DIVISION OF PUBLIC AND BEHAVORIAL HEALTH

WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD

Washoe County Complex, Central Conference Room, Building C

1001 East 9th Street,

Reno, Nevada 89512

December 3, 2018

9:00 a.m. to Adjournment

DRAFT MINUTES

1. **Call to Order**

   Chuck Duarte, Chair

   In Attendance: Dr. Stephanie Woodard, DPBH, Dawnmarie Yohey, DPBH, Rachelle Pellissier, Crisis Support Services of Nevada, Valerie Padovani, NPA, Rikki Hensley-Ricker, Bristlecone, Steven Messinger, NVPCA, Joanna Jacob, Ferrari Public Affairs, Dani Tillman, Ridge House, Holly Hansen, Nevada Rural Hospital Partners

   Introductions, Members of the Washoe Regional Behavioral Health Policy Board in Attendance:

   Charles Duarte, Kevin Dick, Charmaane Buehrle, Sandy Stamates, Wade Clark, Jennifer Delett-Snyder, Dr. Kristin Davis-Coelho, Sharon Chamberlain

   Absent: Henry Sotelo, Senator Julia Ratti, Thomas Zumtobel, J.W. Hodges, Dr. Jeremy Matuszak

   Regional Behavioral Health Coordinator: Dorothy Edwards

2. **Public Comment:** No public comment

3. **Approval of minutes from meeting August 20, 2018 – Board Members**

   August 20, 2018 meeting minutes were approved.

4. **Introduction of two new Board Members – Dr. Kristen Davis-Coelho and Thomas Zumtobel**

   Dr. Kristen Davis-Coelho, Clinical Psychologist, introduced herself as the Administrator of the Stacie Mathewson Behavioral Health and Addiction Institute at Renown. Dr. Davis-Coelho stated she has lived in the Reno area for approximately 20 years and she has worked in both Renown hospital and the VA hospital. Dr. Davis-Coelho added she has worked with children, adolescents, and adults in outpatient and inpatient settings; as well as, family therapy, couple's therapy, group therapy, individual therapy, etc. Dr. Davis-Coelho stated

she completed her graduate work at the University of Montana, Missoula for five years and completed her undergraduate work in Washington State. Dr. Davis-Coelho added during her time in college she worked in multiple different community mental health centers, residential treatment settings, Child Protective Services, the foster care system, etc. Dr. Davis-Coelho stated she is excited to be a member of the board because her passion is around developing community wide solutions. Chuck Duarte asked what kind of services are now being offered through the Stacie Mathewson Behavioral Health and Addiction Institute. Dr. Davis-Coelho stated the institute is an outpatient facility, so it provides medication management, psychotherapy, psychological assessments, pre-procedure testing for medical procedures requiring psychological assessments, partial hospital programs, intensive outpatient programs including substance abuse, mental health, and dual diagnosis.

Thomas Zumtobel stated he began his career in Las Vegas mostly with medical groups and obtained a position at the School of Medicine in Reno, Nevada. Mr. Zumtobel added he has always believed that physicians are the solution and he has always advocated for physicians to be heard. Mr. Zumtobel stated after his employment with School of Medicine he worked for Washoe County for twelve years and was eventually recruited back to Las Vegas to run the Culinary Health Fund. Mr. Zumtobel added working for the Culinary Health Fund was a great experience because he was forced to think innovatively when it came to funding because unions and lawyers only negotiate 5-year deals. Mr. Zumtobel stated he currently works for Renown Population Health for the Renown Health System with Dr. Greg Cohen and added part of his responsibility is the Accountable Care Organization. Mr. Zumtobel stated the Accountable Care Organizations are set up to put physicians in charge which is what he has wanted to achieve during his career. Mr. Zumtobel explained his excitement that Renown's leadership is committed to improving healthcare and driving costs down and added his job at Population Health is to focus on the production costs of healthcare, so it costs less for insurance companies.

5. Bill Draft Request (BDR) Update – Chuck Duarte, Chair and Dorothy Edwards, Regional Behavioral Health Coordinator

Chuck Duarte thanked the board for their input in creating the BDR. Mr. Duarte stated there has been some concern about limiting the BDR to only two sites, one in southern Nevada and one in northern Nevada. Mr. Duarte explained one of the reasons for that is having a proposal to establish Crisis Stabilization Centers throughout the state would be difficult for the state and Legislative Counsel Bureau (LCB) staff to put a fiscal note on it so that issue was limited to create better funding opportunity. Mr. Duarte added another reason the BDR was limited to two sites was to ensure the bill draft was not exceedingly expensive. Mr. Duarte stated the budget was created by the governor and the funding is primarily for caseload growth, rate increases, and inflation and everything else will be left up to the new governor and legislature; therefore, the larger the fiscal note the less likely it is to pass.

