisis response system.
- Nevada has the opportunity and funding to support regional board infrastructure development.
- Allows for community-based crisis response that aligns with the timeline for the roll out of 988 Implementation Act - centralized hub for community-level crisis response system

Concerns:

- Counties responsible for funding – ensure there are no unintended impacts to counties
- Equitable distribution of block grants - impact current providers
- Liability - what would counties be responsible for/ what could you get sued for?
- Administrative costs pulling from current funding – how does region measure cost-savings through greater system efficiency?
- Policy Board bandwidth – ensuring Board has capacity to take on oversight

Regional Behavioral Health Authorities Modeled in Other States:

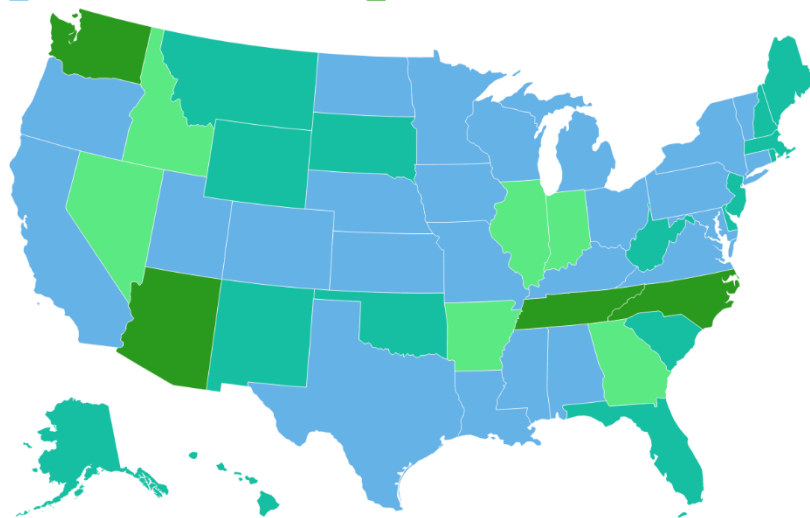
In 2022, the Northern Region Behavioral Health Policy Board conducted an analysis of regional behavioral health authorities. This analysis sorted state models into the following categories:

- States with local/regional behavioral health authorities - housed at nonprofit community mental health centers, county behavioral health agencies, human services districts, and/or public health districts
- States with centralized state behavioral health authority – these states have a centralized behavioral health agency only. Some state agencies in this category may offer field offices for direct services in local communities.
- States with hybrid state authority/local community governing board coordination – models most similar to Nevada’s current system of a centralized State Behavioral Health Authority and regional behavioral health policy boards.
- States with primarily managed care contract intermediary models – for example, Arizona established regional Medicaid-managed care intermediaries to function as accountable entities. Regional behavioral health authorities provide oversight to services outlined in regional managed care contracts.

50 State/Regional/Local Behavioral Health Authorities

2022 Northern Nevada Regional Behavioral Health Policy Board conducted a review of state, regional, and local behavioral health authority models in all 50 states.

■ Centralized State Behavioral Health Authority
 ■ Hybrid State Authority/Community Board Coordination
■ Local/Regional Behavioral Health Authorities
 ■ Primarily Managed Care Models



Map: Nevada Northern Region Behavioral Health Policy Board • Created with Datawrapper

Nebraska’s Model

The Northern Region Behavioral Health Policy Board is looking to Nebraska’s Regional Behavioral Health Authority model as an option for RBHA implementation in Nevada.

In 1974, Nebraska’s Legislature organized a statewide regional system (six regions) to coordinate and oversee the delivery of a full range of behavioral health services to youth and adults. The regions are local units of government that the state behavioral health authority partners with to do planning and service implementation. The regions purchase services from providers in their area. If necessary, services are purchased from other service providers across the state.

Each region is governed by a Regional Governing Board (RGB), a local unit of government organized under the Inter-local Cooperation Act. Its authority is based on [Nebraska Revised Statute §71-801 through §71-818 \(Nebraska Behavioral Health Services Act, the Inter-local Agreement\)](#) and the Board's bylaws. The Act outlines the Roles and Responsibilities for the RGB.

