

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

HUMBOLDT GENERAL HOSPITAL, SARAH WINNEMUCCA ROOM

118 E HASKELL ST.

WINNEMUCCA, NV 89445

APRIL 3, 2018

10:00 a.m. to Adjournment

MINUTES

1. Call to Order

Joelle Gutman, Coordinator called the meeting to order at 10:00 am.

2. Public Comment:

No public comments were made.

In Attendance:

Kyra Morgan, Jen Thompson, Sheila Leslie, Ariana Saunders, Ty Trouten, Ben Reed,
Michelle Sandoval

3. Introductions, Members of the Rural Regional Behavioral Health Policy Board

Amy Adams, Jason Bleak, Dr. David Byun, Lois Erquiaga, Senator Pete Goicoechea,
Fergus Laughridge, Brooke O’Byrne, Dr. Erika Ryst, Deputy Jeri Sanders, Bryce Shields,
Matthew Walker, Elaine Zimmerman

4. Medicaid 101 Presentation – Presented by Chuck Duarte, Washoe County Regional Behavioral Health Policy Board Chair, and Executive Director of Community Health Alliance

See attached Presentation under Exhibit A.

During the presentation, Chuck Duarte gave an overview of Medicaid and the challenge of turning Medicaid savings into supportive housing dollars.

Following the presentation, Mr. Duarte confirmed the Washoe Regional Behavioral Health Policy Board has decided not to focus on behavioral health supportive housing as one of their priorities. Mr. Duarte confirmed he had spoken to Senator Julia Ratti who will advocate on their behalf and place the supportive housing issue into one of her bill draft requests (BDR) for state-wide proposal.

Jason Bleak from Battle Mountain General Hospital questioned if stable housing is as critical of an issue in rural areas as in urban areas. It is Mr. Blake’s belief that access to healthcare providers is a higher priority than providing access to supportive housing in the rural areas.

Chuck Duarte mentioned many people come to Washoe County from the rural communities due to unstable housing and lack of access to healthcare. The Board further discussed how many individuals migrate from the rural areas to either Reno or Las Vegas for access to healthcare and housing. Chuck Duarte mentioned the 1915(i) plan was previously proposed to the Governor, but did not make it into the 2017 budget plans due to many counties not wanting to consider the plan. The Board mentioned that many rural counties have issues affording the funds needed for the budget plans.

Erika Ryst questioned how the proposed future supportive housing paid for by Medicaid would improve some of the current homes, which are filthy and problematic in both Washoe and Clark County. Chuck Duarte mentioned the proposal requires an initial investment into clean and livable property for the supportive housing homes. It is then up to the Medicaid savings revenue to fund the continuation of the necessary clean living space.

Lois Erquiaga questioned if there is a Medicaid waiver that can be used for transportation for L2K individuals. Chuck Duarte was unsure, but believed transporting L2K individuals could be used as non-emergency transportation by EMS or the Sheriff's Office and could possibly be paid for by Medicaid dollars. Costs were mentioned regarding the price the counties pay to transport L2K patients to health centers in rural communities.

Chuck Duarte clarified there is no prohibition against Medicaid partnering with community based religious organizations to address maintaining housing stability.

5. State of Nevada Perspective on Legal 2000s (L2K), and Current Behavioral Health Issues and Initiatives - Presented by DuAne Young, Deputy Administrator, Division of Public and Behavioral Health (DPBH)

DuAne Young referred to an article within the *Nevada Independent*, which addressed the rural perspectives on the L2K processes. Transportation issues remains a major concern regarding the L2K rural process, and DuAne confirmed DPBH is currently piloting with hospital partners to generate forms to assist with the out dated processes. DPBH has also begun L2K work groups in order to partner with Nevada Hospital Association, Nevada Rural Hospital Partnership, regional behavioral health coordinators and State stakeholders to help define L2K process and procedures. Following the workgroups, consensus was found from state, judicial and law enforcement perspectives, that current L2K law is hard to understand. The State of Nevada does not have the authority to tell judges how they should interpret the L2K law. Local judges have the authority to determine how long the timeframe of a legal hold should be.

DuAne Young confirmed DPBH will be proposing the 1115 waiver to the Governor's Budget, which would allow fee for service (FFS) clients be placed into long-term facilities and allow Medicaid to pay for the services. The solution to L2K issues is diverse. DPBH has decided to have two workgroups, one will focus on L2K legislation and ways to make it clearer. The second workgroup will focus on learning from other state practices. One practice proposed is to use community triage centers (CTC) and certified community behavioral health clinics. The Carson City Mallory Clinic is a CTC which has shown interest in expanding to rural communities if the funding was available.

Fergus Laughridge stated his interest in the provider option that Nye County has interest in to have Medicaid reimburse transportation of L2K individuals.

6. State Funding of Mental Health Services in Rural Region - Presented by DuAne Young, Deputy Administrator, Division of Public and Behavioral Health (DPBH)

Please see attached presentation under Exhibit B.

During the presentation DuAne Young mentioned the housing industry can change quickly among the rural communities, so DPBH has been working with several housing groups to advocate for funding.

Brooke O'Byrne questioned what the process is to request funding for mental health court and other resources such as the mobile outreach safety teams (MOST). DuAne Young explained mental health court funding can be requested by a district court judge to offer support to clients needing to go through certain programs. Regarding MOST, DuAne explained rural communities struggle to retain the necessary workforce to staff the teams, and he is willing to work with each county on an individual level to help establish infrastructure based on the specific county needs.

