

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD

August 21, 2018

11:30 a.m. to Adjournment

DRAFT MINUTES

1. Call to Order

Brooke O’Byrne, Chair

Board Members in Attendance: Brooke O’Byrne, Jason Bleak, Dr. David Byun, Lois Erquiaga, Senator Pete Goicoechea, Jeri Sanders, Bryce Shields, Matt Walker, Elaine Zimmerman, Dr. Erika Ryst

Absent: Fergus Laughridge, Amy Adams

In Attendance: Becky Coleman, Family Support Center – Winnemucca, Tina Gerber-Winn, Rural Clinics DPBH, Joan Hall, Nevada Rural Hospital Partners, Jeffrey Munk, Frontier Community Coalition (FCC)

Regional Behavioral Health Coordinator: Joelle Gutman

2. Public Comment:

Becky Coleman, Executive Director Family Support Center (FSC) Winnemucca, expressed some of the struggles stated the FSC is funded mostly through grants of their own or contract money received from grants, meaning another program receives grant money and FSC is a contractor for them. Ms. Coleman stated as new grant opportunities are being released, she has found there are several opportunities FSC cannot pursue because they do not have the infrastructure in place to meet all the requirements. For example, having a prescriber who can be available a certain number of hours a week or data requirements. Ms. Coleman stated she knows other agencies in rural areas have the same struggles with meeting requirements and are unable to access grant opportunities to expand their services. Ms. Coleman added FSC applied to become a Medicaid provider in June 2018 and was approved; however, they have been unable to get in contact with Medicaid to obtain the required training which has put a barrier on serving community members.

Becky Coleman reported FSC was one of the agencies that applied for the Certified Community Behavioral Health Center (CCBHC) expansion funding through the State of Nevada and was not selected. Ms. Coleman stated she has asked for feedback as to why FSC did not qualify; however, she has not received a response. Ms. Coleman stated FSC cannot offer 23-hour crisis response to the community or improve further without financial support from the State of Nevada.

Brooke O'Byrne, Chair, asked Becky Coleman which counties FSC currently serves within the rural region. Ms. Coleman stated FSC currently serves primarily Humboldt County but does have clients who come from Pershing County and Lander County as well.

3. Approval of meeting minutes June 14, 2018 – Brooke O'Byrne, Chair

Brooke O'Byrne accepted motion for approval of the June 14, 2018 meeting minutes. Senator Pete Giococechea motioned to approve, and Elaine Zimmerman seconded the motion to approve. The June 14, 2018 meeting minutes were approved.

4. Updates regarding behavioral health efforts in the region – Joelle Gutman, Chair

Joelle Gutman, Behavioral Health Coordinator, stated the Northern Regional Behavioral Health Policy Board has confirmed they will be working on NRS Chapter 433A which is the involuntary commitment chapter. Ms. Gutman added the Northern Board will be improving language to reduce stigma and clarify antiquated and inconsistent verbiage that does not make any sense. Ms. Gutman stated the Northern Board has been aided by Joan Hall and Nevada Rural Housing Partners and will also be changing the language to allow third party non-ambulance and non-deputy to make transportations because currently only ambulances, sheriff's offices, and taxis are authorized transport.

Joelle Gutman stated the Washoe Regional Behavioral Health Policy Board will be moving forward with Crisis Stabilization Units (CSU). Ms. Gutman added the Washoe Board will be creating a state plan amendment to change the reimbursement structure for Medicaid.

Joelle Gutman stated the Southern Regional Behavioral Health Policy Board will be finalizing their decision at their next meeting, but will be between diverting funds for Marijuana money or a bill to improve the Regional Behavioral Health Policy Boards and provide more clarification on what the roles are, as well as, some language clean-up. Ms. Gutman stated currently the Rural Policy Board and the Northern Policy Board both have public and private insurer positions that have remained unfilled because both regions do not have that stakeholder in their communities; therefore, she suggested adding language that would allow a psychiatric APRN or someone working in mental health to be a psychiatrist or a psychologist.