The RGB consists of elected officials, county commissioners or supervisors, one from each of the 16 counties in the region. These individuals represent their county and participate in the decision making of the board.

The RGB is by statute responsible for the development and coordination of both adult and children's publicly funded behavioral health services within the region. The RGB appoints a regional administrator who is responsible for the administration and management of Region V Systems. The RGB also appoints a Behavioral Health Advisory Committee.

The RGB appoints a Behavioral Health Advisory Committee (BHAC), comprised of 15-20 members, responsible for advising the Board on behavioral health issues and funding allocations. Consideration for membership is given to geographic location, direct and indirect consumers, cultural diversification, and the community at large.

Proposed changes to update and modernize NRS 433C:

Regional Behavioral Health Authority Proposed Changes to NRS 433C

NRS 433C.110	Purposes of chapter.
NRS 433C.120	Definitions.
NRS 433C.130	Responsibility of Department for developing and administering preventive and other services for mental health.
NRS 433C.140	Administration by Division; standards and regulations governing county programs.
NRS 433C.150	Power of county to establish program.
NRS 433C.160	County mental health advisory board: Composition; terms of members.
NRS 433C.170	County board: Duties.
NRS 433C.180	County director: Appointment.
NRS 433C.190	County director: Duties.
NRS 433C.200	Establishment of joint community programs by counties.
NRS 433C.210	Agreement for joint program: Provisions.
NRS 433C.220	Provisions of chapter applicable to joint programs.
NRS 433C.230	Contract with hospital, clinic, laboratory or other institution.
NRS 433C.240	Expenses: Charge against county.
NRS 433C.250	Legislative appropriations; payment of claims.
NRS 433C.260	Reimbursement by State for expenditures by county.
NRS 433C.270	Services included in county program.
NRS 433C.280	Eligibility for reimbursement: Requirements.
NRS 433C.290	Reimbursement for expenditures for certain items; investigation and audit of expenditures.
NRS 433C.300	Amount of reimbursement; disbursements through Division.
NRS 433C.310	Reimbursement for joint programs.
NRS 433C.320	Expenditures subject to reimbursement; reimbursement prohibited for certain expenditures.
NRS 433C.330	Claims for reimbursement.
NRS 433C.340	Fees charged according to ability to pay; limitation.
NRS 433C.350	Nevada Conference of County Community Mental Health Programs: Establishment; organization; meetings; purposes.

NRS 433C.110 Purposes of chapter. The Legislature declares that the purposes of this chapter are:

1. To encourage and provide financial assistance to counties *to develop a local or regional behavioral health authority for* ~~in~~ the establishment and development of mental health services, including services to persons with intellectual disabilities and persons with developmental disabilities, through locally controlled community mental health programs.

2. To promote the improvement and, if necessary, the expansion of already existing services which help to conserve the mental health of the people of Nevada. It is the intent of this chapter that services to individuals be rendered only upon voluntary application.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1625](#); [1999, 2603](#); [2013, 679](#); [2017, 2807](#))

NRS 433C.120 Definitions. As used in this chapter, unless the context requires otherwise:

1. “~~County Regional advisory~~ board” means a ~~county mental health advisory~~ *Regional Behavioral Health Policy-Advisory* board[2][CRW3].

2. “~~County-d~~ Director” means the director of ~~a county program~~ *Regional Behavioral Health Authority*[4].

3. “County program” means a county community mental health program.

4. “Governing body” means the board of county commissioners.

5. “Service” means a mental health service.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1625](#))

NRS 433C.130 Responsibility of Department for developing and administering preventive and other services for mental health. The Department is designated as the official state agency responsible for developing

and administering preventive and outpatient mental health services. The Department shall function in the following areas:

1. Assisting and consulting with local health authorities, local governments and all law enforcement agencies in this State in providing community mental health services, which services may include prevention, rehabilitation, case finding, diagnosis and treatment of persons with mental illness, and consultation and education for groups and individuals regarding mental health.
 2. Coordinating mental health functions with other state agencies.
 3. Participating in and promoting the development of facilities for training personnel necessary for implementing such services.
 4. Collecting and disseminating information pertaining to mental health.
 5. Performing such other acts as are necessary to promote mental health in the State.
- (Added to NRS by [1961, 615](#); A [1963, 936](#); [1965, 373](#); [1969, 925](#); [2013, 3036](#); [2015, 1817](#))

