

# Mineral County Behavioral Health Group Committee: Adults/Seniors

**Workgroup Priority Guidelines - leader, meet monthly, report out at main meeting, include others in the community if their role in the community would be vital to this committee's work or tap into existing workgroups that align with these issues. Also note alignment with adults-seniors group as well as training and education and long-range initiatives.**

Agenda:

1. Introductions and leadership (who is here and who needs to be here that is not here?)
2. Review Guidelines and Connection to Other Groups and Areas
3. Review the categories and sub-group information.
4. Align with any current groups or projects.
5. Narrow the focus on goals and objectives for 2024.
6. Closing and Final Comments

11/13: Meeting Notes: met with Latcha Mitchell and Mark Rodriguez and discussed the transportation and awareness of resources; long waiting lists and finding a process for knowledge of facility openings and options, depending on the complexity and various needs of individuals, e.g., behavioral health, aging and disabilities, dementia, etc.

Drug and Alcohol Assessments and clinical treatment for MH and SA and referrals that are court-ordered or self-referral as well as pre-trial or pre-disposition clients. Survey of local and regional services and clinicians including gaps and possible telehealth options or bringing in providers. (Community Chest, Rural Clinics, Thrive, Yerington Rural Nevada Counseling, Others?). Need education and awareness and coordination especially upon release of jail.

Issues and barriers include full local facilities, larger rural and urban counties that either do not have openings, have long waitlists, and/or are prioritizing people in their local area. Is there a statewide issue right now with the winter holidays coming on and general census up for all facilities and if there is a way to know what facilities might be taking new referrals.

- I. Adults/Seniors Support (Rural Clinics, Hospital, Law Enforcement DA, Public Guardian)
  - A. *Enhancing Transport/Transportation (medical, crisis, seniors)*
    1. Transportation and transport outside the area - gaps, and barriers.
    2. People outside the area are transported to Mineral County or they get arrested and cannot get back to their home county.
    3. Reimbursement for emergency services, payment, short staff, overtime, and out of service due to transporting.
    4. Gap in the ages that don't qualify for transportation. A Companionship Program was mentioned; need further updates and more information.
    5. Some residents don't have vehicles for transportation even though there are gas cards and support available. Need creative ways to utilize transportation.
    6. Transportation weekly to other towns would be helpful. Volunteers needed. RSVP, Good Neighbor (60 plus and older, disabled, vets).
    7. ADSD (aging and disabilities) as support and resource.

B. *Crisis intervention*

1. Qualified and trained staff needed
2. Gaps and barriers include “open beds” process, availability of beds or scarcity of facilities; long admission waits to include transportation to and from facilities.
3. Transport would not be as much of an issue if facilities were available.
4. Cirtual Crisis Care (VCC) Avel Tablet Program in process and possible addition to the continuum of deflection and diversion.
5. Mental health respite is needed.

C. *Home health services do not currently exist aside from home aid/homemaking (Meidicaid).*

1. Older residents, aging population, and grandparents raising grandchildren are in need of support and transportation, e.g., isolation and safety concerns.
2. People with disabilities often have difficulty finding support and transportation.
3. Some residents don't have family members to support them.

D. *Increase community-based/in-home services and support .*

1. Review community meetings, e.g., Celebrate and Smart Recovery, twelve-step, and other faith and secular support for adults.
2. Meetings can benefit from support from agency providers if meetings are stable.
3. In-person, online, remote support and assistance, e.g., NAMI