Dorothy Edwards stated all four Regional Behavioral Health Policy Boards worked diligently and passionately on their BDR's and pledged to support each other's causes. Ms. Edwards added all four bills have been pre-filed:

- Washoe Regional Behavioral Health Policy Board – Assembly Bill (AB) 66
- Rural Regional Behavioral Health Policy Board – AB 47
- Southern Regional Behavioral Health Policy Board – AB 76
- Northern Regional Behavioral Health Policy Board – AB 85

Ms. Edwards stated the BDR will be back on the agenda for future meetings to discuss the fiscal note and needs for amendment. Ms. Edwards added during the interim she will be meeting with state leadership, the legislative subcommittee, Chuck Duarte, and legislative leaders to discuss the upcoming session. Sandy Stamates stated she would share the bills NAMI is tracking and any policy agenda they might have with the board per Chuck Duarte's request.

6. Behavioral Health Coordinator Update – Dorothy Edwards, Regional Behavioral Health Coordinator

Dorothy Edwards stated she would like to keep the Behavioral Health Coordinator Update as a standing item for future agendas. Ms. Edwards stated her and Chuck Duarte along with the other three Regional Behavioral Coordinators made the first presentation to the Nevada Commission on Behavioral Health mandated by statute. Ms. Edwards explained the presentation summarized the key points of the annual report and each region's strategies and recommendations. Ms. Edwards stated she asked Mr. Duarte to attend incase there were any historical questions she did not have the answer to.

Ms. Edwards stated she will be presenting at the Criminal Justice Advisory Committee (CJAC) on December 4, 2018. Ms. Edwards added she is the only member of the Subcommittee on Mental Health and she presents to the judges and elective officials on the board on the status of mental health in the county. Ms. Edwards stated at the last CJAC meeting she provided a few slides from the Behavioral Health Profile and she will be presenting information on AB66 at the December 4, 2018 meeting.

Ms. Edwards stated she will be presenting to the Washoe County Senior Advisory Committee on December 5, 2018. Ms. Edwards added the Senior Advisory Committee is interested in some of the Washoe County suicide rates of seniors; therefore, she will be presenting some of the information obtained in the Behavioral Health Profile. Ms. Edwards stated she is a member of the Executive Board Meeting of Join Together Northern Nevada (JTNN). Ms. Edwards added, as part of her employment with Washoe County, she is the legislative liaison; therefore, she reviews the BDRs relative to Human Services Agency which gives her the opportunity to review bills pertaining the interests of the board.

7. **Funding Opportunities for Crisis Stabilization Center Services – Dr. Stephanie Woodard, DPBH**

Refer to: *The Crisis Now Model: Transforming Services is Within Our Reach*, Exhibit A.

Dr. Stephanie Woodard, Behavioral Health Commissioner Division of Public and Behavioral Health, explained her work involves looking at research at a community level to address a problem, in this case, crisis services. Dr. Woodard stated the Crisis Now model is the model supported by the state because the evidence behind it shows that individuals are getting the level of care they need and there are enormous amounts of cost savings. Dr. Woodard added at a community level and county level, the task is to ensure that regardless of who your insurance carrier is, if you have insurance, or if you are undocumented that you have access to high quality crisis services when needed. Dr. Woodard stated the Crisis Now model was generated out of the idea that communities can have programs that require less work; however, unless they are all working in conjunction with each other as an elegant system, they are impaired with being able to do the necessary work.

Dr. Woodard stated Nevada is one of the highest states when it comes to the rates of suicide not only as a total but with specific populations. Dr. Woodard introduced Rachelle Pellissier, Executive Director Crisis Support Services of Nevada (CSSNV), previously known as Crisis Call Center. Dr. Woodard added Crisis Support Services provides the community and state with one of the most fundamental building blocks of any crisis system. Dr. Woodard stated in 2016 the suicide rate per 100,000 people in Nevada was 21.2 and national Center for Disease Control were 13.4 which indicates a lot of work needs to be done at the state and community levels.

Rachelle Pellissier explained in 2017 CSSNV helped 67,000 individuals from crisis with only two to three staff members working at any given moment 24/7 and get as many volunteers as possible. Ms. Pellissier stated CSSNV is one of ten national Lifeline call centers; therefore, they receive calls from all over the country and world. Ms. Pellissier explained of the 67,000 individuals who were helped in 2017, 19,000 were Nevadans and provided the following statistics:

- Washoe County 37 percent
- Clark County 38 percent
- Rural Counties 25 percent

Chuck Duarte stated the percentages Ms. Pellissier provided seem to show an over representation of Washoe County callers relative to other counties in the state. Ms. Pellisier stated individuals in Washoe County know CSSNV is there, so they contact them. Ms. Pellisier added the statistics she provided are overall statistics, not just suicide calls. Ms. Pellisier stated within the last five years, CSSNV has taken on all Child Protective Services (CPS) reporting for all the rural counties 24/7 and all of Washoe County's CPS calls after hours. Ms. Pellisier added CSSNV takes elder abuse reporting after hours statewide.