NRS 433C.140 Administration by Division; standards and regulations governing ~~county programs~~ *Regional Behavioral Health Authorities*. The Division shall, subject to the supervision of the Commission, administer this chapter. The Commission shall adopt guidelines for ~~county programs~~ *Regional Behavioral Health Authorities* and regulations necessary thereto, but these standards and regulations must be adopted only after consultation with and approval of the ~~county~~ *Regional Behavioral Health Authority* director of each ~~program~~ *Authority* being so administered. These standards and regulations must support and maximize local responsibility for and control of ~~county programs~~ *Authority* within the framework of general guidelines.

(Added to NRS by [1971, 1018](#); A [1973, 1406](#); [1975, 1626](#); [1985, 2274](#))

NRS 433C.150 Power of county to establish program. The governing body of any county may by ordinance or resolution establish ~~a county community mental health program~~ *a regional behavioral health authority on its own or in partnership with other counties*, which may cover the entire area of the county *or counties within the regional behavioral health authority*.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1626](#))

Regional behavioral health authority; power and duties. Each regional behavioral health authority shall be responsible for the development and coordination of publicly funded behavioral health services within the behavioral health region pursuant to rules and regulations adopted and promulgated by the Department (Division), which may include:

- (a) administration and management of the regional behavioral health authority*
- (b) integration and coordination of the public behavioral health system within the behavioral health region*
- (c) comprehensive planning for the provision of an appropriate array of community-based behavioral health services and continuum of care for the region*
- (d) submission for approval by the division of an annual budget and a proposed plan for the funding and administration of publicly funded behavioral health services within the region (including review and approval of managed care contracts for the delivery of behavioral health services).*
- (e) submission of annual reports and other reports as required by the division*
- (f) initiation and oversight of contracts for the provision of publicly funded behavioral health services, and*
- (g) coordination with the division in conducting audits of publicly funded behavioral health programs and services.*

(From Nebraska law re: Regional Behavioral Health Authority, [NE Code § 71-809 \(2013\)](#))

NRS 433C.160 ~~Mental~~ *Regional Behavioral Health Authority* Advisory Board: Composition; terms of members.

1. The ~~county program~~ *Regional Behavioral Health Authority* shall have a ~~mental~~ *regional advisory board*. ~~The *Regional Behavioral Health Policy Board* from the behavioral health region of participating counties will~~

~~serve as the regional advisory board.~~ **regional behavioral** health advisory board of 7 to 15 members appointed by the governing body. The composition of the county board shall be representative of providers of mental health services, recipients or consumers of mental health services, agencies and occupations having a working involvement with mental health services and the general public, but such representation need not be in any fixed proportion. ~~consists of:~~

(a) Representatives selected by the following entities from their elected members:

(1) Two representatives of the board of county commissioners, city or town which participated in establishing the Regional Behavioral Health Authority, to be appointed by the governing body of the county, city or town in which they reside.

(b) The following representatives, selected by the elected representatives of the regional advisory board pursuant to paragraph (a), who shall represent the regional advisory board at large and who must be selected based on their qualifications without regard to the location within the regional behavioral health service area of their residence:

(1) One representative for each participating county in the regional behavioral health authority professionally qualified in the field of behavioral health

(2) One advocate for persons with serious mental illness, substance use, and other behavioral health disorders, including persons with intellectual disabilities or persons with developmental disabilities^[TAS]

2. The term of each member of the advisory board shall be for 3 years, but of the members first appointed approximately one-third shall be appointed for a term of 1 year, one-third for a term of 2 years and one-third for a term of 3 years.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1626](#))

NRS 433C.170 County-board Regional Advisory Board: Duties. The ~~county-board~~ **Regional Advisory Board** shall:

1. Review and evaluate communities' needs, services, facilities and special problems in the fields of **mental behavioral** health, intellectual disabilities and developmental disabilities.

