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**CLARK REGIONAL BEHAVIORAL HEALTH POLICY BOARD**  
**DRAFT MEETING MINUTES**  
**01/28/2022**  
**1:00 p.m. to Adjournment**

1. Call to order/roll call

The meeting was called to order at 1:01 p.m.

**Members Present:** Char Frost, Jamie Ross, Dr. Lesley Dickson, Michelle Guerra, Jacqueline Harris, Dan Musgrove, Justine Perez, Ariana Saunders, Captain Nita Schmidt

**Members Absent:** Assemblywoman Rochelle Nguyen (excused), Cory Whitlock

**Staff/Guests Present:** Michelle Bennett, Clark Regional Behavioral Health Policy Board Coordinator; Joanna Jacob, Government Affairs Manager, Clark County; Abigail Bailey, Health Care Financing and Policy; Elizabeth Moore, PACT Coalition; Tom Moulton, Diane Anderson, Vernalyn Willis, CARE Coalition; Lindsey James, Dr. Tiffany Tyler-Gardner, Children's Advocacy Alliance; Lexie Beck, Nevada PeP; Jill Marano, Teresa Etcheberry, Clark County; Jimmy Lau, Dignity Health-St. Rose Dominican; Valerie Balen, Children's Advocacy Alliance; Jim Clinton, Bridge Counseling; Dr. Sara Hunt, University of Nevada, Las Vegas (UNLV); Ron Schnese, Foundation for Recovery; Chibudom Okoro, City of Las Vegas; Cody Phinney, Dawn Yohey, Jennifer Tongol, Abigail Hatefi, Joan Waldock, Division of Public and Behavioral Health; Michael Frye, Spring Mountain Hospital; Marissa Brown, Nevada Hospital Association; Jessica Medina; Miranda Branson; Tray Abney, Abney Tauchen Group; Lea Case, Belz & Case; Valerie Wilcox, Molina Health Care; Cristin Arcel; Linda Anderson, Nevada Public Health Foundation

2. **Public comment**

There was no public comment.

3. Review and approval of minutes from November 1, 2021

Mr. Musgrove moved to approve the minutes. Ms. Harris seconded the motion. The motion passed unanimously.

4. Presentation by PACT Coalition, Nevada's Mental Health America (MHA) Rankings and will detail change over time amongst the indicators to show a more complete picture of the mental health status in Nevada and provide prevalence rates of mental health problems and access to care in youth and adults

Ms. Moore shared her [Mental Health America PowerPoint](#) presentation. Nevada has ranked 51st for adults and children for the past six measurement periods. Nevada has improved for adults; the systems being used could help improve the

rating for youth. Indicators determining ranking include mental illness, substance use, access to care, and access to insurance and consistent treatment. The Centers for Medicare and Medicaid Services (CMS) encouraged states to reduce Medicaid and Medicare barriers to telemedicine for mental health, allowing audio-only telehealth visits during the pandemic; this could mitigate Nevada's provider shortage. Many problems are national and not unique to Nevada. The higher score indicates the prevalence of substance use disorder in the state. Nevada has been in the bottom tier for youth substance use. There was a spike in Nevada youth with insurance that did not cover mental or emotional problems. The report found Asian youth were least likely to receive mental health care; Native American, multiracial, and Black youth were most likely to receive non-specialty mental health services. [Online chat—non-specialty mental health care means receiving services from a school social worker, school psychologist, or school counselor; special school or program within a regular school for students with emotional or behavioral problems.] Ms. Etcheberry asked if provider shortages for children and adults were reported. Ms. Moore replied the provider shortage was a major barrier to access to care. Other factors were limited insurance coverage; a shortage of psychiatrists; an undersized mental health workforce; the lack of available treatment types; the disconnect between the primary care and behavioral health systems; and the inability for clients to cover out-of-pocket costs. Dr. Dickson asked whether a difference in reimbursement rates and mental health workforce would explain the higher rankings for the East Coast. Ms. Moore said that, building prevention, and reducing stigma were important. [Online chat—This problem appears to be widespread across the United States. A study by the Medicaid and the Children's Health Insurance Program (CHIP) Payment and Access Commission (MACPAC) in 2021 found all types of providers were less likely to accept new patients covered by Medicaid than those covered by other insurance types (private, Medicare, etc.). Psychiatrists accepted new Medicaid patients at a rate almost two times lower than the average across all physicians. However, it is also worth noting that for all physicians, Nevada accepted Medicaid patients at a higher rate than the average (79.9 percent in Nevada versus 74.0 percent United States average).]

