

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

August 24th, 2018

9 am to Adjournment

DRAFT MINUTES

1. Call to Order

Steve Yeager, Chair

Members of the Southern Regional Behavioral Health Policy Board in Attendance:

Dr. Eiser (on the phone), all present, Joelle Gutman RBHC

Absent Members: Larry Clark, Angelo Aragon, Alexander Fernandez

2. Public Comment: None at this time; offered at the end of the meeting as well.

3. For Possible Action – Approval of minutes from June 19th, 2018

Steve Yeager, chair did review the minutes and would like to main some grammatical or stylistic corrections. Char Frost motion to approve the minutes. Jamie Ross 2nd the motion. Motion is approved unanimously.

4. Informal – Update on community survey

Dr. Ken McKay is providing the update. 53 responses were received. Dr. McKay will reach out to UNLV to analyze the data. The data would be due next month being the goal; would like to discuss that further with Dr. Hunt. 30 pages of data collected from the survey. Chair Yeager asked Dr. McKay to build a report by October so that it can be voted on by the board. The survey is still currently open; and encouraged people to fill it out still. Dr. Joe Eiser asked Dr. McKay if any responses came in from Esmeralda or Nye county? Dr. McKay responded that it was anonymous and that he was not able to determine which geographical areas are represented. Audience questioned relationship with UNLV? Chair addressed that the board was created by statute, so membership is very strict and heavily regulated but going forward they are going to try and be building a stronger relationship with UNLV.

5. Informal – Update on coordination with other regional behavioral health boards and update on forthcoming presentation to Legislative Committee on Healthcare.

Chair, Mr. Yeager stated the Legislative Counsel Bureau asked all 4 boards to present on Monday morning what their bill draft requests are; and provide the list of items that they are considering but did not advance as bill draft requests. On Monday, the interim committee on healthcare will decide what they are going to do and would like the input of all four (4) boards. Also, the southern NV forum is looking at making recommendations

but have been keeping tabs on this board and seeing if they can support the board in some way. Mr. Yeager stated that they do know what the other three (3) boards are going to present on the Monday legislative meeting. The Washoe regional board is requesting a bill for crisis stabilization for both youth and adult statewide. The northern board is advancing some language for the legal2000 (legal holds), and Mr. Yeager asked Ms. Gutman to speak about the rural boards and they are taking on an ambitious pilot project. The first one accelerated Medicaid rates in the region, 2nd piece is behavioral health transport (and is heavily on sheriff, cabs, or ambulance) and is heavy on county resources, 3rd piece programming for crisis intervention and providing money for training officers in CIT, etc. Dr. McKay asked for statewide recommendations (ex: if the North asks for a change that doesn't favor the South how did that come about? How does that effect the other regions?) Dr. Yeager replied by saying that it was addressed and that in particular legal2000 the Northern region is creating a workgroup so that they do not impose or overstep there will onto other regions that may not have particularly wanted that outcome. Mr. Yeager stated that there is going to be clear collaboration and a single state mission moving forward. Audience member (Dan Musgrove) approaches the mic, and states that the bill draft process has a chance to look at the language and the LCB will do things that we may or may not intend in the bill and proposed that all four (4) boards have a chance to put eyes on the bill to make sure that we can get the original language as close as possible on the first draft to address what Dr. McKay is saying. Mr. Yeager asked Ariana to put that on the record to be able to see a copy of the bill draft request. Dr. McKay asked are there any policies that are regional currently? Since everything seems to be statewide? Dr. Joe Eiser addressed Dr. McKay stating that policies work primarily by population especially in health and mental health.

6. For Possible Action - Discuss and approve bill draft request concept for submission to the Legislative Counsel Bureau by September 1, 2018.

Dr. Yeager addresses that is item is for possible action and needs to come up bill draft requests by Sept. 1 2018. Last meeting, they had 12 potential bill drafts for consideration and them widdled down to 5 top priorities. Dr. Yeager referenced a document that the board members are reviewing with those bill drafts with descriptions on them. Starting at the bottom #5. Dr. Jobin is very passionate about this bill draft request and will be speaking on it. #5 Freedom to heal act → asked to deliver remarks in full before comments and rebuttals. “Law is the consequence of human choices” Dr. Jobin began with a story about mental health. NV consistently ranks as the worst in America for access to mental health care, fewest behavioral health professionals per capita. Dr. Jobin said that mental health professionals were turned down by at least two (2) insurance providers; the providers were told in their rejection that it was due to enough qualified providers. Every month colleagues leave NV and go where the system isn't broken. Expressly asked for bold solutions in mental health care in NV and remove restrictions that deter people from getting mental health care. Asked the state of NV to “unlock the door”. 35 states have already passed some version of any willing provider laws.