2. Advise the ~~Regional governing body~~ **Behavioral Health Authority** as to programs of community **mental behavioral** health services and facilities and services to **persons with mental-serious mental illness, substance use, and other behavioral health disorders**, persons with intellectual disabilities, and persons with developmental disabilities and, ~~when requested by the governing body, make recommendation regarding the~~

3. ~~Appointment of a county~~ **Regional Behavioral Health Authority** director.

3. Obtain reports from the Boards of Health of participating counties and the Regional Behavioral Health Policy Board overseeing the counties participating in the Regional Behavioral Health Authority.

3. After adoption of a program, continue to act in an advisory capacity to the ~~county~~ **Regional Behavioral Health Authority** director.

(Added to NRS by [1965, 765](#); A [1975, 1626](#); [1999, 2604](#); [2013, 679](#); [2017, 2807](#))

NRS 433C.180 Regional Behavioral Health Authority County director: Appointment. The ~~county-board regional advisory board, with the approval of a majority of the governing body,~~ shall:

1. ~~a~~ **Appoint a Regional Behavioral Health Authority County Director who shall be responsible for the administration and management of the regional behavioral health authority:**, who ~~must may~~ be a person professionally qualified in the field of ~~psychiatric mental~~ **behavioral**^[6]^[CRW7] health. ~~The choice of appointing a physician or one who is not a physician rests with the county regional advisory board, and in making such choice the county board shall consider the duties that the county director is expected to perform.~~

2. **The regional advisory body may appoint a clinical director to oversee the clinical operations of the Regional Behavioral Health Authority. The clinical director must be a person professionally qualified in the field of behavioral health.**

(Added to NRS by [1965, 765](#); A [1971, 1019](#); [1975, 1627](#))

NRS 433C.190 Regional Behavioral Health Authority County director: Duties. The ~~county~~ director shall^[CRW8]^[CRW9]^[CRW10]^[CRW11]:

1. Serve as chief executive officer of the ~~county~~ **Regional Behavioral Health Authority program** and be accountable to the **regional advisory** board.

2. Exercise administrative responsibility and authority over the ~~county~~ *Regional Behavioral Health Authority including* programs and facilities furnished, operated or supported in connection therewith, and over services to persons with *serious mental illness, substance use, and other behavioral health disorders*, intellectual disabilities or persons with developmental disabilities, except as administrative responsibility is otherwise provided for in this title.

3. Recommend to the *regional advisory board*, after consultation with the ~~county-board~~ *Regional Behavioral Health Policy Board and Boards of Health of the participating counties*, the providing of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable to accomplish the purposes of this chapter.

4. Submit an annual report to the ~~governing body~~ *regional advisory board* reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.

5. Carry on such studies as may be appropriate for the discharge of his or her duties, including *oversight of control and prevention, treatment, and recovery services for* ~~of psychiatric~~ *serious mental illness, substance use, and other behavioral health* disorders and the treatment of intellectual disabilities and developmental disabilities.

(Added to NRS by [1965, 765](#); A [1971, 1020](#); [1975, 1627](#); [1999, 2604](#); [2013, 679](#); [2017, 2807](#))

NRS 433C.200 Establishment of joint community programs by counties. The governing body of any county may by agreement with the governing body or bodies of any other county or counties establish ~~joint community mental health programs~~ *a Regional Behavioral Health Authority to offer joint community programs*.

NRS 433C.210 Agreement for joint-program county participation in Regional Behavioral Health Authority: Provisions.

1. Any agreement between two or more counties for the establishment of ~~joint county programs~~ *a Regional Behavioral Health Authority* shall ~~may~~ provide:

(a) That each county shall bear its share of the cost of the joint county program in proportion to the population of each county served.

(b) ~~That the county treasurer of one participating county~~ *The Regional Behavioral Health Authority* shall be the custodian of moneys made available for the purposes of *providing of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable to accomplish the purposes of this chapter*. ~~such joint program~~ and that the ~~county treasurer~~ *Regional Behavioral Health Authority* may make payments from such moneys upon warrant of the appropriate officer or body of the counties ~~y for which he or she is county treasurer participating in the Behavioral Health Authority~~.

2. Any such agreement may also provide:

(a) For the joint provision and operation of services and facilities or for the provision and operation of services and facilities by one participating county under contract for the other participating counties.