Joelle Gutman stated all boards have been asked by the Legislative Committee on Healthcare to present their Bill Draft Requests (BDR) and priorities that did not make it into the BDR on August 27, 2018. Ms. Gutman stated the Northern Regional Board already submitted their letter and added that the Rural Policy Board's letter will be completed after today's meeting.

Joelle Gutman stated she attended a Crisis Intervention Team (CIT) national conference in Kansas City along with two representatives from the Elko Police Department, Captain Pam Coats from Winnemucca Police Department, two Train-the-Trainer representatives, and

two representatives from the Nevada Department of Corrections. Ms. Gutman reported she learned that even the states who are ranked 49th and 50th have resources that Nevada does not; such as, a statewide CIT Coordinator, community health centers that are generally managed by the counties and funded by the state, and crisis response within two hours even in their most rural areas. Ms. Gutman stated other states' crisis intervention teams are 100 percent law enforcement focused and they were impressed that the model used in the rural areas has been to train all first responders including dispatchers, fire EMS, hospital staff, and nurses.

5. Discuss CCBHC award outcome. Make recommendations for letter to DHHS with priorities and concerns. – Brooke O'Byrne, Chair

Brooke O'Byrne stated to the best of her knowledge, the rural region did not receive any funding for CCBHCs and recommended that the board write a letter expressing their disappointment. A board member asked Ms. O'Byrne to provide a bit of a background in terms of CCBHCs and how many the region has and what counties they are located in. Ms. O'Byrne asked Joelle Gutman to provide that information. Ms. Gutman stated in approximately 2015 the rural region was awarded \$5 million to \$6 million to launch CCBHCs which are integrated care and there are nine elements which include, behavioral health mobile crisis and healthcare at an accelerated Medicaid rate. Ms. Gutman stated originally five CCBHCs were awarded statewide, one of which is the Vitality Center in Elko. Ms. Gutman added the Vitality Center is only authorized to respond to situations within the City of Elko; however, they cannot refuse any consumers who come to their facility no matter where they are from. Ms. Gutman stated the remaining CCBHCs are in Fallon, Reno, and Las Vegas; however, the Reno location has already closed.

Joelle Gutman stated in 2018 six agencies would receive approximately \$150,000 for expansion. Ms. Gutman stated during conversations she has had with the state, she has expressed the importance to build capacity in the rural region by expanding outside of Elko and Winnemucca is the next identifiable place. Ms. Gutman reported it is her understanding that there would be one CCBHC awarded in each region. Ms. Gutman added ten out of fourteen agencies applied and FSC did not get interviewed. Ms. Gutman stated she and Becky Coleman have both contacted the state several times to obtain information on who received the awards and what the criteria was; however, no responses have been received.

Brooke O'Byrne stated she has been less focused on that application and more focused on the fact that, to her knowledge, there has been no support provided to the region in general. Dr. Erika Ryst stated her understanding is the funding being offered is pilot program type funding to lay the ground work for building a CCBHC which would be ideal of the rural region; therefore, the lack of feedback is disturbing and it is hard to understand why the region was left out. Joelle Gutman agreed investment to build is needed and building capacity cannot be done without investments. Dr. Ryst stated she is in favor of a letter explaining the lack of investments across the region and using the recent event as a specific example.

Jason Bleak asked what requirements are needed for a CCBHC to exist. Joelle Gutman stated she does not have all the requirements memorized; however, there are nine elements relating to crisis intervention, group therapy, substance abuse, veterans, health care, Native Americans, etc. and FSC currently does not have four of those elements.

Dr. Erika Ryst asked how the Vitality Center in Elko was doing in meeting those elements. Joelle Gutman stated to her knowledge they are doing well; however, they were struggling with the veteran piece but once they were awarded the funds they have worked with Department of Public and Behavioral Health (DPBH) on improving that area.

