DIVISION OF PUBLIC AND BEHAVORIAL HEALTH

SOUTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

Southern Nevada Health District – Red Rock Conference Room

280 South Decatur Blvd.

Las Vegas, NV 89107

May 29, 2018

9:00 a.m. to Adjournment

MINUTES

1. Call to Order

Assemblyman Steve Yeager, Chair

Public Attendance: Allison Zednick, Desert Parkway, Chris West, Seven Hills Hospital, Katherine Unthank, Nevada Counseling Association, Ken Johnson, Nye Community Coalition, Charlene Arnett, Montevista Hospital, Jeri Wicker, Spring Mountain Treatment Center, Brittany Guerrero, Representing Self, Sondra Cosgrove, League of Women Voters Nevada, Sara Hunt, UNLV, Alexandra Anderson, SNV CHIPS, Michele Fuller-Hallower, CCSS, Alan Eaks, Spring Mountain Treatment Center, Jon Stevenson, LVFR, Brian Anderson, AMR – LVFR CRT, Dan Musgrove, Evelyn Otero Ruiz, Montevista Hospital, Michael Carruzza, Montevista Hospital

Members of the Southern Regional Behavioral Health Policy Board in Attendance:

Ariana Saunders, Captain Nita Schmidt, Jamie Ross, Larry Clarke, Dr. Lesley Dickson, Jaqueline Harris, Dr. James Jobin, Dr. Joseph Iser, Dr. Ken McKay, Eric Lloyd, Charlene Frost, Alexandra Fernandes, Angelo Aragon, Assemblyman Steve Yeager

2. Public Comment:

No public comment.

3. Approval of minutes for meeting held on March 27, 2018 and April 20, 2018.

April 20, 2018, meeting minutes not yet available to the Board. Steve Yeager, suggested certain stylistic and grammatical corrections be added to the March 27, 2018 meeting minutes. Dr. Joe Iser motioned to approve the March meeting minutes with Steve Yeager's revisions. Jamie Ross seconded the motion to approve the March meeting minutes with revisions. The remaining Board members agreed and the motion was carried unanimously.

4. Presentation on WestCare Crisis Triage Center – Presented by Dan Musgrove

During the presentation, Dan Musgrove gave a brief background on the WestCare Community Triage Center (CTC). The CTC was initially created by the Southern Nevada Regional Planning Coalition in the early 2000's. Local Southern Nevada hospital physicians and the Clark County

Sheriff at the time, had expressed concerns to the Coalition of the community need to assist with the growing population of drug or alcohol abusers who have mental illnesses and were filling up hospitals and jails. Dan Musgrove emphasized the concept of a CTC, which came to formation when the local community came together to address common concerns. The State of Nevada was not an initial contributor of the concept, until later in 2005. Dan Musgrove stated in 2005, Sheila Leslie from the Legislature requested the State of Nevada assist with funding CTCs. Sheila Leslie was impressed by the CTC model in Southern Nevada and wanted a similar model to exist in Washoe County. Since 2005, CTC funding has been comprised of 1/3 local government funding, 1/3 funding from private hospitals and the remaining 1/3 is matched by the State of Nevada. Dan Musgrove stated over the years, CTCs have cost around 3.5 million dollars to assist approximately 4,000-5,000 individuals needing crisis services such as detox. Dan Musgrove stated private hospitals initially did not want to be a funding source for the CTCs, but realized there was no alternative and there was a need for the facilities. When Medicaid expansion occurred, it was determined Medicaid would fund most of the individuals needing CTC services. First responders, such as police, fireman and hospital staff were the initial points of contact to refer clients to CTCs. In recent years, self-referrals and family-referrals have risen, which is part of the initial goal to lessen the burden on emergency services.

