NOTICE AND AGENDA OF PUBLIC MEETING

DIVISON OF PUBLIC AND BEHAVIORAL HEALTH

Rural Regional Behavioral Health Policy Board

November 29, 2018

8 a.m. to Adjournment

DRAFT MINUTES

1. **Call to Order**
   Brook O'Byrne, Chair
   Called to Order at 8:06 a.m.

   Board Members in Attendance:
   Jeri Sanders; Fergus Laughridge, Brooke O'Byrne, Erika Ryst, David Byun, Amy Adams, Bryce Shields, Matt Walker

   Absent: Jason Bleak, Lois Erquiaga, Pete Goicocechea, Bryce Shields, Elaine Zimmerman

   Others: Sarah Lamb/Nevada Medicaid; Leah Tauken/Recovery Pact

2. **Public Comment**
   None

3. **Approval of Meeting Minutes of July 2018 (For possible action)**
   Joelle Gutman, Chair – Minutes not sent out. No action.

4. **Updates regarding behavioral health efforts in the region (Informational)**
   Joelle Gutman, Chair

   Ms. Gutman – BDR now a bill, AB47 Official. Second Regional CIT in Winnemucca starting December 10. Have more than 30 people enrolled. Did not receive CIT Grant that was applied for. Laura has update on NAMI Warm line. Two pilot sites in rural area: Winnemucca and Elko. Working with law enforcement and crisis services in those areas. In Elko, will also be working with rural clinic taking referrals and giving support to people who tend to be the high users of crisis services who maybe don't need to be at that level of care, will launch on Monday. One other thing I can update you on is, with the Department of Welfare and Social Services (DWSS), we're working with Evette Colin who has identified two outreach workers and given them cell phones, so our seven county jails can call them directly to get people hooked up with services, instead of trying to get somebody out to our jails once monthly that really wasn't realistic, feasible or effective. We're piloting it in White Pine (County). We haven't had somebody whose services have been turned off and need to be turned back on, but we will soon. We're trying to work out the kinks in White Pine, see how the cell phone situation works, if we can do it the day of or the day before because we believe that's the only time you can turn services back on, is when somebody is actually walking out the door. That's something we're working on and I think

it's going to go well. I want to make sure it works in White Pine before extending it elsewhere. Those are the updates. I don't know if anybody has any questions … then I have once announcement to make, personally.
Ms. O'Byrne – I have a question about the CIT training. Does that only, the number of registered attendees, does that only represent Humboldt County or were there law enforcement officers invited from other counties within the region?
Ms. Gutman – No, we have Humboldt, Winnemucca PD, Elko PD, Pershing County Sheriff's Office, Lovelock PD, Lander County Sheriff's Office, the Family Support Center, we have some juvenile probation officers, we have two members from Ely State Prison coming. We're hoping they'll do a train-the-trainer so we can launch a CIT in White Pine County, or Eureka, White Pine and Lincoln counties. We have representatives from at least four counties, I believe.
Ms. O'Byrne – Okay. That's really great.
Ms. Gutman – It's become a partnership between Elko PD and Winnemucca PD. Captain Trouten from Elko is going to come for a couple of days, as Elko was our launch site – our tester. But I think Winnemucca will run even smoother. We have some better ideas and kinks we've worked out. He's going to come watch and observe again. Sergeant Low and Becca Bach from Carson City Sheriff's Office will be training the trainers in Winnemucca for the entire week as well.
Ms. O'Byrne – That's fantastic.
Ms. Gutman – Yes, we're excited about that. My announcement is, I have put in my resignation letter. I will be leaving January 1, or December 31. I've taken a position for Washoe County Health District. This will be my last meeting as Regional Behavior Health Coordinator. I'm sad to be leaving this was an amazing opportunity. I'm moving on. We're working on a replacement with the Family Support Center, and we'll keep the board 'in the know' of everything that's going on.
Ms. O'Byrne – What is succession planning looking like?
Ms. Gutman – I will be staying on until Jan. 1 or Dec. 31, most likely. Hopefully we can bring somebody on and train together for at least a couple days or a week. If we can find that replacement, I will introduce each of you, personally, to whoever takes on the position.
Mr. Byun – Any prospects, so far?
Ms. Gutman – Yes. There's a couple of really qualified candidates who have applied, at least one we think would be a great fit. The interview hasn't taken place, yet, but we've received the resume. I know her and I think she'd be an excellent person for the role.
Mr. Byun – Make sure she's just as good as you.
Ms. Gutman – Thanks, Dr. Byun. I think she'd be better. To be honest, she has a lot of experience with data collection, strategic planning, and I think that's where this role needs to go. I think I was good at rallying the troops and bringing some awareness to the region as well as the issue. I think this person could polish a lot of things we're working on and formalize them. We're hoping this all works out.
Mr. Byun – Regardless, I'm happy for you.
Ms. Gutman – Thank you, Dr. Byun. It's an amazing opportunity for me. I was in Ely yesterday and I cried the whole way home, because I really like this job and I really like working in our region.
Ms. O'Byrne – Thank you, Joelle. Does anyone else have questions?