Mr. Musgrove said the Children's Mental Health Consortium reached out to the managed care organizations (MCOs) and states with managed care to find companies doing managed care in those states and here. They used Healthcare Effectiveness Data and Information Set (HEDIS) measures to grade. Ms. Phinney added they can look at MHA indicators using HEDIS measures, Medicaid data Medicaid, MCO infrastructure, and data from the Division of Public and Behavioral Health (DPBH) to find what Nevada can do. Ms. Frost pointed out the HEDIS measures do not have enough child-specific criteria to determine how Nevada is doing for Nevada's kids. Mr. Musgrove reported new contracts for the MCOs hold

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them to a higher standard, which may improve the state's rankings. Ms. Harris said Nevada lacks providers to care for the number of people needing care; it is difficult to license in Nevada, and reimbursement rates are low. Ms. Guerra reported on a transition of care plan to cover clients for at least 90 days to give providers time to join the new MCO network. Captain Schmidt said an embedded Division of Welfare and Supportive Services worker at the Clark County Detention Center helps individuals sign up for the services they need and to continue care. Ms. Frost noted Nevada needs to address social determinants of health and access to services. She is committed to working to find solutions for decision-makers and suggested a subcommittee to develop recommendations for the county and state.

5. Presentation by Clark County Department of Family Services on children's mental health crisis impacts on families and stakeholder meetings

Ms. Jacob briefed members on a stakeholder group addressing the children's mental health crisis at Child Haven, a county facility intended for short-term stays while the county works on a transition to foster care or kinship placement. The number of kids at Child Haven and the acuity of mental health conditions, intellectual disabilities, or autism diagnoses have increased. The state planned to close the Oasis facility, which serves those with higher needs. Legal Aid of Southern Nevada is involved because their Children's Attorneys Project represents children in the system. Former Assembly Speaker Barbara Buckley convened representatives from Nevada PeP, the Children's Mental Health Consortium, Department of Health and Human Services (HHS), the Department of Family Services, the District Attorney's office, juvenile justice, University Medical Center (UMC), and Deputy County Manager Kevin Schiller. Ms. Marano reported about half of these kids have a determination of serious emotional disturbance (SED). Specialized foster care agencies cannot manage them, which is why they end up in Child Haven. Oasis and Desert Willow only have four or five beds each, which is not adequate for the community. The county's goal is to keep children in a family setting. About 2 percent are in Child Haven, which is not an appropriate placement. Child Haven, as a day care facility, does not meet their treatment needs. When community providers stopped going into people's homes, parents could no longer manage their children at home. Residential and treatment beds are needed for kids needing that level of care, community services are needed to prevent more kids from coming in. Assembly Bill 387 (2019) said children cannot come into foster care solely to get their mental or behavioral health needs met.

Ms. Jacob reported the Interim Finance Committee (IFC) allocated \$1.9 million in American Rescue Plan Act of 2021 (ARPA) funds to the county in December. They signed an 18-month lease with the state on two of the Oasis buildings. The most acute need is for a six-bed facility for children with intellectual disabilities and other

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conditions who need to get out of Child Haven and into an appropriate care setting for access to treatment and services. She mentioned a provider summit being planned by the Governor's Office that will bring together providers, the county, and the state to talk about gaps. Working with Medicaid, they are identifying barriers to be addressed before the next legislative session. They are working with UMC to report to the state who these kids are, their insurance status, and what resources they need to get out of emergency rooms and Child Haven. Ms. Marano stated they need more unlocked psychiatric residential treatment facilities (PRTFs) and Qualified Residential Treatment Programs (QRTPs). Federal legislation effective October 2021 says only group homes that meet QRTP standards can be federally funded. They need about 30 QRTP beds. One of the Oasis buildings will be an intermediate care facility for the intellectually and developmentally delayed and autistic population and one will be a QRTP; each will have six beds. Ms. Jacob added the intermediate care facility would be for foster care kids. Ms. Frost pointed out Oasis is needed by some not in foster care. Mr. Musgrove said services are needed long before kids enter foster care. The Governor's Office and Health and Human Services realize this is a crisis and are moving in the right direction. The summit may cover birth to seniors, but some have suggested focusing on children's mental one day and adding a second day. Jeff Haag, Division of Aging and Disability, is heading it. State and local leaders dealing with these issues will participate in a half-day panel discussion with providers present. Providers will discuss wraparound services, children's mental health, recruiting providers, and managing services cohesively. Ms. Frost supports focusing one full day on children and adolescents in need.