~~(b) For appointments of members of the board for the joint program regional authority by the several participating counties.~~

(c) ~~That for specified purposes officers and employees of such joint county programs shall be considered to be officers and employees of one participating county only.~~

(d) For such other matters as are necessary or proper to effectuate the purposes of this chapter.

(Added to NRS by [1965, 765](#); A [1971, 1020](#); [1975, 1627](#))

NRS 433C.220 Provisions of chapter applicable to joint programs. Unless otherwise expressly provided or required by the context, the provisions of this chapter relating to ~~county community mental health programs~~ *regional behavioral health authorities* and the appointment of ~~county regional~~ boards or ~~county regional~~ directors shall ~~may~~ apply to joint-county programs.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#))

NRS 433C.230 Contract with hospital, clinic, laboratory or other institution. The *Regional Behavioral Health Authority* ~~County~~ director may, with the approval of a majority of the *regional advisory board* ~~governing body~~, contract for services and facilities with any hospital, clinic, laboratory or other similar institution.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#))

NRS 433C.240 Expenses: Charge against county. The expenses incurred under the provisions of this chapter shall be a charge against the county and shall be audited, levied, collected and paid in the same manner as other charges.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#))

NRS 433C.250 Legislative appropriations; payment of claims. Except as otherwise provided in this chapter:

1. Funds to carry out the provisions of this chapter shall be provided by ~~direct legislative appropriation from the General Fund~~ *funds designated by the Division*. Such funds shall be expended in accordance with the allotment, transfer, work program and budget provisions of [NRS 353.150](#) to [353.246](#), inclusive, and transfers to and from salary allotments, travel allotments, operating expense allotments, equipment allotments, and other allotments shall be allowed and made in accordance with the provisions of [NRS 353.215](#) to [353.225](#), inclusive, and after separate consideration of the merits of each request.

2. All moneys in any fund available to the Division for carrying out the provisions of this chapter shall be paid out on claims approved by the Administrator as other claims against the State are paid.

(Added to NRS by [1961, 616](#); A [1963, 937](#); [1965, 374, 769](#); [1969, 925](#); [1971, 1018](#); [1975, 1625](#))

NRS 433C.260 Reimbursement by State for expenditures by county. Expenditures made by ~~counties~~ *the Regional Behavioral Health Authority* for ~~county~~ programs, including services to *persons with mental serious mental illness, substance use, and other behavioral health disorders, and* persons with intellectual disabilities or persons with developmental disabilities, pursuant to this chapter must be reimbursed by the State pursuant to [NRS 433C.270](#) to [433C.350](#), inclusive.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#); [1999, 2604](#); [2013, 680](#); [2017, 2807](#))

NRS 433C.270 Services included in county program.

1. A service operated within a ~~county program~~ *Regional Behavioral Health Authority* must be directed to at least one of the following mental health areas:

- (a) Mental illness;
- (b) Intellectual disabilities;
- (c) Developmental disabilities;
- (d) Organic brain and other neurological impairment; and
- (e) Alcohol or other substance use disorders
- (f) *Gambling disorder.*

2. A service is any of the following:

- (a) Diagnostic service *or assessment service*;
 - (b) Emergency service *or Crisis services*;
- (c) Inpatient service;
- (d) Outpatient or partial hospitalization service;
- (e) Residential, sheltered or protective care service;
- (f) Habilitation or rehabilitation service;
- (g) Prevention, consultation, collaboration, education or information service; and CRW12
- h) Peer support specialist services*
- i) Community health worker*
- j) family peer support*
- k) Case management or linkages to care*
- l) Recovery support services*
- (h) Any other service approved by the Division.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#); [1999, 2604](#); [2013, 680](#); [2017, 2808](#))

NRS 433C.280 Eligibility for reimbursement: Requirements. To be eligible for reimbursement a county, or in the case of joint county programs, two or more counties, shall first:

1. Establish one or more of the services provided for in [NRS 433C.270](#). In-service training necessary to providing such services shall be proper items of expenditures subject to state reimbursement.

2. Annually submit to the Administrator a plan for proposed expenditures. The Administrator shall review such plan to determine compliance with standards established in this chapter and fix the amount subject to state reimbursement. Existing services may qualify pursuant to the provisions of this chapter for reimbursement upon determination by the county board that such services shall be subject to and administered under the provisions of this chapter.