5. **Updates and Discussion regarding Medicaid concept portion of Bill Draft Summary submitted Sept. 1, 2018 (For Discussion)**
   Nevada Office of Health Care Finance and Policy

Ms. O'Byrne – Do we have a representative?
Ms. Gutman – We do. We have two, Sarah Lamb and Dwayne Young here. Sarah, do you want to get started on the Medicaid portion?
Ms. Lamb – I'd be happy to. I'm Sarah Lamb, I'm with the supplemental reimbursement unit at Nevada Medicaid. This unit focuses on reimbursement to providers outside of the normal claim system. We look at various needs in the state and we try to create programs that will support those needs. Specifically, in this case, education and training. One of the things we discussed with Joelle was, we do have a supplemental payment program that's already in place that is designed to provide an enhanced rate of reimbursement for education services that are provided in the outpatient environment. Based on our discussion, we thought this was something that could easily be put into place overall behavioral health providers. What would need to happen is, the behavioral health providers would need to have a working relationship with the teaching entity in the state. The University of Nevada system, medicine, either school. If that were to happen, we could very easily add these providers into our practitioners UPL supplemental payment program, which would allow them to have an enhanced reimbursement payment for services they provide in a teaching environment.
Ms. Gutman – Does anybody have any questions? Did you all read the bill? So, the Medicaid portion of the accelerated rate of reimbursement got taken out of the bill because it wasn't legal. You can't just pick one region to raise the rate, it doesn't work that way. So, we had to strike that language from the bill. What Sarah is saying is there are opportunities out there already with the state amendment plan and that's with learning institutions. With the UNR School of Medicine or UNLV, those are already in place. But there are other opportunities available with the UNR School social work or any of the seven professional occupations we identified. If their MOU's in place, or some sort of contract in place, those accelerated rates through the already established state plan amendment could work. I don't know if it could be one contract through Nevada rural hospital partners or if it would hospital by hospital. Do you know how that would work, Sarah?
Ms. Lamb – It could work both ways. It would depend on the agreement. It would require collaboration with the school. The school would be our primary contact to tell us which individuals are participating with them, the program is already in place and we would just add these new practitioners to the supplemental enhanced rate. That's a fairly good opportunity to participate in the program quickly. It's already set up in the state plan and it would only require collaboration with the university.
Ms. Gutman – Correct me if I'm wrong, but we already have some relationship with UNR School of Medicine, right.?
Ms. Lamb- Yes, we work with both the Reno and Las Vegas campus as well as the Dental School of Medicine.
Ms. Gutman – Okay, so it would just be a matter of recruiting some sort of behavioral health provider to come to our hospitals.
Ms. Lamb – Mm, hm.
Ms. Gutman – I know Dr. Packard is working on some sort of residency rotation for psychiatrists. I think there's a couple moving parts, and the state plan amendment is a piece of that. But the next piece would be engaging UNR or UNLV, as well as possibly ... I think it's going to be harder with the therapists, MFTs, CPCs, social workers, but I don't think it's off the table. I think It would just be a few steps down the road. First, you'd have to identify somebody who would be able to have a position in the hospital that is an LCSW, things like that. The language was struck but we're not still working on opportunities to encourage people to come to the rurals.

