
Clark Regional Behavioral Health Policy Board
Draft Minutes
Tuesday, December 01, 2020
9:00 AM – Adjournment

The meeting will be virtual through WebEx, in accordance with Governor Sisolak’s emergency directive on public meetings to maintain government transparency and protect public safety.

Please use landline to call into teleconference number

CALL-IN NUMBER: +1-408-418-9388 United States Toll

ACCESS CODE: 146 051 9012

Location: WebEx

<https://clarkcountynv.webex.com/clarkcountynv/j.php?MTID=me9547bfbe8f56ce3a04fab33e8bfd0de>

Note: Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson’s discretion

1. Call to order/roll call

Members present: Char Frost, Cory Whitlock, Dan Musgrove, Jacqueline Harris, Jamie Ross, Dr. Ken McKay, Dr. Lesley Dickson, Michelle Guerra, Justine Perez, Ariana Saunders

Members absent: Assemblywoman Connie Munk, Captain Nita Schmidt, Todd Fasulo

Staff and Guests Present: Teresa Etcheberry, Clark Regional Behavioral Health Policy Board Coordinator; Sara Carrizal; Dawn Lyons; Erika Ozaki; Lauren Lee; Patrick Petrie; Randal Colquitt; Ryan Mills; Sara Hunt; Shawn Thomas; Tray Abney; Valerie Padov; Alisha Barrett; Christine Payson; Jimmy Lau; Lea Tauchen; Sean O’Donnell; Jason Engel; Dawn Yohey, Ben Trevino, Joan Waldock, Division of Public and Behavioral Health

2. Public comment

3. Approval of minutes – October 16, 2020 Meeting

4. Discussion and Approval of Primary Priorities for the Board for 2020-2021

Char Frost is willing to go through document that was sent to them, has anyone else had a chance to review it yet? Due to global pandemic we are including some discussion in our report about recovery efforts. Due to stressors and other mental health impact the board need to push forward policy within the state to make sure we have

adequate resources for those who need it.

Jacqueline Harris stated she thought one of the things we are seeing is our youth struggling in school. We will need a way to work with those students to make sure they are not credit deficient and that their mental health is being supported.

Jaime Ross stated that we have addressed this in the past, but we need to make sure that the resources are equally distributed

An increase in alcohol and legal drug use has been noticed as well as fentanyl overdose deaths due to people self-medicating.

Due to COVID people may not always have access to help or they may not be willing to seek help due to being exposed and then taking the exposure home to family members.

Telehealth is a good option for medical help, and we should encourage our public to use it.

Char Frost stated the last report identified 4 primary priorities:

*Mental Health Oversight Agency including licensing board, dedicated funding for crisis service, residential treatment services for youth and increasing collaboration on the spectrum of substance issues and its relation to mental health.

COVID recovery and telehealth could be included but the recovery is going to be a big issue because it covers so many things, instead of adding as a priority we could integrate in how we frame our priorities.

Char Frost thinks there is a way to infuse telehealth into every single priority and when addressing substance abuse, we need to make sure to cover the increase in drug and alcohol use.

Adding the definition of behavioral health into the MRF to include not just mental health but also substance use services

Ken McKay volunteered to go over any drafts

To quickly address the oversight with licensing board since another board is addressing that, we should leave it in priority but switch the order around but also highlight that there is a bill pending. At next meeting we need to discuss the support of the other behavioral health policy board bill.

Motion made for keeping priorities in place with additions of infusing the ideas of access of telehealth, the racial equity issues as well as the increased drug and alcohol use, while highlighting the youth.

Jaqueline Harris states she would be more than happy to help with that as she is seeing kids failing classes and stressed about being held back, mental health, suicide, addiction and social connection, kids are reporting losing friends and losing contact with friends that may not come back.

Ariana Saunders wants to make sure we highlight the fact that we have all lost our sense of community due to COVID, we will all be facing difficult transitions while we find our new normal whatever it may look like.

Char Frost asked if there were any more discussions and there were none. She would accept a motion at this time.

Jamie Ross stated she would attempt a motion to keep all four current priorities while rearranging the order to make sure that works- that priority 1 is no longer priority 1, to add recovery efforts that are equitable across racial and socioeconomic lines, to address increased substance use and then to infuse all of the conversation with telehealth, behavioral health and how important our bill is to all of these.

Ariana Saunders seconded the motion

Char Frost asked if there was any discussion on the motion and there was none, the motion passed unanimously.

5. Discussion and Approval on Board Appointment

Char Frost: Jamie Ross was originally appointed by Governor Sandoval as the person with extensive experience in behavioral health including social service agency director. Governor Sisolak recently appointed Justine in that position. Jamie would like to stay on by serving in the representative of administrators or counselors at facilities for the treatment of alcohol or drug abuse. This position is open until September 2021. We as a board, can appoint for that position and Jaime has expressed the willingness and certainly fits the bill for that position.

Dan Musgrove made the motion for Jamie Ross to be appointed by the board to fill that position

Motion was seconded and passed unanimously

6. Update and discussion on Bill Draft Request (BDR) 57-124—Revises provisions governing insurance coverage of behavioral health services.

BDR 57-124 is now a bill, Dan Musgrove brought up priority of payment between brick and mortar doctors vs tele-doctors who may be practicing from another State regarding reimbursements. Telehealth have fees on the operational side just as brick and mortar doctors have rent and costs to run their office. A discussion needs to be

had on how to decide the fee's and repayment. How would we parse out who is a provider doing both services, or just one? The BDR has been enrolled as SB-56, any changes will have to be done by amendment after the beginning of session, after introduction.

Lesley Dickson stated, we have to be ready to make the argument that telemedicine is the equivalent and just as good as in-person services.

Ken McKay wanted to bring up that there will be those patients that want to be seen in person, and that some telehealth doctors will provided services both in person and on line, and that many of these doctors provide the telehealth service from their office because they will see both kinds of patients throughout the day.

We must plan on this bill being around much longer than COVID due to some patients with mental health issue feeling more comfortable seeing a doctor from home.

Regarding our advocacy we must be flexible and to be able to pivot and come to consensus that will work. The first bill will never be perfect, and we must be willing to work with the stakeholders to get a quality piece of legislation that will benefit both consumers and providers.

Char Frost stated she is willing to discuss issues because it's the unintended consequences that we want to have the minimal amount of. Do members have any other concerns or issues about the bill?

Jamie Ross stated that one of our biggest issues statewide, is retaining qualified mental health professionals. Does telehealth make health professionals jobs easier, or is it a terrible idea?

Jacqueline Harris thinks telehealth offers more flexibility. We may want to make a case for continuity of care for our clients.

Ken McKay views telehealth to be a fantastic opportunity to solve the workforce issue because we can recruit people from anywhere that are willing to get a license in Nevada.

Char Frost: More discussions need to be had and we will continue to consider this BDR since it is ours. Is there any discussion at this time?

No discussion.

7. Public Comment

No public comment

8. Additional Announcements, Char Frost:

Next months agenda will include to discuss all the other boards because we are all dealing with the same issues.

Will send out a doodle poll for January's meeting.

The newly formed Southern Behavior Health Policy Board was not able to submit a BDR at that time.

We will be reaching out to the Patient Protection Commission in case our bill gets melted into theirs.

Char has the BDR for next meeting as well as potentially a presentation on rate setting.

If you want to add anything to the next meeting, please reach out to Char Frost.

Michelle Guerra stated she just wanted to let everyone know that she is now the Director of Clinical Operations for Nevada Behavioral Health under Health Care Nevada

Meeting Adjourned at 10:36am