

**Division of Public and Behavioral Health
Washoe Regional Behavioral Health Policy Board**

DRAFT MINUTES

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

Date: August 10th, 2020
Time: 3:00 p.m. to Adjournment

Location: Zoom Meeting:

Join Zoom Meeting

<https://zoom.us/j/98955318719?pwd=RkFwOGM1Z05vcklzTFFHaXgvRGxzUT09>

Meeting ID: 989 5531 8719
Passcode: 930146

1. Roll Call, Introductions, Announcements

Chair Ratti determined a quorum was present.

Members Present: Julia Ratti (Chair), Assemblywoman Sarah Peters, Char Buehrle, Jennifer DeLett-Snyder, Sandy Stamates, Cindy Green, Dani Tillman, Steve Shell, Frankie Lemus, Henry Sotelo, Dr. Kristen Davis-Coelho, and Tom Zumtobel

Members Absent: Wade Clark

Staff and Guests Present: Dorothy Edwards, Regional Behavioral Health Policy Board Coordinator; Lea Cartwright, Nevada Psychiatric Association; Tammy Saling, Division of Public and Behavioral Health; Helen Troupe; Lea Tauchen; Alex T; Daniel Fred; R. Mills; Heather Kainisnsky; Kelly Dickman; Mark Van Hudson; Stephanie Brown; Allison Genco; Lezlie Mayville; Valerie P; Trey Delap; Natalie Powell, Center for the Application of Substance Abuse Technologies (CASAT); Tray Abney; Lisa Lee, Reno Initiative for Shelter and Equality; Sean O'Donnell, Foundation for Recovery

2. Public Comment

There was no public comment.

3. Approval of Minutes of June 2020 Policy Board Meeting

Ms. Tillman moved to approve the minutes. Ms. Stamates seconded the motion. The motion passed without abstention or opposition.

4. Reading and approval of "Letter of Appreciation to Kevin Dick"

Ms. Stamates moved to approve the letter. Ms. Green seconded the motion. The motion passed without abstention or opposition.

Mr. Dick's resignation allowed Senator Ratti to replace him as the representative from the Washoe County Health District, allowing Assemblywoman Sarah Peters to serve as the member representing the legislature.

5. Nomination and Selection of Vice-Chair

Senator Ratti explained the bylaws do not require a vice-chair but there will be times she cannot be present, and she will take a leave of absence during the upcoming legislative session. She asked those interested in serving as vice-chair to contact her before the next meeting.

6. Presentations of Potential Board Bill Draft Request (BDR) for 81st Legislative Session

- [Peer Recovery Support Specialists](#) Ms. Lee explained peers are individuals with lived experience in successful recovery from substance use, problem gambling, mental health, and/or other/co-occurring challenges. They use their experience to provide support and inspire hope for individuals working through recovery. Certification requires 46 hours of training that is offered by Foundation for Recovery and CASAT through University of Nevada, Reno (UNR); 200-500 hours of field experience, 25 hours of which must be supervised; application through the Nevada Certification Board to the International Certification and Reciprocity Consortium (ICRC); and passing an examination.

In previous legislative sessions, bills to mandate certification for peer recovery support services were proposed. Legislation can and should be developed by Nevada communities of recovery and peer support specialists. Mr. O'Donnell wanted to draft a bill that would mandate certification without creating a barrier to services. The proposed BDR was developed by Nevada Community-Built Recovery and peer support specialists. It would place requirements into statute while tasking the Nevada Certification Board with determining regulations and rules for certification.

Assemblywoman Peters asked about the cost of the training and if the BDR would add costs or fees. Mr. O'Donnell said Foundation for Recovery does not charge for the class; it is funded by grants and donations. Ms. Powell said CASAT's fee for initial certification is currently \$165, which includes the ICRC exam fee. The fee is \$100 to renew every two years with continuing education requirements. Assemblywoman Peters asked if the fee structure would be codified. Ms. Lee said a fee structure would be part of the regulations. She added that Dr. Stephanie Woodard recommended certification be under the Board of Health, similar to certification for detoxification technicians. Ms. Lee recommends it be done under the Nevada Certification Board. Senator Ratti clarified the fees could either be put in statute or through the regulatory process whether the certification comes under the Certification Board or the Board of Health.