Dr. Ryst – Joelle, I have a practical question. Teaching faculty typically see patients under different circumstances. Sometimes they will see patients just on their own when they're not teaching, and other times they might be supervising somebody seeing patients so they might be working at the same time. Does this enhanced rate only apply when you are actually doing teaching, or does it apply regardless, if you have a teaching appointment?
Ms. Gutman – I'm going to give that question to Sarah.
Ms. Lamb – Again, it would depend on how the relationship with the school is set up. It can't apply to all the services the provider performs, depending on where they are provided. It's possible it could be more than the teaching.
Dr. Ryst – Okay, thank you.
Mr. Laughridge – Great concept, I think it has some good merit. In the rural areas, how has this been presented to the hospitals, and has it been presented to the hospital CEOs so they can start developing some plans?
Ms. Lamb – That's a great question Fergus. Let me ask Matt if it has been presented to them, then we can discuss how we would go about doing that. I do think it's not as well known as it could be. Matt, are you aware of this?
Mr. Walker – Kind of. I've been working with UNR, Dr. Spoghen and John Packham on some of these areas. Right now, it's so new I feel they're trying to do is maybe, baby test, get their foot in the door and see how it will work before they roll it out to a whole bunch of hospitals for sale. That's my feeling. I don't know that for sure but that's what it looks like.
Mr. Laughridge – My concern would be, it's there, it's not being tapped into because it's not coordinated. It's a great concept, now what. How do we implement that? I think if we present this to Nevada Rural Hospital Partners, that group is the catalyst for getting the word out. It's good information to have, but it's not something this board is going to act on. We need to be engaging the hospitals at the most local level.
Ms. O'Byrne – Joelle, could we add that an area of priority focus for transition planning?
Ms. Gutman – Sure.
Ms. O'Byrne – I think that needs to be at the top of the list to make sure we can support that coordination.
Ms. Gutman – I could, maybe Fergus, the next step would be me meeting with Joan and possible Dr. Packham to see where they are. My first question would be how many psychiatry residents are interested, where they're interested, and then are they beta testing at William B or HDH or all over. So, I will ask Joan and Dr. Packham.
Mr. Laughridge – Joelle, one of the barriers, and it's not going to stop it, but it has to be considered, so obviously this step is the right way to go. You've got to look at housing, travel costs, and there's a lot of things that they're not going to put on the student and UNR can't take on. Some real hospitals might be able to afford it, some can't. Some have housing, some don't. We should look into it, but there's a lot of other things that kind of slow it down from happening.
Ms. Gutman – A lot of barriers. That's good to know. You have housing, right?
Mr. Laughridge – Yeah, sometimes.
Uknown – Joelle, we can't hear your sidebar conversation there.
"Dwayne" – I was just recommending that, hospital may not be the only route. The FQHC in Elko, recently did, with the assistance of the Board of Regents there, Kathy Macadoo was very instrumental in helping pull this off, a partnership with UNR to make that a teaching, federally qualified health center, so they have a residency program. They brought in two teaching professionals; one from Utah, another I believe from Arizona, who will be living in Elko and bring residents in primary care and some in behavioral health eventually, through the FQHC, so that might be another option for the rules if the hospital feels they do not have the capacity for