The WestCare CTC was last funded by the three branches of funding mentioned earlier, up until the end of fiscal year 2016. Dan Musgrove stated WestCare was audited by Clark County and the audit lasted from April 2017 until November 2017. During the audit, local governments, private hospitals and the State waited to provide funding support in order to determine how much Medicaid dollars would be provided to the facility. Dan Musgrove stated WestCare was not keeping track of their cost accounting very well during this time and had not communicated to their providers the rising needs and costs which had changed. As of January 2018, WestCare provided accurate cost accounting to the three community partners, which showed approximately 1 million dollars was owed to the three partners due to Medicaid covering additional costs. Dan Musgrove stated the current issue is WestCare has two fiscal years needing to be funded and Medicaid is only funding 53% of the clients seen by the CTC. The remaining 47% clients may have insurance but have high deductibles and are unable to pay their co-pays. These clients often have mental health and substance abuse issues, which makes the process of chasing the needed funding more difficult. For the current fiscal year, WestCare has approximately 1.5 million dollars over budget. WestCare has discussed this concern with the Clark County Commission, and the State of Nevada who are willing to provide legislative approved funding for CTC services for this year. WestCare is currently doing whatever it can to stay open and has explained to its bank, the partners have come together to assist.

Dan Musgrove stated he believes the Regional Behavioral Health Policy Boards are important due to the vision they will determine the needs of their community. Dan Musgrove restated the concept of CTCs in Nevada were initially envisioned by a similar Board in Clark County, not the State government, nor CMS. Due to successful lobbying and community partners coming together, funding was provided to the vendor, WestCare. Dan Musgrove admitted WestCare did not communicate their challenges to community partners very well in the past, but he believes if a Regional Behavioral Health Policy Board had existed previously, there would have been more support and monitoring of WestCare done to ensure community concerns were being addressed properly. Dan Musgrove added if the Board is closely involved with monitoring the progress

and status of the CTC, there can be more efforts made to ensure funding is provided and community concerns addressed. Dan Musgrove believes CTCs require State funding and it should be the Board's responsibility to determine if the community needs a CTC, or possibly placing other sobering centers strategically across the region.

Dan Musgrove mentioned he would like to come before the Board in the future and share the One System of Care and Rehabilitation (OSCAR) report with them. Dan Musgrove explained the OSCAR report was established in 2007 from a group Sheila Leslie had brought together who established an inclusive mental health system for local communities to examine.

Dan Musgrove mentioned there is a need for facilities with fifty or more beds, to provide crisis care to individuals who come into contact with first responders and hospitals. Dan Musgrove stated the current funding sources of local government, private hospitals and state government is not working and additional funding models need to be examined. WestCare is scheduled to serve approximately 6,000 individuals in need of crisis care and if funding is not available for CTC services, 6,000 people will have nowhere else to go.

Following the presentation, Charlene Frost questioned how many individuals who go through the CTC are completely uninsured. Dan Musgrove stated approximately 20% of the individuals seen at WestCare do not have insurance. This is due to the fact they are undocumented or are individuals who often refuse services but are being forced to go to WestCare due to no alternatives. Charlene Frost questioned why the Mobile Outreach Safety Team (MOST) existed to aid the entire Las Vegas Valley, but then was relocated to only provide services to the City of Las Vegas. Dan Musgrove stated he cannot speak on behalf of the State of Nevada. He stated the previous Administrator of DPBH was a previous employee of WestCare who may have known the reason why.

Dr. Jim Jobin stated Clark County has agreed to fund the 1/3 funding needed for WestCare and questioned if the State of Nevada has agreed to fund their 1/3 funding share. Dan Musgrove stated the County and the State have agreed to pay retrospective services for services WestCare has provided since the last funding was provided at the end of fiscal year 2016. However, private hospitals would prefer to pay for services going forward from June – December 2018, rather than pay retrospective services offered in the past. Dr. Jim Jobin questioned if WestCare intends to close in the near future. Dan Musgrove confirmed it appears WestCare will be able to remain open currently.

Dr. Lesley Dickson questioned why recent news has stated WestCare's fifty beds were not always filled, when there has always been the need for individuals to be placed on a waiting list to be accepted into the CTC. Dan Musgrove stated it depends on the day, sometimes the CTC is full and other days it is not. Dan Musgrove admitted WestCare has had management issues in the past and staff have been known to turn people away from the CTC. Dan Musgrove stated there is currently better management at WestCare who are communicating better with staff and community partners to make sure the community is being served properly by WestCare. Dr. Lesley Dickson commented she was once a provider who covered the University Medical Center (UMC) emergency room and her and her colleagues would be lost without WestCare, who

always was very helpful and beneficial at providing services and assistance. Dan Musgrove thanked Dr. Lesley Dickson for her comment.

