

Clark Regional Behavioral Health Policy Board

Draft Minutes

Wednesday

May 12, 2021

3:00 PM – Adjournment

1. Call to order/roll call

Members: Char Frost, Chair; Jamie Ross, Vice Chair; Dr. Lesley Dickson, Nevada Psychiatric Association and Center for Behavioral Health; Captain Cory Whitlock, Las Vegas Fire and Rescue; Michelle Guerra, Director of Clinical Operations, Health Plan of Nevada Behavioral Health; Dan Musgrove, Clark County Children's Mental Consortium and representing hospitals; Captain Nita Schmidt, Las Vegas Metro Police; Arianna Saunders; and Justine Perez

Members Absent: Jacqueline Harris (excused), Dr. Ken McKay (excused), and Assembly Woman Rochelle Nguyen (excused)

Staff and Guests Present: Maegan Wong, PACT Coalition; Lea Case, Belz and Case Government Affairs, representing Nevada Psychiatric Association; Dawn Yohey, Division of Public and Behavioral Health; Elizabeth Moore, PACT Coalition; Leah Tauchen representing the Recovery Advocacy Project; Sara Hunt, University Nevada Las Vegas (UNLV); Stacy McCool, Substance Abuse, Prevention, Treatment Agency (SAPTA); Vera Sverdlovsky, Medical Services, Clark County; Wendy Whitsett, Health Plan of Nevada Behavioral Health Department; Teresa Etcheberry, Clark County Social Services and Coordinator CRBHPB

2. Public comment

There was no public comment.

3. Approval of minutes –March 11, 2021 Meeting,

Ms. Frost noted corrections to be made. Mr. Musgrove moved to approve the minutes with those corrections. Ms. Ross seconded the motion. The motion passed without opposition or abstention.

4. Presentation on the Healthy People 2030

Ms. Wong shared a [Powerpoint](#) on the Healthy People program explaining what it is and how it can be used. It provides science-based objectives to guide health promotion and disease prevention efforts to improve the health of all Americans. It has three types of objectives. Core objectives are high priority public health issues

and are associated with evidence-based intervention with reliable data from no earlier than 2015. Most of the 2030 objectives are core objectives. Developmental objectives are high priority public health issues associated with evidence-based interventions without reliable baseline data. Research objectives are public health issues with a high health or economic burden or significant disparities between population groups, but are not yet associated with evidence-based intervention. Developmental and research objectives may later become core objectives. She went over several of the Healthy People 2030 objectives. The web address for the national information is health.gov/healthypeople. She showed the board how to navigate the website.

Ms. Frost asked if Nevada set any priorities under Healthy People 2030, and how the data would be compiled. Ms. Ross stated the Southern Nevada Health District (SNHD) was doing this with the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Dr. Dickson asked other means of relieving chronic pain. Ms. Wong suggested promoting the prevention strategies and alternative methods to pain management on the Healthy People website. Dr. Dickson asked who was promoting this and how. Ms. Frost asked if the onus was on medical professionals as she did not see much directed to consumers. Dr. Dickson stated consumers still believe there are magic pills to deal with aches and pains, noting that most people do not understand how their bodies and pain work. Ms. Ross said another target is consumer advocates. She finds the 2030 information helpful in understanding where should be by looking at the averages and what the evidence suggests is working nationwide. She suggested this board could use this to help prioritize where our advocacy work should be directed.

5. **Senate Bill 56** - Revises provisions governing insurance coverage of behavioral health services to include telephonic behavioral health services.

Ms. Frost reported that S.B. 56 is stuck in Senate Finance. The bill was amended to require Medicaid to submit for a waiver for the telephonic piece, but the amendment did not change their fiscal note even though it provides a match of federal funds. She was surprised by that, as Senate Bill 5 proposed a similar idea and had no fiscal note. Mr. Musgrove stated that S.B. 5 is on the ropes as well. Ms. Frost noted both bills are good policy and eliminate many barriers to healthcare. She asked board members to put the word out to organizations to have members call their legislative representatives. Dr. Dickson suggested board members do the same. Ms. Frost will send language to members. Dr. Dickson asked if Medicaid explained their fiscal note. Ms. Frost said the fiscal note stated it would require the division to include telephonic behavioral health services in the Medicaid State Plan.

They anticipated this would result in a 10 percent increase in utilization of behavioral health telehealth services in the upcoming biennium. Since the Centers for Medicare and Medicaid Services (CMS) do not allow federal financial participation for telephonic telehealth services outside of the COVID-19 public health emergency, the costs of the services would be covered by the state and counties without federal match. Ms. Ross asked if they could get a fiscal note from a hospital association explaining how much money could be saved by earlier intervention. Mr. Musgrove said Medicaid is looking at the immediate impact on the state budget, rather than its long-term effect.

Dr. Dickson mentioned she has a meeting with Senator Nicole Cannizzaro to talk about Senate Bill 420. Ms. Frost explained the policy piece has been approved; it is the fiscal note that is the problem. Mr. Musgrove stated the Crisis Stabilization Bill, a continuation of the Crisis Now model in Washoe County's Assembly Bill 66 of the last session. It has become a problem to come up with a Medicaid payment rate that will bring providers to Nevada or to pay existing providers of behavioral health adequately to do the Crisis Now model. It is a great policy model, but it falls on Medicaid reimbursement. The bill allows acute care hospitals to use Crisis Now. They will have to spend a lot of money to change their rooms to be safe for Legal 2000 (L2K) patients. Those patients cannot be put in a regular hospital room because there are too many things they could use to hurt themselves. There is a large capital outlay, and it is hard to get reimbursements. Ms. Frost said the same was true for community health workers and peer support. These are great policy, but if without a payment mechanism that can provide a livable wage for those doing this work, providers will go elsewhere. Dr. Dickson said Mr. Musgrove is correct about upgrading hospital rooms for L2K patients. Several small psychiatric hospitals were failed by CMS over the last few years because of their safety issues; many went out of business because they could not afford to bring rooms up to standards. University Medical Center uses a medical ward for L2K patients, but provides sitters for their safety.

Ms. Frost reported the institution for mental disease exclusion waiver bill showing net savings for Medicaid is stuck in Senate Finance. She and Mr. Musgrove have both heard that the finance committees for both houses will do many mental health bills at the same time.

Ms. Yohey said Senate Bill 390, the opioid litigation bill, is going to Senate Finance tonight. Ms. Case said opioid litigation was originally in both S.B. 390 and Assembly Bill 374. Instead of having two bills, Senator Julia Ratti took the portion for

distributing funds from opioid litigation into S.B. 390. Assemblywoman Jill Tolles created the substance use working group similar to what was created under the Sandoval Administration. This combines those two groups and starts them back to the Office of the Attorney General. The use of the opioid settlement funds will be reported to the AG's substance use working group. They will give input and feedback.

6. **Public Comment**

There was no public comment.

7. **Adjournment**

The meeting was adjourned at 4:29 p.m.