that. That program kicked off in late September so they will probably have some data around the first of the year.
Unknown – Is it just NHA, or is it the hospital, Northeastern?
"Dwayne" – The hospital is involved, but I believe it's NHA that's covering some of the costs Matt mentioned, that are on the residents.
Ms. Gutman – Okay. So, I can ask Steve, he is the liaison for all the FQHCs in the state. We have been talking, offline, just about different opportunities and how to recruit people as well as how to get better reimbursement rates. I'll ask Dr. Packham, Joe and Steve, me and maybe my successor, can have a meeting about that.
Ms. O'Byrne – Throwing out an idea. Would there be value in developing some sort of sub-committee to work on implementing coordination of this across the region? And I'm not suggesting it needs to be a sub-committee of our board members necessarily, but a group of representatives from within the region who could kind of keep this moving forward. Any thoughts or opinions?
Ms. Gutman – My opinion, it woud be most beneficial, to be the representatives we have who work in hospitals in the rurals.
Dr. Ryst – I think most critical would be having John Packham involved because it's going to be driven by the university. They're the ones who are going to know all the rules and regulations in terms of training issues, that are going to make it either possible or not possible. One of the big issues I wrestled with when I was a training director in terms of Medicaid billing, is for psychiatry, residents are not allowed to see Medicaid patients on their own. A faculty supervising doctor must have face-to-face contact with the patient in order for billing to occur. What that essentially means is that you have to pay for two doctors at the same time. And it's just not viable. Fortunately, for the primary care field there's a primary care exemption where that is not the case for primary care residents. So, family practice doctors do not have to have face-to-face supervision, face-to-face contact in order to bill. But for psychiatry, that was a really big barrier. One of the ways in which the university has sort of managed that, is to have multiple residents see Medicaid patients at the same time, so that you have three residents seeing patients and one attending who could sort of pop in during the "critical" portion of the visit in order to have that face-to-face contact and make it legal to bill. But when you're talking about a rural rotation, you're not going to have three residents. I just think it's important to include the university in these conversations, again because there are logistics and barriers on the training side that will impact whether this is viable or not.
"Unknown (female)" – I have two questions for you Dr. Ryst. Does it have to be, the field trainer, does it have to be a psychiatrist?
Dr. Ryst – If they are psychiatry residents doing medication management then yes, they would have to be a psychiatrist.
Unknown female – So that's the insurmountable barrier in the rurals.
Dr. Ryst – Again, I like the idea in concept, and John Packham is a very creative problem solver. And I also know the medical school is very interested in sort of developing their expertise and serving the rurals though I think there are some opportunities there, but again, I think it's super important to not only having Dr. Packham involved, but also to have the psychiatry training director involved. The training directors deal with all kind of logistics issues. You have to get your residents paid, their salaries have to be covered, the faculty salaries have to be covered, you have to make sure you're meeting all your training requirements. All the residents have required rotations they have to do, so this would be an elective type of thing probably. There are logistical issues in figuring out scheduling things. So, as you're talking about putting together a sub-committee, I think it's a great idea. I think it'd be important to have not only John Packham, but

also the psychiatry training director and the family practice training director if you're interested in building capacity in family practice residents. One of the thoughts I had just in terms of problem solving mode since, again, the family practice residents have this primary care exemption, perhaps, what you do is develop a psychiatry rotation for family practice residents that's maybe supervised by a psychiatrist, but you don't have all those billing issues you have for the psychiatry residents. You're sort of solving two problems, in a way. Because you're capacity building, you're helping family practice primary care docs learn more about mental health treatment and you can still bill.
Ms. Gutman – Could the supervision be via telehealth?
Dr. Ryst – Again, because of the face-to-face requirement for psychiatry it could not be. For family practice it probably could be.
Mr. Laughridge – This is great conversation, probably not in purview of the policy board. A great concept that needs additional flushing out by groups outside of this board, and in the interest of time and our agenda today at hand. I would say staff, go out, you've gotten some information, take that and connect with the folks so that we get our rural hospitals in the rural communities engaged on this, get their minds around it, flush out, then come back to the board, this policy board, and we can act on in support of said initiatives.
Ms. Gutman – Thanks Fergus, I agree. I do have one question while we have Sara (Lamb) here. Is that something the division of health care policy and finance is looking at, or is that a mass federal regulation we can't move around?
Ms. Lamb – Could you repeat your question?
Ms. Gutman – Is that something your office is looking at the help alleviate? Or is that a federal CMS barrier?
Ms. Lamb – In terms of billing for services provided? Services by supervising physician?
Ms. Gutman – Yes.
Ms. Lamb – I cannot answer that question. I apologize, that's outside of my area of expertise. I will say we do generally try to keep services as available as possible, but there are billing and federal guidelines we have to stay within. Although I cannot answer that question, I think it's probably a standard outside of us.
Unknown – Joelle, I'm pretty sure it's a federal requirement. I was trying working with Chuck Duarte around that and he's incredibly knowledgeable and he said it's a federal thing we can't do this on a state level.