5. Presentation on the Crisis Response Team – Presented by Deputy Chief Jon Stevenson, Las Vegas Fire & Rescue; Alexandria Anderson, CHIPs Director; Heather Thanepohn, CRT Las Vegas Fire & Rescue, Brian Anderson, American Medical Response

Jon Stevenson, Deputy Chief of Las Vegas Fire & Rescure (LVFR), gave an overview of the Crisis Response Team (CRT). Originally there was a Mobile Outreach Safety Team (MOST) sub granted from the State of Nevada which partnered with WestCare and Las Vegas Metro Police Dept. (LVMPD). The MOST was meant to assist with individuals who are experiencing acute mental health crisis and offer immediate intervention assistance and follow-up care. Often, the mentally ill individuals who came into contact with MOST would be issued a legal 2000 hold (L2K) and be transported to a mental health facility or hospital, which made follow-up procedures for MOST difficult. Sarah J. McCrea, Assistant Chief, (LVFR) and Ellen Richardson-Adams, Agency Manager, Southern Nevada Adult Mental Health Services (SNAMHS), planted the idea to have a licensed clinical social worker (LCSW) on an ambulance to assist with looking at psycho-social history, and also to potentially find alternative placement for the individuals in crisis, such as a mental health facility rather than an emergency room. Once the idea was planted, the CRT was established in April 2018, and currently covers a geographical area which encompasses approximately 50% of the acute psychiatric halls in the City of Las Vegas jurisdiction. If clients can be medically cleared, they are transported by the CRT to Desert Parkway Behavioral Health Hospital. If clients are not medically cleared, they are transported to an emergency room. LVMPD has shown appreciation for the CRT's assistance with relieving the burden of determining the proper care mentally ill individuals need when experiencing crisis. The CRT assists with transporting clients to Desert Parkway to offer initial assistance, but also offers follow-up assistance by connecting them with the Southern Nevada Community Health Improvement Program Services (CHIPS).

Jon Stevenson stated there are limitations of the CRT, due to funding, resources and current statutes, but there are also many collaborative opportunities available as well. Jon Stevenson stated CRT plans to collaborate the with LVMPD Crisis Intervention Team (CIT), who are officers trained on de-escalation techniques and educated on how to handle individuals going through mental health crisis.

Following the presentation, Charlene Frost mentioned there is no longer CIT teams working with WestCare to perform crisis intervention services in North Las Vegas and the East-side of the Las Vegas Valley near Henderson, where conditions are concerning. Jon Stevenson stated he is confident the CRT will continue to display the value of having crisis intervention services within their own jurisdiction and believes the value will be seen by the State of Nevada to expand the same CRT services throughout Clark County. Alexandria Anderson, CHIPS Director, stated partnerships and collaborations are developing and the goal of CHIPS and the CRT program is not to be limited, but to be available for the entire region. Alexandra Anderson stated the current area being serviced is being used to collect data to determine the amount of resources and

funding required to expand. Charlene Frost questioned if the CRT paramedics are able to medically clear patients to bypass transporting them to emergency rooms and instead transport them to the necessary behavioral health facilities. Jon Stevenson stated CRT follows strict protocols of the current draft that has been presented to the Southern Nevada Health District Board for all paramedics and first responders to follow. The current draft does not require an LCSW, but the CRT is currently operating with the additional assistance of an LCSW. Charlene Frost stated children's mental health has had difficulty having first responders bypass emergency rooms and transport directly to mental health facilities. Charlene Frost finds it interesting that she has been told children cannot bypass hospitals after being medically cleared, when the same does not apply to adults. Alexandria Anderson clarified the current medical protocol only allows adults to bypass emergency rooms after being medically cleared, not children. Alexandria Anderson added adults who are issued onto an L2K hold are required to be cleared by a medical facility, and having the LCSW on scene as part of the CRT has allowed for initial assessment to determine if an L2K is necessary.

Jacqueline Harris questioned how many LCSWs are operating within the CRTs. Alexandria Anderson stated there is usually one CRT unit on duty for each shift, which includes one LCSW per unit, and there is a total rotation of six LCSWs who assist the CRT.