Brooke O'Byrne stated she would accept a motion to draft a letter specifically addressing the global lack of investment and using the CCBHC application presented by Becky Coleman during the public comment as a specific example. Dr. Erika Ryst made the motion and Bryce Shields seconded the motion. Ms. O'Byrne stated the motion passed and she would draft the letter.

6. Discuss and approve final Bill Draft Request concepts (Medicaid, Transportation, and CIT Programming) – Jason Bleak, Jeri Sanders, Joelle Gutman, and Brooke O'Byrne

Brooke O'Byrne stated at the July 17, 2018 meeting, the Board identified several focus areas to draft into a pilot program. Ms. O'Byrne stated the Board identified workgroups or individuals who were going to focus on specific areas and wanted to hear an update on those areas then vote specifically on what will go into the pilot program.

Jason Bleak stated he had researched information regarding the Frontier Community Health Integration Project (FCHIP) program and critical access hospitals and he believes both of these programs could be mimicked for a pilot project. Mr. Bleak stated FCHIP is a pilot program through Medicare currently and there are four hospitals in the State of Nevada that are participating in the program. Mr. Bleak stated the program involves telehealth and there are pieces of the program that relate directly to the region such as, reducing costs by reducing transfers and reducing recovery time. Mr. Bleak added the FCHIP program is about maintaining the care within communities using some technology and he believes a cost-plus reimbursement for behavioral health in the rural region will save costs for the state.

Jason Bleak stated he then researched the qualifications for critical access hospitals and found there are five critical access hospitals in the rural region: Humboldt General, Battle Mountain General, Pershing General, William B. Ririe, and Grover C. Dils. Mr. Bleak stated the critical access hospitals are paid under an enhanced payment structure 101 percent of allowable cost. Mr. Bleak reported critical access hospitals in the rural region have been successful in maintaining services and allowing new services to come to the State of Nevada. Mr. Bleak stated he reviewed fact sheets for critical access hospitals and

believes it would be a good opportunity to stabilize the behavioral health services in the region, as well as, encourage other services to participate in rural areas. Mr. Bleak explained his thoughts that any provider who participates in the rural region and any provider ID that is attached within the rural region should qualify to get an advanced payment of a certain percent which would encourage others to participate in the region.

Joelle Gutman stated she contacted Medicaid and was told it would have to be a state plan amendment that would be per provider type and an accelerated reimbursement rate. Ms. Gutman explained she spoke to Sarah Lamb from Medicaid who works solely with state plan amendments and provided a few ways on how it could be done; however, there is already a system in place which is enhanced rates for practitioner services delivered in a teaching environment. Ms. Gutman stated she is unaware if the rural regions critical access hospitals are already considered teaching environments; however, the five mental health professional licensers that the board would want to include are in the state plan amendment. Ms. Gutman added she was providing the Washoe Regional Behavioral Health Board with an update on the rural board on August 20, 2018 and Chuck Duarte, the chairman for the Washoe board, ran Medicaid for twelve years and told her that there used to be a program in rural areas for hospice care where an accelerated rate and gas mileage was provided. Ms. Gutman asked Jason Bleak if Medicaid would be bypassed if the programs he explained were used or if Medicaid would be told about them.

Jason Bleak stated, in his opinion, Medicaid should be comfortable with the Medicare projects and payment plans he explained and are probably well versed in it. Mr. Bleak added going as far as cost reporting at the end of the fiscal year, each entity could do a basic and easy cost report to rebase their reimbursement.

Joelle Gutman clarified the professional licensers that have been discussed are: a licensed nurse practitioner, a licensed marriage and family therapist (MFT) or licensed professional counselor (LCP), a licensed clinical social worker, a licenses clinical psychologist, and a psychiatrist. Jason Bleak stated the list sounded inclusive and added that he would like to open it up to anybody in behavioral health to participate in rural areas. Ms. Gutman stated the board may want to include a certified drug and alcohol counselor and Mr. Bleak agreed.