6. **Updates and Discussion regarding Transportation concept of Bill Draft Summary submitted Sept. 1, 2018. (For Discussion)**

Nevada Office of Health Care Finance and Policy
Ms. Gutman – Can we let the record reflect that Bryce Shields is on the call. Announce yourself, Bryce, please.
Mr. Shields – Thanks, Joelle. Hello everybody.
Dr. Ryst – We just finished up our Medicaid concept conversation which was agenda item 5, Bryce. It sounds like there's going to be some follow-up conversation so that we can continue that discussion and have that information brought back to the board. Moving on to conversation around the transportation portion, that was in the BDR, Dwayne, if I'm understanding correctly, that's your part.
Dwayne – Yes.
Dr. Ryst – Okay, thank you.

Dwayne – Good morning, everyone. For the record, Dwayne Young, deputy administrator for the division of health care finance and policy. The way you have written here in the BDR, has given us ample leverage. We have been working, and just to give a quick recap, we were actually in all of your counties last week. Our team was out gathering information from community members and stakeholders and we got some really good feedback on what the non-emergency transportation program needs to do. Some fixes we can make immediately, some we have to look forward to. I think one of the issues is, we currently have a fix in place that allows for, in the rural counties surrounding Carson City and our urban and metropolitans. For structured trips to occur, and these are vehicles that would meet the provisions of what this bill is aiming for, we currently do not have those available in your area. One of those is challenging our net vendor to make sure those are available. And structure is really a vehicle that is ambulance-like, but does not have to meet the NRS statute for what an ambulance actually has. What we found is that a company like Narian (cq?) Transportation would meet the definition of this. However, because of what they do in the specialized services wouldn't necessarily meet our reimbursement. So, what we would be looking at through the provisions of this bill, is either a secondary provider type, a sub-type or a different method within our rate schedule to move them to something that would match more of what the services that they provide. That's a fix on our side in the terms of mechanics within our system and some policy changes, that we would be able to have that sort of transportation, requiring our net vendor contract with those type of vehicles as they are available in those greater rural regions. Now, currently the fix is to have an ambulance, which I understand if an ambulance is coming from Ely, you may only have two, that puts one out of commission to drive five hours to Reno to take someone to NNAMHS, and then another five hours back. That's not the ideal situation. The way you have this outlined in BDR, is it would be very easy for us to work with to provide an attractive reimbursement, either through our net vendor or our non-emergency transportation provider of some type to meet this provision.
Ms. Gutman – Will you back up a little and start, explain, will you dumb it down for me a little? Right now, MTM, I think there's miscommunication on whether MTM does cover this service right now. So, do they?
Mr. Young – They cover the service. The problem is in your region we have no vehicles available, that would offer this type of transport and no one who has completed the training.
Ms. Gutman – For right now, it has to be an ambulatory vehicle.
Mr. Young – Yes.
Ms. Gutman – Okay. So, that's why it's not happening is because we do not have an ambulatory vehicle.
Mr. Young – Yes.
Ms. Gutman – Okay. But it could, if we did. But we don't.
Mr. Young – Yes.
Ms. Gutman – So, now, this bill is going to allow it to be a step-down, transportation method from perhaps a different company or the same company.
Mr. Young – Yes.
Ms. Gutman – Okay. So, you like this bill.
Mr. Young – Yes.
Ms. Gutman – Okay, great. That's always helpful when DPBH likes the bill.
Mr. Young – It gives the department the authority for that other additional gap in transportation which then allows us to write the policy to meet it.
Ms. Gutman – Would it still be helpful if when we have someone in crisis in a rural hospital, to call MTM and request this? Just so we can collect the data of how often this happens?

