



**Clark Regional Behavioral Health Policy Board
Minutes
Friday June 19, 2020
9:30 AM – Adjournment**

CALL-IN NUMBER: + 1-408-418-9388 ACCESS CODE: 969 785 5290

1. Call to order/roll call –Charlene Frost, Chair

Members: Charlene Frost (Chair), Assemblywoman Munk, Dan Musgrove, Dr. James Jobin, Jamie Ross, Dr. Leslie Dickson, Michelle Guerra, Cory Whitlock

Member Absent: Jaqueline Harris, Dr. Ken McKay, Todd Fasulo, Captain Nita Schmidt

Guest or Staff Present: Charlotte Watson, Community Liaison - Desert Parkway Hospital; Valerie Potavani, Nevada Psychiatric Association; Annie Procotto, Nye Communities Coalition Substance Abuse Specialist; Jimmie Lau, Ferrari Community Health Chambers Dominican; Leslie Mayville, Vera, Clark County Medical; Jasmine Cook; Sean O'Donnell, Foundation for Recovery; Sara Hunt, University of Nevada, Las Vegas; Person inaudible; Tammy Saling, Division of Public and Behavioral Health; Teresa Etcheberry; Denise, Behavioral Services; Kate, Nevada Disability Advocacy and Law Center

2. Public comment

There was no public comment.

3. Approval of Minutes - April 10 and May 8, 2020 Meetings

Ms. Frost, Chair noted corrections needed in the April minutes.

Mr. Musgrove moved to approve the April and May minutes with the correction.

Assemblywoman Munk seconded the motion.

The motion passed with one abstention as the member was not present at that meeting.

4. Board Members Announcements – Discussion and vote on whether to remove Board member(s)

Dr. Jobin voluntarily resigned from this Board and asked if he could submit the name of a potential nominee. Ms. Frost stated she will accept the nomination at the end of the meeting. She will send his proposed nominee to the Board.

5. Bill Draft Request (BDR)/Discussion - Discuss Board member proposals for bill draft requests and approval of proposals to be advanced and endorsed by Clark Regional Behavioral Health Policy Board

Members of the Board had very robust communication and multiple ideas were proposed were:

- To prioritize mental health in Nevada. Find which laws need to change and focus on how to budget for that by establishing a group to do a hard study on how to bring more mental health providers and services into Nevada and ways to engage and promote mental health through 2021. The two greatest obstacles are licensing and student loan forgiveness to bring in more providers that will stay in Nevada. Dr. Dickson stated that in the past two sessions money has been put into substance abuse, medical and some went to psychiatric care. Loan forgiveness may be one way but unknown who carries that cost. We need to look at what we need and are the programs big enough. Pay in this state is worst compared nationally and graduates leave the state.
- To require insurance companies to reimburse without red tape.
- To look at what providers are required to have for credentialing and to ensure that steps were taken to create quality care to Nevadans. It is the job of the Mental Health Board to be guardian of quality. Insurance companies do not conduct quality checks. Insurance has given rates. It is not the insurance companies but the managed care organization who only reimbursed at certain rates. It is managed care organizations driving how much time a provider spends with a person.
- When COVID-19 began (or prior) average caseloads was approximately 30-40 patients. When telehealth occurred for safety reasons, the number of patients went to approximately 60-70. Patients who had agoraphobia, transportation issues or social anxiety were no longer stifled by required sit down appointment. When COVID-19 happened Health Insurance Portability and Accountability Act (HIPAA) regulations were relaxed. Telehealth is now vital to many unique rural areas. Insurance companies may revert to pre-COVID-19. We need a bill draft request that ensures that insurance companies continue to offer telehealth permanently and accept it for mental health patients. And if a provider is already enrolled, then billing for Telehealth must be allowed. Otherwise it is a contract matter. It is sort of a Parity. This law must state that telehealth “will not expire”. The issue of more concern is out-of-state providers signing up to do tele-psych in Nevada that do not understand Nevada. Legal 2000 has fallen short as they do not know how to move the patient on. There needs to be a lot more talk about telehealth. All it says is that they must have a Nevada License. Another matter to consider is that some providers may like working from a home office which has a financial benefit due to lower overhead.
- Ms. Ross shared five BDR ideas in a PowerPoint presentation. You may click [here](#) to view it.
- Ms. Guerra suggested a BDR for electronic medical records (EMR) statewide. She found that individuals who received treatment at different providers were very disconnected. A statewide EMR for both mental health and substance abuse would be available to recognize patient history.

Mr. Musgrove moved to revising reporting evidence by schools and screening and assessment tools to acknowledge kids' mental health needs. Ms. Ross second that motion. A request was made to repeat the motion. Mr. Musgrove moved to put Assembly Bill (AB) 114 up for revising required evidence base practice and mandate Department of Education do screening. Ms. Guerra reiterated that telehealth expands access for care to rural areas, including homeless people. That it can address many gaps in care. That if providers decide not to go back to the office work environment, they will only do that to those that want to provide office time. It would move us back in time. It could be a successful bill to evaluate what the behavior is of the policy. Another concern with telehealth is if providers who do not live in Nevada are paid at a higher rate than in-state providers. She suggested a caveat requiring that telehealth providers live and work in Nevada. The bill could address the lack of mobile crisis services for people in rural areas. Ms. Guerra suggested having a researcher look at how other states have done this.

Dr. Jobin to offer additional a motion. Ms. Frost appointed Ms. Guerra as Chair of a BDR subcommittee, Dr. Dickson, Ms. Ross, Mr. Musgrove and Dr. Jobin volunteered to be on the subcommittee. Mr. Musgrove asked if they should appoint someone to speak on behalf of the Board if something comes up in special session.

Ms. Guerra moved to allow Ms. Frost and Mr. Musgrove to speak on the Board's behalf. Ms. Ross second the motion. The motion passed with no abstention or opposition.

6. Public Comment

Dr. Jobin expressed what an honor it was to serve alongside the members of this Board. He will resign and recommend a nominee to the Board.

7. Ms. Hunt with University of Nevada, Las Vegas spoke of a presentation being given next week at a patient protection meeting regarding telehealth services in Nevada. She recommended the Board reach out to the Nevada Psychological Association or the national board. Those organizations have formed an alliance with 12 other states to allow telehealth. Additional Announcements

There were no additional announcements.

The next meeting is set for Wednesday, July 22, 2020 at 11:00 a.m. Ms. Frost asked members to respond to a doodle poll request for agenda items. She said the next agenda will include a legislative update, a decision about the BDR, and a discussion to vote on a replacement for Dr. Jobin's position.

Ms. Ross suggested an update from Lauren Lee, a contractor working on substance misuse in behavioral health.

A doodle poll will be sent asking for any agenda items and to please respond.

A Legislative update is needed. A BDR needs decided upon. A discussion to vote on members to replace Dr. Jobin's upcoming vacancy.



Ms. Ross proposed an agenda item to have an update from Warren Lee. Who is the contractor working on substance misuse in behavioral health studying alcohol outlet density's negative indicators - economically, socio-economically, and physically. An initial report should be available by the next meeting.

8. Adjournment

The meeting adjourned at 11:48 am.