- [Institution for Mental Disease \(IMD\) Exclusion and/or Parity](#) An IMD is a facility with more than 16 psychiatric beds, or where 50 percent or more of admissions are for mental disorders. Freestanding psychiatric units, with more than 16 beds, cannot receive any Medicaid funds. This leaves patients ages 24-65 limited options for inpatient residential care, while freestanding psychiatric facilities have open beds. According to the Centers for Medicare and Medicaid Services (CMS), the Medicaid IMD exclusion has been a contributing factor to psychiatric boarding in emergency rooms. An IMD can apply for an 1115 waiver from the federal government for fee-for-service Medicaid recipients.

Dr. Davis-Coelho asked if it only applied to residential treatment. Ms. Cartwright said this would apply to longer term residential care. Senator Ratti asked if Medicaid could apply for waivers without legislative permission. Ms. Cartwright said CMS require Medicaid to have legislative budget authority to complete their application. The application is in process; but cannot be submitted until the legislature gives Medicaid funding authority.

- The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 mandates parity between mental illness and substance use disorder (MI/SUD) benefits and medical/surgical provided by health insurance providers or group health plans. In Nevada, the benefit parity issue is addressed in a complaint-driven regulatory model resulting in potential inefficiencies and lapses in care. Mental health patients are required to identify a violation has occurred. Subsequent steps may take significant time to complete and hinder progress in resolution.
 - Pass state level parity legislation to enforce compliance with federal law;
 - Build upon previously introduced parity legislation;
 - Consider requiring additional documentation or enhanced attestation for Medicaid and insurers, by the Division of Insurance, to proactively confirm compliance with parity laws; and/or
 - Consider public outreach regarding parity.

Ms. Buehrle asked who was violating parity. Ms. Cartwright said the Nevada Office for Consumer Health Assistance and Medicaid track complaints. Mr. Zumtobel asked what the law would require insurance companies to do. Ms. Cartwright said insurance companies would be required to fill out an additional report for Nevada that would include a statement they were compliant with federal parity requirements. Mr. Zumtobel pointed out that insurance carriers already know they have a parity obligation. Ms. Cartwright said this first step is just about making sure insurance companies operating in the state of Nevada are compliant with the federal Mental Health Parity Act. Assemblywoman Peters said this would give the insured a reprieve because the insurance company would have to compare and justify why they limit mental health care. Ms. Stamates asked if Nevada passed a bill similar to the federal one. Ms. Cartwright said the legislature tried, but the bill did not pass. Ms. Stamates asked if states were required to pass similar bills. Ms. Cartwright said insurance companies are required to comply with federal law, so there is no state requirement.

7. Discussion and approval of Policy Board's 2021 BDR

- Peer support certification
- IMD Exclusion and Parity
- Substance Use Prevention

Ms. DeLett-Snyder reminded the Board of the prevention proposals that were outlined in [Ms. Edward's letter](#).

- Youth – active versus passive consent
- Suicide bill

- Prevention bill – Youth Risk Behavioral Survey (YRBS), substance abuse prevention
- Pharmacies