Ms. Pellissier stated Lifeline is a national suicide prevention line and CSSNV is one of ten national centers; therefore, Nevada's suicide calls to Lifeline go to them first and if they are unable to answer, the call rolls over to another call center. Sandy Stamates asked how many Nevadans are rolled out to other centers. Ms. Pellissier provided the following approximated statistics:

- Nevadans called the Lifeline – approximately 17,000
- CSSNV picked up – approximately 9,900
- Rolled out to other call centers – approximately 4,000
- Hung up due to wait – approximately 3,000

Ms. Pellissier stated CSSNV is the only call center that does not have a cue system because they do not want to put a suicidal individual on hold, but technology is evolving so changes might need to be made. Ms. Pellissier added the therapists in Nevada, in their voicemail, send their calls to CSSNV after hours; therefore, having a system or the capacity to activate the MOST team before it is too late. Ms. Pellissier stated CSSNV takes so many types of calls because individuals in the state who are going through a mental health crisis and have nowhere to go.

Ms. Pellissier stated CSSNV does not receive mental health funding from the state but does receive different grants. Ms. Pellissier explained the only place individuals can go to for emergency services is CSSNV and some of those calls are being missed due to lack of funding and not enough personnel.

8. Update on DHHS Priorities for Behavioral Health – Dr. Stephanie Woodard, DPBH

Dr. Woodard stated eight states were awarded the CCBHC Demonstration Program and all the demonstrations end no later than July 1, 2019, which has required states to determine how to extend funding. Dr. Woodard added the state has been looking into utilizing the 1115 Demonstration Waiver to extend CCBHCs to continue to rigorously study the outcomes. Dr. Woodard stated if all goes as planned, there will be ten CCBHCs across Nevada that would be covered under the 1115 Demonstration Waiver. Dr. Woodard added the state is also looking at the IMD exclusion for substance abuse disorder which would allow Medicaid to pay for residential treatment services, withdrawal management services that are not hospital based, and allow individuals who are on fee for service Medicaid to receive services that are reimbursable outside of their traditional providers.

Kevin Dick stated the board has concerns with the fiscal note regarding AB66 and expressed his hope for the board to work closely with Dr. Woodard to document the potential savings. Dr. Woodard stated the 1115 Demonstration Waiver is required to be budget neutral over the course of the waiver which is five years. Dr. Woodard added part of the issue is the uncompensated costs of care that happens after 24 hours. Dr. Woodard stated if the 1115 waiver moves forward, those costs could potentially be Medicaid reimbursable under the IMD. Dr. Woodard added the fiscal note varies whether or not the waiver goes through.

Chuck Duarte asked Dr. Woodard to define the difference between CTC and crisis stabilization services. Mr. Duarte stated it is his understanding that CTC is no more than 23 hours; whereas stabilization is potentially longer-term living room based residential treatment. Dr. Woodard stated Mr. Duarte was correct in his understanding and added that levels of care are well defined in the LOCUS because it shows types of individuals, levels of severity of need, and medically managed or medically monitored residential services. Dr. Woodard added one of the issues is that they don't exist right now and that is because there has never been a revenue stream and the standard level of care has never been identified. Dr. Woodard stated there is residential treatment on the substance abuse side, but not for the crisis stabilization side.

Mr. Duarte stated the board would be supportive of any type of waiver that would help fund the ongoing care at a lower level of care than inpatient, focused on residential treatment. Mr. Duarte added waivers take time to get approved and time to implement so it could potentially take years before it is ready to go. Mr. Duarte stated the board has a BDR coming up for review and understanding that based on the information received in a presentation from the crisis stabilization center in Canton, Ohio, the residential services were state and county funded; however, the ROI associated with the Crisis Now model could save enough in the general fund to pay for stabilization beds. Mr. Duarte stated reinvesting those savings and taking it out of the Medicaid System and putting it into non-Medicaid services. Mr. Duarte explained in his experience, looking at broad savings across multiple agencies, especially law enforcement and other agencies, distracts the discussion at the legislative level from where the savings can be calculated and used which is in the healthcare system.

Dr. Woodard mentioned the state plans to contract with Myers and Stauffer, a nationally recognized organization, to help fast track the process. Dr. Woodard stated Centers for Medicare and Medicaid Services (CMS) has expressed that getting approval is more likely because other states have already implemented the waiver and the CCBHC is already a federally approved demonstration program. Dr. Woodard added the expected length of time for the waiver is nine months to a year because the state already has a project officer through CMS that has been assigned specifically to work on the waiver.

9. Discuss and approve dates for future meetings in 2019 – Chuck Duarte, Chair

Chuck Duarte stated during the next few meetings the board will need to remain updated on the progress of Assembly Bill 66, as well as, the bills for the other Regional Behavioral Health Policy Boards. Mr. Duarte added the board needs to set up a process to ensure members can provide testimony for the bill since the legislature moves quickly and deadlines are within days rather than months; therefore, there will not be time to hold meetings for approval. Dorothy Edwards stated the board can hold teleconference meetings; however, they will have to follow Open Meeting Law. Ms. Edwards added in the January meeting the board will discuss the legislative process and will move forward.

10. Public Comment: No public comment

11. Adjournment – Chuck Duarte, Chair