Mr. Young – Yes. Then if something's not available, because what MTM will do if there's a structured service in Churchill County, if that provider is willing – it's kind of works like Uber, where they can say yea or no to a ride – if that provider says they have a couple of free extra hours, I'll take the stretcher out there, we'll go to Ely to pick this person up, they can do that and MTM will schedule the ride, if not that we will do it through Medicaid, it's called a scheduled emergency. We will schedule the ambulance to transport that person. But I think we're missing is the piece of data of when MTM absolutely can't do it because they have no provider out there who is willing to go out there, so we need to know that because we have contract language that can help with that. And when we schedule and emergency with an ambulance and the county absolutely says I cannot give up an ambulance and a police car is it, that's where we're missing the data to know the situations where none of the temporary fixes are working so we can shoot for a long-term solution to those areas.
Ms. Byrne – Can I clarify – this transportation will be for mental health. It would not account for anyone who's going into residential substance abuse treatment.
Ms. Gutman – No.
Mr. Young – No, for legal 2000s.
Ms. Byrne – Okay.
Mr. Young – Civil protective custody is a whole other part of the statute. Another statute.
Ms. Byrne – That's what I thought. I was just clarifying because one of the conversations we had I think at our first meeting, was the challenge we have when someone is accepted into a residential facility, whether it be mental health or substance abuse, and there's a lot of distance to cover and they have no way to get there, especially now that we don't have Greyhound service. I just wanted to clarify that.
Mr. Young – I will say, regarding that, is there are some potential items in the budget that would provide for an 1115 Waiver for substance abuse, which allows CMS to waive those regs, and allows Medicaid to pay for it. If those go through as CMS is encouraging states to do those, so I believe that it will, that will allow Medicaid to pay for that transportation to that substance abuse place. We can do gas reimbursement, we can do MTM transfer, that would then qualify them as a Medicaid service, so then that vendor would be able to transport them.
Ms. Gutman - So that is being worked on this session?
Mr. Young – Awesome. That's great.
Mr. Laughridge – Dwayne, if I could help you clarify, or help me clarify, sometimes these transports are not done by ambulance. You're only looking at your MTM and an ambulance, and you mentioned stretcher. Folks do not need to be on a stretcher, they do not need to be in an ambulance. That's why we're trying to get away from the rurals having to do it in an ambulance. It can be done in a sedan, we do it here in Winnemucca. Go to Reno and Carson City about 10 times or more a month with a secure car driven by an EMT or above, health care provider and a CNA, or somebody to ride in the vehicle with them. And the person who's being admitted to Reno or Mallory is in the back seat. There's no reimbursement for that. It's a minimal charge, it's not like having and ambulance and taking an ambulance out of service. It's done with other personnel. How will this be affective? Because quite frankly, calling MTM and those folks, we don't have time for that. We've waited days to get the person a bed for receiving and we have to move quickly. So, we call in our off-duty personnel, we put them in a car and down the road they go. There's not these scheduling, oh, 8 o'clock tomorrow, we're going to be ready to make this move. How will you be able to address that? That's what we're looking for here, because there's other services that want to do exactly what we're doing but get reimbursed for it in some regard to at least covering the mileage. There's not that provision anywhere in the state to be able to do that.

