

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD

Washoe County Complex, Central Conference Room, Building C

1001 East 9<sup>th</sup> Street

Reno, NV 89512

March 12, 2018

9:00 a.m. to Adjournment

**MINUTES**

**1. Call to Order**

By Chair Chuck Duarte

**2. Public Comment:**

No public comments were made.

**In Attendance:**

Lea Cartwright, NPA, Jeanyne Ward, CASAT/UNR, DuAne Young, DPBH, Julie Kotchevar, DPBH, Cynthia Lu, SJDC, Joanna Jaub, Ferrari Public Affairs, Stephanie Woodard, DPBH, Jacqueline Kleinedler, WCCMHC, Catrina Peters, WCHD, J. Wade Clark, RPD, Jenna Garcia, APD, Huong Ngo, CASAT, Michelle Berry, CASAT, Denise Everett, Ridge House, Kambiz Alaei, NNAMHS, Joel Kaufmann, TFG, Shannon Sprout, DHCFP

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

Henry Sotelo, Sharon Chamberlain, Jennifer Delett-Snyder, Dr. Jeremy Matuszak, Charmaane Buehrle, Charles Duarte, Kevin Dick, Dr. Saide Altinsan, Monique Harris, J.W. Hodges, Sgt. Wade Clark, Sheila Leslie, Lauren Williams, Sandy Stamates

**4. Structure of the Provision of Behavioral Health Services in Nevada**

**a. Executive Summary from Mental Health Governance: A Review of State Models & Guide for NV Decision Makers – Guinn Center for Policy Priorities**

**b. Executive Summary from LCB Bulletin No. 17-6: Regionalizing the Mental Health System in Nevada: Considerations and Charles Duarte was nominated to be the Board Chair and was elected by acclamation.**

**- Presented by Sheila Leslie, Behavioral Health Program Coordinator**

See presentation materials under attached Exhibit “A” and Exhibit “B”.

Following the presentation of the reports, the Board had no further questions.

**5. State Funding of Mental Health Services in Washoe County**

- **Presented by Julia Peek, Deputy Administrator, Community Services, Division of Public and Behavioral Health**

See presentation materials under attached Exhibit “C”

During the presentation, Chuck Duarte questioned if the case management case load for NNAMHS is declining. Julia Peek, Deputy Administrator, Community Services and DuAne Young, Deputy Administrator, Clinical Services confirmed the caseloads have declined, but are remaining steady for the time being.

Following the presentation, Chuck Duarte stated the Board will need to read over the presented information and may ask Julia Peek to possibly return to answer any future Board questions.

**6. Medicaid Behavioral Health Data – Washoe County**

- **Presented by Kyra Morgan, State Biostatistician, Department of Health and Human Services, Office of Analytics**

This item was temporarily tabled and scheduled to be the last item of the meeting. The speaker was expected to arrive later in the meeting.

See presentation materials under attached Exhibit “G”

Chuck Duarte questioned if Residential Treatment Facility Service patients declined since 2013 due to policy changes. Alexis Tucey clarified the Division of Health Care Financing and Policy (DHCFP) is considering alternative options for patients being sent to residential treatment facilities. Alexis Tucey stated Nevada is a robust state for behavioral health services from a Medicaid package and suite of services perspective. She also stated DHCFP is planning to create a better screening process to offer more access to quality services. The Board discussed there needs to be better opportunities for the people who require services between inpatient and outpatient situations.

**7. Presentation on NGA Report “Housing as Health Care”**

- **Presented by Chuck Duarte, CEO, Community Health Alliance**

See attached Presentation under Exhibit “D”

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

Following the presentation, a question was asked whether the managed care organizations have an actuarial calculation to save money. Chuck Duarte confirmed there is a formula, but he has never been given actuarial proof of this by the managed care organizations. Mr. Duarte confirmed he had spoken to Department of Health and Human Services Director Richard Whitley and Senator Julia Ratti, who are interested in placing the

supportive housing issue into one of Senator Ratti's bill draft requests (BDR) for state-wide proposal.