Dr. Davis-Coelho advised against separating substance use disorder and mental health as that is an artificial and arbitrary distinction. Many of these concepts could be brought together under "reducing barriers and creating access to prevention and treatment services." The substance use prevention bill would encompass active versus passive consent and add to the suicide bill. Peer support certification and IMD waiver would be included in access to treatment. The parity bill would be removing a barrier. Senator Ratti said this might have too many concepts involved. Trying to explain the concepts with their components could be too complicated. A bill has a greater chance of success if it has at most three concepts. Assemblywoman Peters she would be willing to sponsor a separate bill if that would make the Board's bill easier. Senator Ratti thought it would be better for the parity bill to be separate. She wondered if anyone else had a bill regarding the IMD exclusion. Ms. Stamates said it sounded as if Medicaid would need legislative budget approval. Senator Ratti explained cost savings would not show up in a single biennium so a fiscal note would be attached to require money be budgeted in the first biennium to make up for the increased cost. If other proposals do not carry fiscal notes, they would not want them to be in the same bill as they would then need to go through the whole fiscal process. Mr. O'Donnell and Ms. Lee agreed the peer support certification bill was straightforward so it could be coupled with substance use prevention concepts. Ms. Lee noted concern about putting it in a bill with a fiscal note. Ms. DeLett-Snyder pointed out prevention and recovery together gives both ends of the continuum. Ms. Stamates said peer support specialists are important in the Crisis Now model. Ms. Edwards noted the Rural Board's topic is licensing and reciprocity. The Northern Board will continue its work on *Nevada Revised Statutes* (NRS) 433A on legal holds.

Senator Ratti noted the IMD exclusion may be under consideration in the Interim Committee on Health Care. She is willing to advocate for it there as the vice-chair of that committee. The Board's choices include moving the YRBS from active to passive consent; updating the language in NRS about substance use prevention curriculum in the K-12 system to make it similar to Assembly Bill (AB) 114 that focused on suicide prevention; updating the language about substance use prevention coalitions to provide greater clarity about the role of coalition and what their charge is; and peer support certification.

Ms. DeLett-Snyder said certifying peer support specialists by the same board as certifies prevention specialists is one more way to make them go together. Ms. Powell said there was discussion about making community health worker and prevention specialist certifications mandatory. Ms. Lee they were lumped together with specific services provided by Provide Types 14 and 82.

Ms. Stamates moved to pursue peer recovery support specialist certification along with active versus passive consent for YRBS and clarification regarding prevention

coalitions. Mr. Zumtobel seconded the motion. Senator Ratti suggested the Board rank the topics so if the Legislative Counsel Bureau (LCB) tells them they need to have only one subject in their BDR, they know which ones the priorities. She asked the Board to authorize Ms. Edwards and her to make the decision on their behalf. Ms. Tillman asked if one of the other boards was considering a BDR about suicide that the education piece could be attached to. Ms. DeLett-Snyder noted it would be possible to create a prevention bill that addressed the student survey and providing substance abuse education in the schools. Senator Ratti explained that the suicide bill from last session was about suicide prevention curriculum. This would do the same with substance abuse prevention. Assemblywoman Peters suggested they include everything in the BDR and see if the LCB rejects it, noting it would be easy to find sponsors for the educational pieces. Mr. Sotelo agreed with Senator Ratti's proposal to leave everything in the bill and have them rank their priorities. Mr. Sotelo made a motion to rescind the previous motion. Mr. Zumbotel seconded the motion. The motion passed without abstention or opposition. Dr. Davis-Coelho moved to include all four concepts and provide a letter authorizing Senator Ratti to present the letter to the Interim Committee on Health Care. Ms. Tillman seconded the motion. The motion passed without abstention or opposition.

Senator Ratti noted peer support was a critical part of Crisis Now. Members agreed it should be the priority. Ms. DeLett-Snyder ranked the prevention topics' priorities as YRBS, substance abuse prevention education, and clarification about substance abuse prevention coalitions. Ms. Stamates moved to authorize Senator Ratti and Ms. Edwards to get as many of these concepts into their BDR as possible, but to be informed by the Board's priorities what to keep in. Mr. Sotelo seconded the motion. The motion passed without abstention or opposition.

8. Future agenda items for approval
There were no items suggested.

9. Public Comment

Ms. DeLett-Snyder said Join Together Northern Nevada is facilitating an event on August 31 for International Overdose Awareness Day. Ms. Lee spoke about Our Place, a new shelter for families experiencing homelessness. They are putting together a virtual tour of the homes. She would like to share that with the Board.

10. Next Meeting: September 14, 2020 at 3:00 p.m.

11. Adjourn