Brook O'Byrne summarized the Medicaid component of the pilot program would be specifically looking at a state plan amendment focusing on reimbursement rates that mimic or reflect the existing FCHIP and critical access hospital programs. Jason Bleak stated rural health clinics (RHC) could also be included as they are in a similar situation for reimbursements. Joelle Gutman added she would like to see that all providers are included for non-profit agencies.

Brook O'Byrne asked Joelle Gutman to explain the transportation portion of the pilot program. Joelle Gutman stated the State of Nevada is not burdened by transportation costs in the rural region; in fact, it is the sheriff's offices that are burdened with the costs. Ms. Gutman stated she called several different sheriff's offices in the rural region and Lincoln

County had the most specific answers on costs. Ms. Gutman explained that Sheriff Kerry D. Lee from Lincoln County reported the low estimate was approximately \$750 to \$1,000 for a six to ten hour round trip, not including hospital costs and housing costs until a ride is available for the individual. Ms. Gutman added she tried to secure a ride for an individual on the day she spoke to Sheriff Lee and he did not have an officer on duty that would be able to do it; therefore, the individual had to wait longer even though there was a bed available in Las Vegas.

Joelle Gutman stated she also spoke to the private transportation company Guardian about what would be feasible for them to cover the rural area and the entire state. Ms. Gutman explained the Nevada Transit Authority (NTA), which is another department they need to be licensed by, determined a private company that is not considered an ambulance but is still secured transportation is an unauthorized business because there are not licensures set forth by NTA or DPBH. Ms. Gutman added there is an eighteen to thirty-six month wait to obtain the proper licensures; therefore, Guardian cannot ask for the licensures until February 2019. Ms. Gutman stated the pilot program would come into place then because it would override the complications.

Joelle Gutman stated Guardian did not have an exact number because they contract with insurance companies in Utah which does not associate with how Medicaid contracts with rural areas. Ms. Gutman stated she found that the state contracts with MTM for \$1.75 for each member monthly which totals \$1.1 million for 660,000 members; however, MTM does not provide the services they are supposed to. Ms. Gutman stated she spoke with Jessica, Northern Regional Behavioral Health Policy Board, and Joan Hall, Nevada Rural Hospital Partners (NRHP), and they determined hospitals will need to contact MTM every time there is a psychiatric transport and document whether or not the individual was picked up because the service is not being provided like it should be. Ms. Gutman asked if that would be a possibility and Loise Erquiaga stated it would be possible. Ms. Gutman added four or five months of tracking would work showing how many times MTM was contacted and how many transports they did because Matt Walker stated there has been one in three and a half years.

Joelle Gutman stated she had an additional meeting with Guardian to discuss costs and it was determined Guardian could not sustain itself with ten to fifteen transports a month because the company would lose money. Ms. Gutman stated for Guardian to be sustainable it would need to be connected to an urban hub located in either Washoe County or Carson City. Ms. Gutman stated the new behavioral health hospital located in Reno has been talking to Guardian so there may already be a contract in place which would be helpful for the pilot program.

Joelle Gutman added the third issue relates to transporting legal holds across state lines. Ms. Gutman explained William B. Ririe Hospital and Elko often transport patients, except legal holds, to Salt Lake City, Utah; however, California often transports legal holds to Reno facilities. Ms. Gutman added it may be beneficial to dedicate a portion of the pilot

project to allow legal holds to be transported to the nearest facility. Dr. Erika Ryst stated the transport of legal holds from California to Reno is an issue because as soon as state lines are crossed there is no legal hold anymore; therefore, there may be some procedural issues that could be challenging. Ms. Gutman stated it is her understanding that Nevada is one of the three or four states that is not involved in the inner compact system, but the remaining states allow providers and legal holds to cross state lines. Dr. Ryst added this is a larger issue that would be beneficial to get fixed. Ms. Gutman stated the issue has been presented before; however, there has not been any movement on it.