(Added to NRS by [1965, 766](#); A [1971, 1022](#); [1975, 1629](#))

NRS 433C.290 Reimbursement for expenditures for certain items; investigation and audit of expenditures. Expenditures incurred for the items specified in [NRS 433C.270](#) shall be subject to reimbursement in accordance with the regulations of the Division whether incurred by direct or joint operation of such services, by contracting for such services or by other arrangement pursuant to the provisions of this chapter. The Administrator may make such investigations and audits of such expenditures as the Administrator may deem necessary.

(Added to NRS by [1965, 767](#); A [1971, 1022](#); [1975, 1629](#))

NRS 433C.300 Amount of reimbursement; disbursements through Division.

1. Money provided by direct legislative appropriation for purposes of reimbursement as provided by [NRS 433C.260](#) to [433C.290](#), inclusive, must be allotted to the governing body as follows:

(a) The State shall pay to each ~~county~~ **Regional Behavioral Health Authority** a sum equal to 90 percent of the total proposed expenditures as reflected by the plan of proposed expenditures submitted pursuant to [NRS 433C.280](#) if the ~~county~~ **Behavioral Health Authority** has complied with the ~~[13]~~^[CRW14]^[CRW15] provisions of paragraph (b).

(b) Before payment under this subsection, the ~~governing body~~ **Regional Behavioral Health Authority** of a county must submit **a plan including the services and expenditures provided by the Regional Behavioral Health Authority, as well as total proposed expenditures associated.** ~~evidence to the Administrator that 10 percent of the total proposed expenditures have been raised and budgeted by the county for the establishment or maintenance of a county program.~~

2. All state and federal moneys appropriated or authorized for the promotion of mental health or for services to persons with intellectual disabilities or persons with developmental disabilities in the State of Nevada must be disbursed through the Division in accordance with the provisions of this chapter and rules and regulations adopted in accordance therewith.

(Added to NRS by [1965, 767](#); A [1969, 926](#); [1971, 1022](#); [1975, 1629](#); [1999, 2605](#); [2013, 680](#); [2017, 2808](#))

NRS 433C.310 Reimbursement for joint programs. Where counties have established joint county programs, expenditures subject to reimbursement are the prorated expenditures of such ~~counties~~ **Regional Behavioral Health Authority** as provided by the agreement establishing the joint ~~program~~^[CRW16].

(Added to NRS by [1965, 767](#); A [1971, 1023](#); [1975, 1630](#))

NRS 433C.320 Expenditures subject to reimbursement; reimbursement prohibited for certain expenditures^[CRW17].

1. Expenditures subject to reimbursement include:

- (a) Expenditures for the items specified in [NRS 433C.270](#);
- (b) Salaries of personnel;
- (c) Approved facilities and services provided through contract;
- (d) Operation, maintenance and service costs; and
- (e) Such other expenditures as may be approved by the Administrator.

2. Reimbursement may not be made for:

- (a) Expenditures for capital improvements;
- (b) The purchase or construction of buildings;
- (c) Compensation to members of a county board, except for actual and necessary expenses incurred in the performance of official duties;
- (d) Expenditures for a purpose for which state reimbursement is claimed under any other provision of law;
- (e) Expenditures incurred for court procedures under this or any other provision of law; or
- (f) The cost of confinement of any person in excess of 90 days in any 1 calendar year.

3. Reimbursement may not be made to any county or counties which employ a physician in the county program who is not a lawful permanent resident of the United States.

(Added to NRS by [1965, 767](#); A [1971, 1023](#); [1973, 10](#); [1975, 1630](#))

NRS 433C.330 Claims for reimbursement.

1. Claims for state reimbursement shall be made in such form, at such times, and for such periods as the Administrator shall determine.

2. When certified by the Administrator, claims for state reimbursement shall be presented to the State Board of Examiners.

(Added to NRS by [1965, 768](#))

NRS 433C.340 Fees charged according to ability to pay; limitation. Fees for mental health services, including services to persons with intellectual disabilities or persons with developmental disabilities, rendered pursuant to an approved county plan must be charged in accordance with ability to pay, but not in excess of actual cost.