A further discussion occurred to confirm whether or not managed care organization (MCO) service dollars are going to the community and not their own organization's pockets. Shannon Sprout, DHCFP, asked for confirmation if the question is to have long term services and supports moved into managed care organizations or is the question to change the contract with the providers. Chuck Duarte went on to suggest the State could adjust their contract with MCOs to have dollars spent go to community providers and not into sub-capitated or wholly owned subsidiaries. Mr. Duarte confirmed in his experience working for Medicaid, MCOs have been opposed to suggestions such as this in the past.

**8. Overview of 2018-2020 Washoe County Community Health Needs Assessment**  
- **Presented by Heather Kerwin, MPH, CPH, CHNA Coordinator, Washoe County Health Department**

See attached Presentation under Exhibit "E"

During the presentation, Heather Kerwin discussed the following chapters of the Washoe County Community Health Needs Assessment: Mental Health, Substance Abuse and Scoring, Ranking and Prioritization.

The Board had no questions following the presentation.

**9. Legal 2000 Process and Current Issues**  
- **Presented by Jennifer Rains, Chief Deputy Public Defender, Washoe County and DuAne Young, Deputy Administrator, Division of Public and Behavioral Health**

See attached Presentation under Exhibit "F"

Chuck Duarte questioned if a person meets definition for mental illness, but also has a known condition (i.e. intellectually disabled), if that excludes them from this process. Jennifer Rains stated it depends on the situation and the hospital. She also stated people who may or may not be depicting possible mental illness are often sent to Northern Nevada Adult Mental Health Services (NNAMHS) if hospitals or courts are unsure what to do with them.

Chuck Duarte questioned if there are criteria to determine if a patient needs to be legally held at hospitals. Dr. Jeremy Matuszak responded, clarifying there is criteria the patient would have to display: danger to self/others, disability to make/meet basic needs. The Board also discussed the Mallory Clinic in Carson City, which allows individuals to be admitted without having to be medically cleared beforehand. Sandy Stamates questioned if NNAMHS is able to perform the medical clearance instead of the emergency rooms in hospitals. DuAne Young, Deputy Administrator, DPBH, provided an answer, stating

NNAMHS usually relies on the hospitals to medically clear the patients and is unable to take on the liability to medically clear the patients.

Jennifer Rains mentioned there is burden shifting from certain hospitals occasionally, which places more of a burden on the court process to determine what should be done with the patient.

DuAne Young mentioned a recent article that was in the Nevada Independent which mentions the nuances that are occurring in the rural counties. Mr. Young provided records which stated DPBH saw 1,200 Legal 2000 holds statewide within the previous six months. Of those 1,200 holds, 114 were released within three days, the remaining stayed within the mental health facilities such as NNAMHS and SNAMHS. Mr. Young mentioned that DPBH is looking at ways of expediting and automating the medical review process which occurs between the state facilities and other hospitals when patients are transferred. SNAMHS can take a higher level of medical acuity than NNAMHS, but both facilities rely on other hospitals to make the initial medical review of the patient before accepting them. NNAMHS/SNAMHS are always at capacity. Currently NNAMHS does not triage cases with communities the patients are coming from, but each case is dealt on a case by case basis. Mr. Young mentioned the lack of resources and the growing forensic population in the rural communities. DPBH has recently held Legal 2000 workgroups, held tele-health calls/ training, added licensed clinical social workers and met with district court administration to address rural concerns.

The Board questioned where Nevada stands on electronic behavioral health records. Julia Peek confirmed the State has onboarded a new system known as Avatar onto the Health Information Exchange and limited information is available to those who participate in the network. Julia Peek explained DPBH is currently looking to streamline current practices between DPBH and other clinics throughout the state.

Chuck Duarte questioned why forensic populations are increasing. DuAne Young stated the increase is occurring primarily in Northern Nevada, due to the lack of continuum outpatient services available in the rural areas. Chuck Duarte questioned why the Carson City Mallory Clinic is working better than other processes in Nevada. DuAne Young mentioned the physical location of the clinic being near the emergency room is helpful and allows the process of medical clearance to be expedited and the transfer easier on the patient, law enforcement and medical staff. Most mental health facilities and state facilities do not have the same amount of resources connected to them which does not allow them to take the same liability.