Dr. Heather Thanepohn, CRT LVFR, stated entries CRT made up until May 24, 2018, showed there were a total of seventy-eight LCSW contacts reported, which resulted in three L2K cases. Dr. Thanepohn stated, forty of the seventy-eight contacts reported had documented drugs and alcohol found on the person, and twenty-six people were diverted to WestCare or Desert Parkway, rather than transporting to an emergency room. Dr. Thanepohn stated the amount of restraint required to transport patients has drastically reduced due to de-escalation techniques and collaboration with AMR and LVPMD partners. Dr. Thanepohn believes the amount of contacts made in the relatively small area being served is impressive and a great opportunity.

Captain Nita Schmidt, LVMPD questioned how the CRT plans to show their success and what is being measured to determine their success. Alexandria Anderson, CHIPS, stated diversion is not their main emphasis, but instead to get the right service to the right person at the right time. Alexandria Anderson stated the emergency rooms are utilized as a gateway for services, and the goal is to provide the proper initial services and continuum of care services to clients without utilizing emergency transport or emergency rooms. Captain Schmidt clarified she would like to know how CRT plans to measure both triage service and follow-up services which prevent the cycle of needing crisis services to continue for patients. Alexandria Anderson stated the partnership of the CRT and CHIPS allows for a social work team to follow patients aided by the CRT, whether or not the patient is taken to an emergency room or placed on an L2K. The social workers are able to analyze how the initial CRT call occurred, where the patient was taken, what the final discharge diagnosis for the patient was and what follow-up services are being or can be provided to them. CHIPS are able to determine what community resources are most needed, and what resources are not being used, are under used or are not effective, which will assist in determining how to move forward with shaping community needs. Jon Stevenson stated CRT has decided to compare the list of contacts they make, with the list of high L2K utilizers LVMPD

has established, in order to provide services needed to those individuals needing additional care and focus. Jon Stevenson stated the number of L2K diversions and the number of WestCare and Desert Parkway diversions occurring are being tracked to provide additional statistics. Additional data being tracked is the number of veterans the CRT comes into contact with, and also the pre and post 911 emergency phone call utilizations individuals have used.

Captain Schmidt questioned what barriers the CRT encounters, especially in regards to follow-up care such as, lack of affordable housing, resistance to treatment, and no source of personal contact information. Alexandria Anderson, CHIPS stated there are individuals who are not able to be followed-up with. Alexandria Anderson added social workers are usually able to reach individuals if they have been in service databases previously, and they will also visit encampments to check on individuals to see how they are doing if the individual does not have a permanent residence. Jon Stevenson stated the largest barrier for the CRT is current reimbursement rate models which will not fully compensate any mental health facility and therefore, prevents expansion of services to additional areas. Jon Stevenson stated the Desert Parkway Behavioral Health Hospital is aware most patients that CRT brings to them, will not have insurance. Jon Stevenson stated expansion of services could be offered immediately if there was the capability to have mental health facilities not become burdened.

Eric Lloyd questioned if LVFR and CHIPS have looked at other state models of CRT services to determine best practices for Nevada. Jon Stevenson stated the State of Georgia legislature has recently been asked to consider changing Medicaid compensation rates and offer reimbursements for emergency 911 "no transport services" offered. Eric Lloyd asked if insurance questions are being asked to patients who come into contact with the CRT. Alexandria Anderson stated insurance triage services are not currently being provided by the CRT, these types of services are being provided by the social workers as follow-up services. Eric Lloyd suggested insurance information is important to have, so follow-up opportunities do not diminish. Alexandria Anderson clarified the destination patients are brought to often attempt to determine the insurance information and she believes initial crisis triage services should not be about how the services will be paid for.

Charlene Frost questioned if Desert Parkway Behavioral Health Hospital is currently being reimbursed. Jon Stevenson stated they are not being reimbursed, but still aiding. Charlene Frost questioned if children are being assisted by the CRT as well. Jon Stevenson and Alexandria Anderson stated the CRT primarily serves adult crisis services only. Brian Anderson added the CRT does offer services to children if they are contacted directly to help transport them to a children's emergency department. Jon Stevenson added children who have been transported by the CRT benefit from having conversations with a LCSW while on the way to the children's emergency department.

Dr. Joe Iser suggested having a spokesman from Medicaid present to the Board and discuss Medicaid waivers which may be able to assist with the necessary reimbursement rates needed. Dr. Joe Iser added a discussion should occur which examines what Medicaid waivers other states have accomplished and how it has benefited them.