Ms. Harris added that when you are working with a family/or provider changes insurance; providers are forced to provide pro-bono or very sliding scale services and that needs to be addressed. Mr. McKay then questioned what are the chief hurdles to this and how do you plan to overcome them? Dr. Jobin proposes to limit to behavioral health. Take away 35 states have addressed their own unique needs. Dr. Dixon stated that she had asked the APA to do a secret shopper type service and stated that of the ones that were serviced only half actually answered the phone. Dr. Eiser addressed the Medicaid component of this bill and making sure that we address those that are on that insurance. Unknown speaker provided the flip side argument and asked that everyone to work together rather than pointing fingers at what is not working. Medicaid is an easier panel to get on then a traditional panel of insurances. Dr. McKay addressed that Medicaid has a 56M dollar shortfall. Captain Schmidt questioned what were the successes and where the issues resolved? Dr. Jobin believes that the any willing provider is one plank in the path to fixing the issue and believes that other regional behavioral health boards in the state will provide other planks to this path. Ms. Frost stated that she would want to see this bill contain Medicaid because she stated that she is tired of seeing the working poor being ignored because they don't have access to the care they need especially in the rural communities. Dr. Eiser stated that he supports Ms. Frosts sentiments in including Medicaid into the bill. Mr. Yeager addressed BDR #4 → Mobil Crisis (emergency management protocols) Mr. Yeager states that he does not support bringing this BDR forward. Committee stated let's not use our BDR if another board is going to bring something very similar forward statewide. #3 NV revised statue removing stigmatizing language regarding mental or behavioral health. The Northern board is addressing this similarly with the Legal2000 language. Mr. Yegar put forth not carrying this BDR forward if we can work cooperatively with the Northern board on the legal2000 hold language. Dr. McKay states that there will be far reaching impacts to this bill if we start changing the language and he offered to help rewrite the language; and stresses that this is very important and be very careful when looking at changing the language. The chair would suggest that we find a legislature to carry out this bill personally; and not submit as a BDR from the board. #2 Changes to the boards, getting dedicated funding for an administrative level to support the board. Also, when are the boards supposed to meet? Do they meet during the legislative session? Captain Schmidt stated she was most interested in this bill and its ability to track legal2000 data after the hold is initiated. Dr. McKay showed support for this BDR proposal and provided prepared remarks in support of submitting this to the legislature. All Medicaid is required to be on the HIE. Potential issue in the future for this board is to review and look at the HIE. Ms. Ross addresses the website and SNHD dashboard / website has the most comprehensive data and is the most user friendly. She makes a motion to continue doing what they are doing rather than re-create the wheel and create a new website. #1 Looking at 10% excise tax and earmarking for mental or behavioral health. Maybe using some of that money to expand/create or try to help with the delivery behavioral health services in our schools K-12. Request the bill in this form and then work with the LCB to further create and tailor the bill to what this board decides to do with it. Mr. Lloyd questioned if there was already

legislation in the last session regarding school-based health clinics? And if so can we amend to add on to that bill? Ms. Ross clarified that in the last 5 years there have been great strides in providing mental health in the schools. Mr. Yeagar, Chair addressed the “grand plan” and do we have enough people in the state to hire for this bill and to put them in the schools? Ms. Harris addresses what her concern is with this BDR and feels it has not been properly vetted and reviewed at this time. Ms. Frost states that she supports mental health in the school but is concerned that Nevada is not doing it correctly at this time. States, that she would be happy to work on this bill with whoever would like to be involved in this bill. Does not feel that students should be pulled out of school for this treatment at school during core curriculum times. Dr. McKay expresses concern with risk assessments of students. Dr. Eiser stated that separating behavioral health from clinical health is the best way to go; expanding school-based school clinics that include both physical and mental health is the best way to go and supports Dr. McKay’s comments. Chair Yeagar stated the board seems to be most supportive of BDR#2. 10 members present for the vote (9 in the building 1 on the phone) Ms. Frost makes a motion to approve #2 revising the language in AB366 to adjust regional board membership. Capt. Schmidt 2nds the motion. Dr. Eiser makes a motion for #5 with adjustments to the language. Chair Yeagar states that if the original motion passes there is no need for the 2nd motion. Harris, Jobin, and Eisner are Nah on the proposal. 7 in support so the motion carries forward. The BDR sent forward is #2 revising the language of AB366.

7. For Possible Action – Discuss and make recommendations on future topics/areas of focus for the Board including information and/or requests to include in the Board’s report.

Next 2 boards scheduled; they are at the Grant Sawyer building. Sept 18th, and October 18th, 2018. Mr. Lloyd address’s the challenge with credentialing. The state is proposing CVO and would suggest the board explore that. Dr. Eiser, mentioned that we should discuss what all the Regional boards look like? Washoe is its own board but Clark which is 74% of the population include Lincoln and Esmeralda. Ms. Frost would like to have a discussion about Medicaid and prior authorizations for psychotherapy and neuro-therapy.

8. For Possible Action – Discuss and make recommendations for future meeting schedule and future potential appointment of vice chair.

Chair suggests bringing in a Vice Chair and encourages the board to think about this idea and please let Chair Yeagar know after this meeting if they are interested.

9. Public Comments

Sarah Hunt, Assistant Dean for the UNLV school of medicine. Addresses the any willing provider conversation. GME is only for physicians. #1 BDR idea stated she thinks that there is something on the LBC record.

Preston Walker, MFT (Henderson), address item #5 Freedom to Care act; and there are some financial concerns. Mr. Walker address the relationship with patient and clinician. If there is more availability then people get better faster, and thereby cutting cost.

10. Adjournment

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