#### **10. Update on Mobile Outreach Safety Team (MOST) in Washoe County**

- **Presented by Sheila Leslie, Behavioral Health Program Coordinator, Washoe County and Christy Butler, MOST Supervisor, Washoe County**

MOST believes Legal 2000 holds are releasing people too soon. MOST believes many individuals are not being provided the proper mental health resources once being released from a legal hold, which gives rise to risk of suicide. MOST was established by the

Nevada State Legislature in 2009 as a pilot project. Reno Police Dept. Officer Patrick O'Brien brought programs and ideas to legislature to start pilot in Washoe County. The MOST is a co-response team made of police and mental health professionals to respond to calls involving mental health and/or substance abuse crisis's. The mental health positions were initially located in the state. The majority of calls are located in Reno Police Dept. (RPD) jurisdiction, but MOST also responds to calls in Sparks Police Dept. (SPD) and Washoe County Sheriff Office (WCSO) jurisdictions. MOST has police presence which allows for safe and efficient responses. The State struggles to recruit and retain behavioral health clinicians, so Washoe County brought clinical service positions into MOST themselves. The MOST is now fully staffed by 6 Washoe County employees and available 7 days per week. MOST goals are: early intervention, reducing the impact to law enforcement calls, resource connection and public safety. Objectives are to perform crisis intervention, evaluation in the field, and to have case manager follow-up with client. Law enforcement and family members are generating much of the MOST referrals.

Chuck Duarte questioned if MOST services are billed or reimbursed. Sheila Leslie stated they are general funded.

In the month of February, MOST had contact with 173 people and followed up with 122 people. The RPD Bike Team perform many of the MOST follow-ups. Of the contacts MOST assists:

- 45% are homeless
- 55% have housing but are mentally ill
- 73% are not receiving any mental health services
- 26% do not want any assistance
- 12% are taken to jail
- 10% are transported to hospitals

The MOST is available 7 days per week during the hours 6:00 am – 12:00 am. The MOST plans to have their own Avatar soon, which will assist with locating hotspots where individuals needing services reside. Chuck Duarte questioned if MOST plans on expanding their team due to the proven assistance they offer. Sheila Leslie stated they have not discussed this yet. MOST also stated there is difficulty with going through dispatch records to filter out which calls are behavioral health in nature. Christy Butler stated the MOST has grown, and are also responding to more calls, but do not have enough resources or facilities to offer individuals in need of services. The majority of MOST referrals are received from law enforcement officers during 2:00 pm – 12:00 am. Suicide calls have risen drastically.

Rural Regional Behavioral Health Coordinator, Joelle Gutman stated Carson, Lyon, Douglas, and Churchill counties have MOSTs that operate approximately 1 - 4 days per week. Rural MOSTs usually respond as a follow-up contact due to the limited availability of the teams. This has been proven to not be as effective as the Washoe County MOST, which responds to initial calls, and follow-ups. Law enforcement has learned ways to deal with mentally ill contacts from the MOST.

## **11. Discussion and decision of dates and topics of future meetings of Washoe Regional Behavioral Health Board.**

The Board discussed:

- Chuck Duarte mentioned he spoke to Senator Julia Ratti who has confirmed she will generate BDR concerning the 1915(i).
- Workforce development concerns were mentioned regarding the funding paid to providers.
- Providers do not have clear understanding of what resources are available to the community and a road map to services would be beneficial.
- The community needs more money and providers to provide the required resources for assistance.
- Establishing similar clinics such as the Mallory Clinic in Carson City to assist hospitals in caring for mentally ill individuals.
- Looking at 24 hour walk-in clinics and how they are structured.
- The report due to the Behavioral Health Commission.
- The bill draft report due to the Legislature from the Regional Board.
- Looking at the regionalization of behavioral health policy control and authority, to address regional needs.
- Looking at current restrictions for inpatient care and possible work arounds.
- Children's services
- Behavioral health substance abuse/deaths.
- Medicaid reimbursements in other states.

## **12. Public Comment**

Denise Everett, Ridge House, stated they have a difficult time finding available housing for individuals with substance abuse disorders leaving their program. Chuck Duarte stated hopefully 1915(i) will allow for the housing need to be paid for.

Chuck Duarte mentioned Washoe County is no longer being classified as a provider shortage area. DuAne Young clarified this is due to the number of provider licensure rising, not necessarily the number of provider resources being available.

## **13. Adjournment**

By Chuck Duarte