Mr. Young – Correct, because of 433A and the two other NRSs that govern transportation that's provided under the Department of Health and Human Services and Medicaid. One is 433A and another is a Nevada Transportation Authority statute that also governs how Medicaid provides transportation. Under the provisions of our net vendor, which is currently MTM, the issue that you just described is practically logical, and maybe that's probably why the state has not mechanism for it, because the statute 433A requires an ambulance be attended by the same sex, it must be provided by transportation under the department, so the department has no mechanism. Here, even though it's very general it would allow regs to be flushed out to describe another part of transportation. What you have here is the transportation of a person with a mental illness is obtained. You mentioned 433, someone other than law enforcement within a reasonable time and manner that is safe and dignified. That gives the department another option to open to say, we can refer back to this 433, we don't have to meet the same attendant, we don't have to meet an ambulance, we don't have to meet someone from the department who is authorized by the department to provide transportation from Medicaid, which would be the net vendor. It would allow us to create a provider type for reimbursement for another model whether it's regarding transportation or another entity that is like that. Or accounting creating as you just mentioned, its own mechanism, to drive someone safely, securely and humanely. That would just allow Medicaid to then reimburse that. So, does that provide clarity?
Mr. Laughridge – It does, Dwayne. Thank you very much.
Ms. Gutman – Not for me. Basically Dwayne, what you're saying is, how Fergus explained it, with this pilot, we can now try come up with a means to reimburse that, the way they do it.
Mr. Young – Yes. Because right now under the statute our hands are tied to either utilize an emergency service or net vendor. We can't even reimburse law enforcement when they take them. Our hands are tied under the current statutes, but this would allow us a fix to those statutes, that would allow us another mechanism and another avenue.
Ms. Gutman – So, in all these transportation public hearings, what, or did you hear any innovative or cool ideas like Fergus'?
Mr. Young – No. That's actually the first we've heard. We did hear from some of our community drivers in the rurals. It was good to get their perspective of the training that they have gotten. Honestly, there's two things that have to happen. One, obviously is the legal fix. Two, the feedback of what we can do in the current legal structure and what could happen this session that would allow us to write the contract language to RFP in the spring. So, we'll still have some time based on what happens this session to amend the contract. I think these two things happening at the same time will be very beneficial to us to at least have within our contract a fix, and legally, a possible fix that gives us other options outside of those statutes.
Ms. Gutman – I think we're at the place where me and lot of other people were villainizing MTM and saying they're just not doing it. But, after meetings with them we realized their hands are tied, too. Guardian can't even serve even though they want to offer the service. Hopefully, this bill, is the avenue to get these things done.
Mr. Young – Guardian is restricted by that same NRS, I'd have to look it up, NTA, that is the Nevada Transportation Authority, restricts them from operating because they're not an ambulance, obviously, and they're not a contract entity under us. Offering this language will offer a third avenue for more creative ideas. I think the only issue you may have, you will want to speak to the department of transportation. My staff is meeting with them today because they're hasn't been a whole lot of diction between the two departments, even though these statutes call out we should work together.
Ms. Gutman – So we may need to wrap them into this.
Mr. Young – Yes.

Mr. Laughridge – Joelle, Dwayne. There is some old statuary language, years ago, NDOT was sort of tasked with having this corridor of transportation. Back in the '90s, to have corridors of transportation – NDOT was going to do that, some sort of bus-type traffic. It never materialized, it then got farmed out, pieced out, then your net vendor thing came in and has greatly filled a gap. That may be some of the disconnect, there. They're old, old statutes. If you look at the history, the implementation and footnote of each statute, it's quite dated. Joelle, if you'd like me to share my contact with Dwayne, I'd be happy to offline have further conversation in this because we definitely have a good model that's been working for years here in Winnemucca that could be replicated easily in other counties.
Mr. Young – Excellent. Thank you, Fergus.
Ms. Gutman – Thank you, and I think it's exciting for me personally, when you hear DPBH and any state entity is excited that we've given them an avenue to work within the BDR that's going to be helpful to getting it passed.
Ms. Byrne – Thank you everyone. I hate to cut off the conversation, but just to be sure we get through our agenda items while we have everyone here, especially since they may require action. I want to keep moving. Are there any urgent last-minute comments before we move on? Thank you very much, Dwayne.