Jason Bleak questioned why rural Nevada struggles to recruit psychologists and psychiatrists. DuAne Young explained the licensing boards are not always easy to work with, the licensing fees are not enough to sustain staff and reimbursement rates are low due to private insurance not wanting to pay more than Medicaid pays. Clinical workforce shortages are also occurring due to Nevada not having systems with supplemented income to attract providers who would not have a full caseload. Nevada is reliant on foreign psychiatrists, who struggle with immigration limitations.

Erika Ryst, Child Psychiatrist has been living in Nevada for 14 years, and stated doctors often stay where they train, not for medical school, but for residency. Ms. Ryst stated resources need to be put into residency training as well as medical training. Northern Nevada medical school is working to send medical graduates into rural communities with the hope they will train and remain in the rural communities.

Brooke O'Byrne mentioned the Rural Regional Behavioral Health Board's mission could be to approach the Department of the Health and Human Services to advocate for funding to build infrastructure within their community.

7. Rural Children's Mental Health Consortium Strategic Plan

- Presented by Michelle Sandoval, LCSW, Nevada Children's Mobile Response Team, and Elko Rural Counseling and Support Services

Please see attached presentation under Exhibit C.

Following the presentation, the Board discussed focusing their attention on support systems that aid both adults and children of Nevada.

8. Regional Behavioral Health Policy Board Updates

- Presented by Coordinator Joelle Gutman and Board Members

Joelle Gutman mentioned attending the Southern Regional Behavioral Health Policy Board, and hearing Dr. Ken McKay mention the state-wide issues that should be brought to the State to address. The Regional Boards will then focus on their regional concerns and address those specifically. Joelle also mentioned the Southern Regional Board Chair, Steve Yeager, who

wants to collaborate with the other Regional Board Chair members to ensure there is no duplication of efforts by each Policy Board.

The Board mentioned interest in knowing what the Southern Regional Policy Board listed as their prioritized concerns. Joelle Gutman mentioned she will disseminate a list to the Board from Dr. Ken McKay which lists topics/solutions previous entities have discussed and analyzed. This list will hopefully show the Regional Policy Boards do not have to re-invent the wheel, but can build on past suggestions to find current solutions.

9. Make recommendations and approvals confirming dates, locations, and topics for future meetings for the Rural Regional Behavioral Health Policy Board.

The Board discussed future meeting dates and confirmed:

- Tuesday May 1st meeting to be held in Ely, NV
- Thursday June 14th meeting to be held in Elko, NV
- Tuesday July 17th meeting to be held in Battle Mountain, NV
- August meeting will remain to be determined.

10. Make recommendations and decisions to develop regional priorities; determine if a letter should be sent to Health and Human Services (DHHS) to solicit support resulting in budget developments.

The Board discussed writing a letter to the DHHS. It was mentioned the letter should include a request for funding to build infrastructure for first initial contacts, such as telehealth and other intake procedures. Discussion continued regarding Medicaid reimbursement rates being low. A suggestion was made to request Medicaid to provide reimbursement support structures to allow rural communities to provide crisis triage centers. Joelle Gutman mentioned Medicaid coordinators being useful. Grant applications were discussed and the idea of having the Regional Behavioral Health Policy Boards to act as fiscal agents to disseminate funding throughout their regions. Workforce development promotional ideas were discussed to address the lack of psychologist and other clinical workforce available in rural communities. Nevada Medical Schools rotating medical psychiatry interns throughout the rural areas was mentioned. Pete Goicochea mentioned having telehealth assist with the difficulty of having a supervisory psychiatrist present while the psychiatry intern is operating in rural communities. The Child Mobile Response Team was added to the list of regional priorities.

Motion was made to approve the DHHS letter with comments discussed, Pete Goicochea seconded the motion to approve the letter. Motion carried.

11. Public Comments

Koi Bartson introduced himself as the founder of Guardian Transportation, a company based out of Utah that transports behavioral health patients. Mr. Bartson mentioned his experiences in Utah where he would see emergency services such as police, fire and ambulances being overutilized for non-emergency transportation needs. These emergency services being used for non-emergent transportation can be very expensive and consuming for the community. Mr. Bartson has established a transportation company that allows hospitals to utilize his services at a much lower price than paying emergency services for transport or paying

hospitals to house behavioral health individuals. Mr. Bartson has established a company which creates safety barriers between the drivers and the patients. Guardian Transportation vehicles carry higher liability insurance than ambulances, are safer to transport mentally ill individuals and have cameras installed to monitor patients. Mr. Bartson claims Guardian Transportation can save Nevada half of the current money spent on behavioral health transports.

The Board mentioned the current workforce development concerns and asked Mr. Bartson how Guardian Transportation will find capable employees in Nevada to provide services. Mr. Bartson stated fire fighters and EMTs often look for secondary part-time employment and Guardian Transportation could offer it. Mr. Bartson claims his employees come and train local people and often pay above the usual transportation salary. Mr. Bartson claimed his transportation company often serves rural communities and can transport patients within hours, rather than days. Mr. Bartson's employees know what their job entails and are trained on how to interact and handle behavioral health patients with respect.

No further public comments were made.

12. Adjournment

By Brooke O'Byrne