Steve Yeager stated he is interested in connecting with the LVFR and CHIP presenters to discuss data information they have and to learn what needs they are seeing within the community. Steve Yeager believes frontline information will be helpful to the Board to fulfill the requirement of sending a letter to the State and the Legislative Counsel Bureau, that addresses the regional behavioral health needs of Southern Nevada.

6. Presentation on WestCare's Harris Springs Ranch

Agenda item tabled due to absence of Leo Magrdichian, Director, WestCare.

7. Presentation on Desert Parkway Behavioral Health Hospital – Presented by Allison Zednicek, CEO, Desert Parkway Behavioral Health Hospital

See presentation under Exhibit A.

Allison Zednicek**,** CEO, Desert Parkway Behavioral Health Hospital, stated the hospital is working with the CRT to attempt to create a care model that does not only include inpatient services. Desert Parkway Hospital is currently offering inpatient and outpatient services, and can lockdown their facility, unlike the voluntary WestCare Crisis Triage Center. The current population Desert Parkway Hospital serves can be volatile at times. Therefore, the ability for the hospital to remain unlocked or become locked down, provides a secure environment for both patients and the community. Allison Zednicek clarified only two patients have been admitted to the Desert Parkway Hospital thus far, and the intent is to not only admit patients into an acute setting, but to offer outpatient services as well. Allison Zednicek stated funding is the Hospital's primary issue and she has the desire to create a mental health urgent care, similar to models she has seen in Riverside, California. Allison Zednicek stated becoming a mental health urgent care facility would require current regulation change and she is happy to provide the Board with further information.

During the presentation, Allison Zednicek provided the number of beds each mental health hospital has across the State of Nevada. Allison Zednicek mentioned Nevada is not only underfunded, but also does not have the necessary behavioral health workforce resources needed to offer optimal services at the facilities across the state.

Following the presentation, Dr. Jim Jobin thanked presenters from the private sector hospitals for coming to the Board meeting and stated healthcare is primarily a for-profit sector and it is important to know how providers are contributing to the community. Dr. Jobin proposed a question for each private sector hospitals CEO in attendance, and asked what the State of Nevada's "red tape" may be getting in the way of and how can the State become more efficient in assisting behavioral health hospitals. Allison Zednicek, CEO, Desert Parkway, stated she would like to see the health plans bring providers together, rather than cause separation. Ms. Zednicek stated she feels the hospitals are often divided rather than working together, and clarified a level of competition is necessary, but not to the point where production is hindered.

Charlene Frost stated there is enough business for all of the hospital providers within the Las Vegas Valley.

Dr. Leslie Dickson questioned why Valley Hospital has not been included within the list of beds available in Southern Nevada. Allison Zednicek stated she will add Valley Hospital beds to the list. Dr. Dickson stated her opinion, as a physician, is more psychiatric wards need to be offered within hospitals, due to mentally ill patients having medical problems which can be difficult for private, free-standing mental hospitals to handle. Dr. Dickson stated University Medical Center (UMC) is a training hospital, and providing behavioral health training at the hospital would be very beneficial for the Southern Nevada Region.

Eric Lloyd thanked Allison Zednicek for her recommendations and stated the issue of guardianship is an interesting concern. Unless there is a guardian assigned, patients often cannot be released from an inpatient setting. Eric Lloyd believes the topic of funding a guardianship program is important for the Board to consider.

8. Presentation on Spring Mountain Treatment Center – Presented by Alan Eaks, CEO, Spring Mountain Treatment Center

See presentation under Exhibit B.

During the presentation, Alan Eaks stated the Spring Mountain Treatment Center is an acute stabilization center and the average length of stay is about 5 ½ days.

Following the presentation, Dr. Ken McKay requested Alan Eaks clarify what he meant when he stated: "payers have developed their own community-based levels of care in wide and varying degrees of scope and quality". Dr. McKay added he believes the statement is in reference to the current managed care organization (MCO) model which has developed in Nevada, and how the model could be preventing continuity. Alan Eaks stated there has been a lack of community based providers, and therefore the MCOs have no one to contract with and are forced to create their own model.