Ms. Marano noted there are no partial hospitalization programs or acute mental health hospitals that accept pediatrics up to age 11. Ms. Frost added only Desert Willow takes dual diagnosis youth. Ms. Jacob said Director Whitley and the Governor have prioritized children's mental health. Kids who age out of the foster care system may end up in other systems if wraparound supports are not provided during that vulnerable time. She will suggest to Mr. Haag they split the summit into two days. Ms. Guerra asked if unlocked psychiatric residential treatment facilities and non-hospital facilities were covered by Nevada Medicaid. Ms. Marano said PRTF is a Medicaid-reimbursable term for a residential treatment center (RTC); it can be locked or unlocked. Ms. Phinney, Deputy Administrator for Regulatory and Planning Services, is over all the licensing. She explained that Nevada has a PRTF licensing category that Medicaid uses for reimbursement. The state oversees both the clinical quality and enforces basic regulations about what a PRTF is. She added the QRTP designation is not defined in state regulation; it allows for the collection of a source of federal funding, but there is not regulation or oversight from the state level about QRTPs. Ms. Jacob added Medicaid may want feedback

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about updating Chapter 400. Ms. Frost requested adding an agenda item for a future meeting on planning and collaborating with the county on how to support this from various perspectives.

\*\*\*These items were taken out of order.\*\*\*

6. Update Prevention Coalition future updates to board Senate Bill (SB) 69  
This item was tabled to the next meeting.
  
7. Discussion and vote extending support to Northern Regional's crisis response position paper  
Ms. Frost explained the Northern Regional Behavioral Health Policy Board submitted their position statement to advise the Department, Division, and Behavioral Health Commission on the behavioral health needs of adults and children in the region. While it is specific to their region, the Board can support what is happening in other regions since some of what they are asking for is also needed in Clark County. The Board can also determine whether to pursue this type of position statement on various issues. Ms. Guerra moved to support the Northern Region's position paper. Mr. Musgrove seconded the motion. The motion passed unanimously. Ms. Frost and Ms. Bennett will write a letter of support to the Director. Mr. Musgrove said the Children's Mental Health Consortium uses position statements and priorities to get information to decision-makers at the legislative, executive, or local level. Ms. Saunders volunteered to help write any that relate to homelessness and supportive housing.
  
8. Update on Clark County Children's Mental Health Consortium  
Mr. Musgrove said the Consortium has been focused on much of what Ms. Jacob and Ms. Marano discussed. They have sent letters pushing the school district to help with children, especially those with individualized case agreements. Distance learning was a tragedy for kids, especially those with mental health and behavioral health issues. They have followed up with letters to the Division of Insurance to find out what is required of plans, the minimum standard of care, and what services should be rendered to families experiencing mental health or behavioral health issues. Mr. Musgrove stated three meetings of the Interim Committee on Health and Human Services will have a mental health portion. The Consortium will present at the February meeting. He talked to Assemblywoman Sarah Peters, the Interim Committee's chair, about having the regional policy boards address the legislative committee and distribute their priorities documents to legislators and decision-makers.
  
9. Discussion and vote on the 2021 Annual Report and Primary Priorities for the Board 2021-2022  
Ms. Frost said there is no report to approve yet. Ms. Bennett welcomed member participation. Current priorities are mental health oversight agency and workforce development, dedicated funding for crisis services for children and adults,

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residential treatment services for youth, and collaboration on the spectrum of substance misuse and its relation to mental health. Ms. Saunders moved to add wraparound services for those experiencing homeless as a priority. Mr. Musgrove seconded the motion. Mr. Musgrove apologized that the subcommittee on that topic has not met but noted the importance of coordinating with Clark County on this. Ms. Frost suggested it meet even if it starts without the county. Ms. Jacob volunteered to serve on the subcommittee. The motion passed unanimously. Ms. Frost reported Ms. Ross offered to chair the annual report subcommittee; Ms. Frost has offered to be the co-chair.

10. Discussion and vote on subcommittee objectives for wrap around services for individuals experiencing homelessness and mental health crisis  
This item was tabled until there are recommendations.

11. Discussion and vote of Board membership of Appointments and Reappointments of Board Positions

Mr. Musgrove moved to reappoint Ms. Frost to the Board and to continue as chair. Ms. Guerra seconded the motion. The motion passed; Ms. Frost abstained.

Mr. Musgrove moved to reappoint Ms. Guerra to the Board; Ms. Harris seconded the motion. The motion passed; Ms. Guerra abstained.

Current vacancies on the Board are for a representative of the criminal justice system appointed by the Assembly Speaker and a county health officer or a representative or similar public health position from city, county, or tribe who is appointed by the Board. Ms. Frost added Capt. Schmidt will continue in her position as she waits to be reappointed by the Senate Majority Leader.

12. Update discussion and vote on updated Bylaws for the Board

Ms. Harris moved to approve the Bylaws. Ms. Guerra seconded the motion. The motion passed unanimously.

13. Public Comment

Dr. Dickson informed the Board of the upcoming Mental Health Crisis Hold Summit, being put on by the Northern Regional Behavioral Health Policy Board. It will be held the mornings of March 7 and 8.

Dr. Tiffany Tyler-Gardner thanked the Board for their leadership and commitment. She asked them to continue to call for the investments needed to address our children's mental health.

14. Adjournment

The meeting adjourned at 2:56 p.m.