(Added to NRS by [1965, 768](#); A [1975, 1630](#); [1999, 2605](#); [2013, 681](#); [2017, 2808](#))

NRS 433C.350 Nevada Conference of ~~County Community Mental Health Programs~~ *Regional Behavioral Health Authorities*: Establishment; organization; meetings; purposes.

1. There is hereby established the Nevada Conference of ~~County Community Mental Health Programs~~ *Regional Behavioral Health Authorities*. The Division shall take appropriate steps to effectuate the establishment of the Conference as provided in this section.

2. The voting membership of the Conference shall consist of the county director of each county program and one member of the county board of each county program to be chosen by such board. The nonvoting membership of the Conference shall consist of the Administrator and such other employees of the Division as the Administrator shall designate, but such employees shall be not less than two nor more than 15 in number.

3. A scheduled meeting of the Conference shall be convened at least once every 6 months. A nonscheduled meeting shall be convened upon the request of two-thirds of the voting membership. Meetings shall be called and chaired by the Administrator or the Administrator's official designee.

4. The Conference may organize itself in such manner and adopt such procedures as it deems appropriate.

5. The purpose of the Conference is to serve as an organized forum for the discussion of the following matters:

- (a) Recommendations for rules of the Division to implement this chapter as provided in [NRS 433C.140](#);
- (b) Coordination and integration of county program services and state services; and
- (c) Such other matters as members may bring before the Conference in connection with county programs or the relationship between county programs and the Division.

6. A resolution, proclamation, recommendation or similar pronouncement of the Conference does not have any legal effect.

(Added to NRS by [1965, 768](#); A [1975, 1631](#))

Recommendations for Northern Region Behavioral Health Policy Board

[If the Northern Regional Behavioral Health Policy Board votes to move forward with adopting enabling language for regional behavioral health authorities...On August 3, 2022, the Regional Behavioral Health Authority Subcommittee to the Northern Region Behavioral Health Policy Board voted to recommend the full policy board move forward with a Regional Behavioral Health Authority bill draft request \(BDR\) in the 2023 Legislature that enables community-based behavioral health services.](#)

[Below are notes for consideration in the draft BDR language based on the 8/3/22 subcommittee meeting:](#)

- Problem statement: specifically, we had a comment to address the 10% match in the language of 433C as it will be the biggest barrier to counties and communities to lift. For the rewrite on this section potentially remove "limits the ability to move.." and add more of this is a dead stop language or absolute language. Knowing this 10% match will be a huge barrier for regions potentially, counties and communities which will enable them to move forward.

- Section NRS433C.170: Check to see if any duties between policy board and authority overlap. Read language in SB366 to determine duties of policy board.
- Section NRS433C.180-190: Identify language for structure of. Make it broad enough to make each region look a little different in their needs. Making the language enabling so regions can move ahead with this concept or not. Look at regionalizing these positions. The way it is written now is that the Policy board is the Advisory board. Look at defining and word smithing here a bit more.
- NRS433C.240: This section needs a deeper dive for language; it is like as appropriate or “what is appropriate” something to that extent. It is kind of the expenses incurred as community driven programs. It is a question mark as to how this section should move forward. Potentially here is where we have to separate programs. For instance, if we have a program that is funded from a federal block grant that goes out to providers from the RBHA it is entirely different than if partners come together to pay portions that pay into a regional project that is not part of the state negotiated contracts for the RBHA. Language that applies to just the state contract for community based behavioral health services. Also potentially add language that provides authority for the RBHA to apply for other additional funding elsewhere and out of state if applicable.
- NRS433C.250: 1.) Make sure the citations make sense are they still aligning with the statutes. How would funding look like for this position? Is there seed money to plan and test this RBHA model. What do we need to look for as a board too?
- NRS433C.300: Language change to reflect and is negotiable– potential language - state shall pay each RBHA the total proposed expenditures allocated for each region, but not necessarily all projects – language not committing to any funding or fiscal note
- NRS433.350: This section may need to be removed from this bill draft request. If we are doing a pilot this may be something that doesn’t need to be in here. Eliminate as opposed to a legislation requirement.

Proposed flowchart for Regional Behavioral Health Authority in NRS 433C update