Jeri Wicker, Spring Mountain Treatment Center, stated fee for service (FFS) models always cover the patient costs for the first 30 days of treatment. Jeri Wicker stated due to the Medicaid IMD Exclusion, Medicaid funding cannot be used to provide nonhospital inpatient behavioral health services. Jeri Wicker added there is often no private psychiatric facility for the mentally ill patient to go where a provider, such as Spring Mountain Treatment Center, can be paid for the first 30 days of services offered.

Eric Lloyd stated the State is developing a direct enrollment process, where there are no coverage gaps.

Jacqueline Harris stated she has seen the topic of licensing reciprocity issues within Nevada workforce become a major issue. Jacqueline Harris stated she attended the Children's Mental Health Summit in May 2018 and believes the Licensing Boards are not doing what they are conveying to the community. Dr. Joe Iser mentioned licensing procedures could be much more efficient and recommended the Board view the presentation the mental health licensing boards made during the most recent Interim Health Committee meeting.

Charlene Frost mentioned the lack of supportive housing and the recent information which was in the news about hospitals releasing patients into unlicensed homes.

Dr. Joe Iser stated Colorado has established housing for chronically homeless and mentally ill, and worked well with SAMSHA to assist with funding. Dr. Joe Iser added Nevada does not have personal income tax, which is one reason there is not enough funding to do everything the State of Nevada wants to accomplish.

9. Presentation on Seven Hills Behavioral Hospital – Presented by Christopher West, CEO, Seven Hills Behavioral Hospital

Christopher West, CEO, Seven Hills Behavioral Hospital commended the behavioral health hospitals in attendance for their efforts following the October 1, 2017 shooting massacre in Las Vegas, NV. Christopher West provided an overview of the Seven Hills Hospital. Seven Hills Hospital originally opened in 2008 in Henderson, Nevada with a 58 bed facility. Acadia Healthcare, an international private corporation which has approximately 590 mental health facilities internationally, acquired Seven Hills Hospital in 2011. Mr. West stated services provided are part of the best practices in the country. The hospital has expanded twice since originally opening and currently has a total of 134 beds, which include a geriatric unit, chemical dependency unit, adolescent unit and adult acuity unit. Seven Hills Hospital has the first inpatient psychiatric facility in the State of Nevada to have a licensed opioid treatment program. The opioid detox program is licensed by the Substance Abuse and Mental Health Services Administration (SAMSHA), the Substance Abuse Prevention and Treatment Agency (SAPTA), the Center for the Application of Substance Abuse Technologies (CASAT), and the Drug Enforcement Agency (DEA). Mr. West stated he spoke to Dr. Stephanie Woodard, DPBH, who notified him there is currently a Medicaid waiver being considered by the State of Nevada which would allow FFS Medicaid members to have up to 28 days of detox paid for. Mr. West stated placement of individuals into licensed group homes is difficult. Dementia diagnosed patients are not able to be placed on legal holds and therefore, it becomes difficult to find a place to relocate these individuals from mental health hospitals. Seven Hills Hospital does currently offer residency programs, but feels there are more resources needed to assist with the current workforce issues Nevada faces.

Following the presentation, Dr. Jim Jobin, questioned if there are barrier trends that private hospital providers are seeing within the community. Dr. Jobin added it sounded as if Mr. West had stated workforce shortages are an echoed struggle the hospitals appear to have. Christopher West stated from a staffing standpoint, if there are not enough staff available, the amount of care able to be provided is limited. Mr. West added Seven Hills Hospital is primarily a Medicaid provider like Spring Mountain Treatment Center.

10. Presentation on Nevada Counseling Association – Dr. Katherine Unthank, Executive Director, Nevada Counseling Association

Dr. Katherine Unthank stated the Nevada Counseling Association is a state branch of the national American Counseling Association. The Nevada Counseling Association was established in Nevada in 2007. Dr. Jim Jobin explained he had attended the recent Nevada

Counseling Association conference and was made aware many counselors believe insurers do not need their services, and feel they cannot work in Nevada. Dr. Jim Jobin mentioned Nevada is 51st in the nation for workforce shortage and it is ironic counselors feel their services are not needed. Dr. Katherine Unthank and Dr. Jobin developed a survey to determine what individuals have experienced in the current Nevada insurance market. The Nevada Counseling Association released the survey to all members of the association, but was focused on primarily CPC and MFTs.

See survey presentation under Exhibit C.