7. **Discussion and approval of board chair appointment (For possible action)**

Brooke O'Byrne – About six months ago I moved into a new job. I'm working as an associate on the drug court team for children and family futures. We provide training and technical assistance all over the country. In that role, I spend more than 50 percent of my time on the road. As a result, I'm very concerned I'm not the right chairperson for our board, moving into the legislative session. I would like us to have a conversation about us electing a new board chair. I have had conversations with several of you about my new position. I've talked with Fergus, I know he has a lot of experience working through the legislative session. Looking for some recommendations to appoint a new board chair before session begins. Any thoughts, suggestions, appointments?
Ms. Adams – I won the election for school board trustee. That's a new role for me I'll be taking in January. There's no way I could do it to be honest. So, I had to smile about it.
Ms. Byrne – I'd like to nominate Fergus, personally. But I wanted to make sure I was pushing the conversation one way or another and I don't know if Fergus is up for that. Given his experience I think he could serve our region very well.
Ms. Sanders – This is Jeri. I believe Fergus would be an amazing person for that job. He has the knowledge, he's very articulate and I think he would do wonderful in it.
Mr. Shields – This is Bryce. I agree with that.
Ms. Byrne – I'll accept a motion.
Mr. Shields – This is Bryce. I'll make a motion that Fergus be accepted as board chair.
Mr. Byun – I'll second.
Ms. Byrne – Dr. Byun you second. All in favor? Multiple ayes. Opposed (none). Motion passes. Fergus, we didn't ask if you if you're willing to accept, are you willing to accept?
Mr. Laughridge – How can one deny that? Thank you, everybody for the kind words. You can't see me I'm not on camera, but I'm blushing right now. I appreciate it. I think it's important to keep this board going, to maintain our rural focus in behavioral health issues. It's important to all of us to do that and strive forward. What goes on in metropolitan areas is completely different from what we have here, and that voice needs to be heard in Carson City, especially going into this session while we can. We have the momentum, let's keep it going and I think we can have some great outcomes for our rural areas. Thank you.

Ms. Gutman – Thank you Fergus for taking that in. We can meet offline and discuss legislative strategy. I want all of you to know I will be in Carson City throughout this session and I've told my new employers it's important to me to make sure this bill is heard and seen and passed. So, I'd like to stay involved, if you'll have me. I also wanted to mention the Southern Nevada Board, speaking of board membership, their bill amends a couple of our requirements for membership. For instance, we have that opening for a public or private insurer. They expanded the language to say or someone who has been involved with insurance. Because we don't have that in our region. We've also asked them to expand the language, and they were nice enough to do it for us specifically, that the psychiatrist or psychologist could be expanded to someone who works with people in behavioral or mental health. We also, I can't remember which one we added, maybe a possible tribal representative, which I think could be important in our region as well.
Ms. Byrne – I think that's huge. Thank you, Joelle.
Ms. Gutman – You're welcome. And I can send all three BDRs to (unknown-garbled).
Mr. Laughridge – Thank you. That was going to be my next request, Joelle, was BDRs or bills, for the corresponding regions, to make sure we support each other and we're not duplicating or taking away from. Thank you.

8. **Make recommendations for future date and times of next board meetings (For possible action)**

Brooke O'Byrne and Board Members – Moving on, we need to set a date and time for our next meeting. Why don't we start with the month. Would it best meet in January or February?
Ms. Gutman – I would say January, Brooke, prior to session. That's another amendment. The Southern Board said a meeting does not have to take place in legislative session. That will be nice because right now we are mandated to meet quarterly.
Ms. Byrne – Okay. I'd like to suggest that perhaps Joelle, maybe you work with Fergus to identify some ideal times for him in January and maybe a Doodle Poll. How does everyone feel about that?
Numerous in agreement.
Ms. Byrne – Usually it's easier than trying to negotiate so many schedules on the phone. Alright.

9. **Public Comment**

Public comment and discussion. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken.

Ms. Byrne – Do we have any public comment today? No response. Alright. I would like to thank everyone for calling in and attending so early this morning. It sounds like we have a lot of information, follow-up information that will be distributed in the next month or so. I hope you all have a great day.

10. **Adjournment**

Brooke O'Byrne, Chair
I'm going to adjourn this meeting at 9:01 a.m.