

Joe Lombardo
Governor



Richard Whitley,
MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES

NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
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Chief Medical
Officer

DRAFT GOVERNOR'S COMMISSION ON BEHAVIORAL HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
November 21, 2024
9:00 AM to Adjournment

Meeting Locations:

This meeting was held online and by phone.

Online Meeting Link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGU3N2Y2NTctNmI3OC00ZDg4LTg2ODMtYTc4MTI5ODQ0NDU0%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Phone Conference Number:

+1-775-321-6111

Phone Conference ID:

529 841 470#

1. CALL TO ORDER/ ROLL CALL – BRADEN SCHRAG, CHAIR

Commissioners Present:

- Braden Schrag, Chair
- Gregory Giron, Psy.D.
- Arvin Operario, RN
- Nichole Schembre
- Jasmine Cooper, CPC

Quorum was present.

Members Absent:

- Lisa Ruiz-Lee, Vice Chair
- Dan Ficalora, CPC
- Lisa Durette, M.D.
- Natasha Mosby, LCSW

Speakers Present:

Cody Phinney, Administrator (DPBH); Kelli Knutzon, Executive Assistant (DPBH); Ellen Richardson-Adams, Clinical Program Manager (SNAMHS); Dorothy Edwards, Washoe Regional Behavioral Health Policy Board Coordinator

2. PUBLIC COMMENT:

No comments were heard at this time.

3. ACTION ITEM: DISCUSS, PLAN, AND ASSIGN TASKS FOR COMPLETION OF THE DRAFTING OF THE GOVERNOR'S LETTER FOR 2025, PER NRS 433.314(4) – COMMISSION

Summary: The action item consisted of a discussion among several individuals, primarily focused on progress and planning related to specific tasks and goals for completion of the draft for the Governor's Letter.

Introduction: Chair Schrag opened the discussion asking the commissioners present to review the previous year's letter on the Commission website for their reference and to give their input on any revisions, redactions, or additions need to be made. Commissioner Cooper expressed satisfaction with the letter as it is currently written. Schrag then opened the floor to the rest of the Commission for comment. Commissioner Giron agreed with Commissioner Cooper's sentiment. Commissioner Schembre, being new, passed on commenting until she could review the letter in further detail. Schrag then called on Cody Phinney, who offered the addition of a couple topics regarding youth mental health and pending Medicaid changes with documents that could be linked into the letter. Chair Schrag asked Commissioner Giron to look further into the details for consideration of these subjects.

Key Points:

1. Schrag expressed interest in processes regarding the 988 program, specifically how transportation rates are covered when it comes to either 988 or 911 dispatches. With consideration of possible roadblocks associated with the reimbursement rates for transport under Medicaid. Schrag indicated wanting to add language that might bridge the gap between 911 responses versus 988 responses. Phinney mentioned that her office has begun discussion with Ellen Richardson-Adams in Clark County who have a model for mobile crisis response embedded within the fire department. Phinney suggests, with support from the committee, being able to add language which would ensure the model is, "fully explored and incentivized". Chair Schrag called on Richardson-Adams for input in regard to current changes expanding the 988 program. Richardson-Adams explained that Adult Mobile Crisis Response Teams in Southern Nevada include licensed medical clinicians alongside the fire department in an effort to more effectively route transportation to the best disposition place for the individual. The ambulance company or fire department is then able to bill the insurance for the transport, while, currently, clinicians are reimbursed through state or federal funding depending upon the department. Departments at this time are looking into expanding their Medicaid Provider Type to include Provider Type 14 which would allow for reimbursement and expansion of those services. Schrag responds encouraging the addition of language that would facilitate a community centered approach of transport and reimbursement to reduce barriers to accessing care and which allows for existing systems to adopt new principles rather than going through an entire restructure.
2. Moving on with further recommendations, Phinney reiterated the expectation that there will be discussions about how Medicaid is covering children's mental health, and in forensic mental health how individuals that were identified as incompetent to stand trial may be moved through the agency's portion of the criminal justice system more quickly. Phinney included further detail of an upcoming proposal in the legislative session for a new forensic mental health facility in Las Vegas, the goal being to have the ability to move people from jail to the hospital within seven days where the current measurement is about 70 days from time of identification, which is also a marked improvement from previous numbers. Phinney highlighted the importance of addressing the issue of forensic mental health and the progress which the agency has made, as in other states have been sued by the federal government incurring hefty fines which would be detrimental to Nevada. Schrag agreed with the sentiment how showing progress in making changes is beneficial when asking for financial support, to

which Phinney stressed that while the financial aspect is important, it is also important to get people the services they need that are provided by these programs.

3. On the topic of youth mental health, Commissioner Schembre offered a suggestion including the previous topic of transportation that in simplifying the language, including the MOST (Mobile Outreach Safety Team) in the crisis response team as well. Schrag called on Richardson-Adams for further input, who explained that the MOST teams are generally adult response teams, where the youth teams have a different response model, known as MCRT (Mobile Children's Response Teams). When a youth call does come in, MOST teams will respond to the call and share MCRT's information for future calls. The reason for the age grouping is to ensure a more individualized response for safety planning and resources that fit the individual's needs.

Conclusion: Chair Schrag and Cody Phinney agreed for the Commission to work with DPBH to do research on the points discussed in interest of further refining the framework of the letter before January. Just before official closure of the item, Dorothy Edwards came forward to point out that the link for the regional behavioral health annual reports is incorrectly directing to the state EPI reports. Edwards was assured by Phinney that the link would be corrected.

4. PUBLIC COMMENT:

No comments were heard at this time.

5. ADJOURNMENT- *BRADEN SCHRAG, CHAIR*

Chair Schrag adjourned the meeting at 9:58 AM.