Joelle Gutman added Brooke O'Byrne made a good point that it needs to be defined what will be transported because the issues go beyond legal holds and hospital to hospital facilities. Ms. Gutman stated other issues involve:

- Court ordered residential treatment because if the treatment is in Reno there is no one available to take them and it often falls on Parole and Probation who are understaffed as well.
- Taking people who are under arrest to Lakes Crossing for a forensic competency exam.
- Follow up mental health appointments because rural clinics have a long wait and people need to see a psychiatrist faster or a specialist that is only located in Reno or Las Vegas and they cannot be transported there.

Lois Erquiaga stated it would be great if there was an opportunity to expand if these other issues could be included in the pilot program. Ms. Erquiaga added there was recently a substance abuse patient who had to be transported to Fallon that had a bed available but there was no way to get him there.

Brooke O'Byrne asked for clarification on what verbiage would be included in the pilot program and what is specifically being asked for. Ms. O'Byrne stated the who can be outlined regarding who will be transported but there needs to be clarification on what needs to be included. Joelle Gutman stated the hard part is whether or not to provide a per trip cost or provide a certain amount of money. Ms. O'Byrne asked if that special admission needed to be defined or can it say loosely looking at a reimbursement for transportation and define who is being transported. Ms. Gutman stated the September 1, 2018 deadline is the general information and the November 1, 2018 deadline would need to have specifics that the board can discuss later.

Brooke O'Byrne asked Jeri Sanders to explain the CIT programming portion of the pilot program. Jeri Sanders stated the purpose of the CIT program is to bring all resources together and give first responders the availability to side step the hospital which would bypass all the issues that have been presented; although, this will not alleviate hospitals because there are times when hospitals are needed because a patient is out of control or codependent on something. Ms. Sanders stated if all officers are trained they will be readily available to identify what is going on and handle it on the lowest level possible. Ms. Sanders explained CIT programming would bring everything together as one unit and the more people who are aware of the situation the more apt to alleviate some of these issues.

Ms. Sanders added by understanding mental health issues and the CIT programs, officers can use different tactics than shoot them, take them to jail, or take them to a hospital.

Jeri Sanders stated by adding CIT into the program, officers will be understanding of certain individual's situation which will allow them to form a friendly relationship with that person and make a big difference by cutting down on a lot of crisis issues. Ms. Sanders added many individuals see first responders as the ones who are going to arrest them or put them in a padded room which is why the CIT program is so important.

Joelle Gutman explained after attending the CIT conference and researching the Sequential Intercept Model, she has learned that CIT is an entire program and training is only one component. Ms. Gutman stated the pilot program should ask for approximately \$100,000 in training for first responders to fulfil the training component and ask for other components that would help keep individuals in their communities and out of emergency rooms or jails. Ms. Gutman recommended the following services to be included in the pilot program:

- Funding for a clinician who could respond to calls and possibly provide follow-up for an intervention.
- Funding to appoint two full-time and two part-time case managers who would cover the entire rural region. These individuals would also be CIT trained and could work with law enforcement to find what resources are needed.
- Training costs for first responder CIT training.

Ms. Gutman added the Washoe Regional Behavioral Health Policy Board is asking for Crisis Stabilization Units which would be the third piece of the clinic providers which would complete an actual system of care. Brooke O'Byrne summarized the BDR for the September 1, 2018 deadline which is a Behavioral Crisis Response pilot program encompassing Medicaid which would include the following:

- A state plan amendment
- Transportation which would include reimbursements, defining timely transportation, and defining who is to be transported.
- CIT work that would include training dollars and funds to support staffing for system of care infrastructure development.

Jason Bleak motioned to approve, and Elaine Zimmerman seconded the motion. Brooke O'Byrne stated the motion passed and she would be working on drafting a document for the September deadline.

7. Make recommendations for future date and times of next Board meetings. – Brooke O'Byrne and Board Members

The Board agreed that the next meeting will be held on October 16, 2018 at 1:00 p.m.

8. Public Comment

No public comments

9. Adjournment

Brooke O'Byrne, Chair

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