Dr. Unthank mentioned MCOs currently have their own credentialing criteria which supersedes state mandated quality healthcare provider credentials. Dr. Unthank stated she believes the MCO credentialing issue may be a topic the Board should address to allow more workforce within Nevada.

Dr. Jim Jobin stated Board members were asked to determine what topics they wished the Board to focus on. Dr. Jobin stated half of the Board members identified the topic of insurances rejecting providers in a state with not enough providers. Dr. Jim Jobin was thankful to hear from private providers who can provide statistics to show how common provider rejection occurs with insurance companies in Nevada. Dr. Jobin stated it was interesting to hear from private hospital providers who stated they are needing more outpatient services and resources, when insurance companies are hindering inpatient and outpatient providers from offering services to the community.

Dr. Leslie Dickson stated the American Psychiatric Association did perform a secret shoppers survey which identified the same results.

Dr. Ken McKay stated he has seen a similar statistic of 69 psychologists being denied a collective total of 114 times by insurance companies. Dr. McKay clarified the issue of workforce shortage concerns should not be confused to be the same as problems of access to care and network adequacy.

Dr. Jim Jobin stated Nevada boasts the message of being business friendly, but the healthcare business industry is receiving an opposite message of closed door policies. Dr. Jobin stated other states promote messages such as, “any willing licensed provider”, which promotes insurance companies to aid any willing licensed provider who is willing to assist with the current healthcare emergency a state faces.

Charlene Frost stated consumers would have the same concerns as providers, due to the difficulty a consumer faces with being able to be treated by a provider of their choice. Currently consumers are being placed on waiting lists for weeks to see certain providers.

Jacqueline Harris stated continuity of care is often interrupted once a consumer’s insurance changes and therefore the provider is forced to decide whether to refer the patient elsewhere or treat the patient pro bono.

Dr. Unthank stated the key to successfully helping mentally ill individuals in need is providing life enhancement, prevention and remediation crisis services. Dr. Unthank stated there needs to be more life enhancement and prevention services occurring, or else crisis will continue to re-occur.

11. Presentation on Legal 2000 Procedure from Psychiatry Perspective – Presented by Dr. Lesley Dickson, Board Member

Please see presentation under Exhibit D.

Following the presentation, Steve Yeager questioned where the term "Legal 2000" or "L2K" originated from. Dr. Lesley Dickson stated it originated from Nevada legislation in the year 2000, when the form used was named *Legal 2000*.

Dr. Lesley Dickson stated some mentally ill groups who have been placed on Legal 2000 holds tend to remain in inpatient facilities for longer periods of time. Dr. Dickson believes the reason is due to patients refusing to take medication, in which a *Denial of Rights* form is submitted to force the patient to take their medication. Dr. Dickson added these mentally ill groups are usually referred to as assisted outpatient treatment programs. Dr. Dickson believes outpatient commitment teams are beneficial to provide outpatient services and preventing re-occurring L2Ks to occur. Dr. Dickson stated there is currently one team in Clark County and having an additional team available would allow approximately 70 additional cases to be handled and future L2Ks possibly prevented.

12. Discuss and make recommendations for Behavioral Health Regional Annual Report. – Board Members

Steve Yeager, Chair, recommended the Board Members review Assembly Bill 366, which is the bill the Regional Behavioral Health Policy Boards originated from and explains the Board's responsibilities. Chair Yeager reminded the Board of their duty to submit a pre-legislative session report, which identifies regional needs and gaps. Chair Yeager stated the Board needs to request their Bill Draft Report (BDR) by September 1, 2018, but he is unaware when the report needs to be submitted.

Ariana Saunders, Southern Regional Behavioral Health Coordinator, stated herself and the other Behavioral Health Coordinators are scheduling a meeting with the Chair of the Behavioral Health Commission to discuss the specific content required for the BDR.

13. Review Community Stakeholder Survey draft and approve for distribution. – Dr. Ken McKay, Board Member

Please see survey draft under Exhibit E.

Dr. Ken McKay mentioned the importance of community engagement when analyzing behavioral health needs for the Southern Nevada region. Dr. Ken McKay mentioned previous endeavors to improve behavioral health policies have not been fully accepted, due to lack of

community engagement offered or requested. Dr. Ken McKay stated he wanted to raise the possibility that the Board may not be able to finish the BDR by September 2018 and if not, the Board could then focus on providing the BDR the following year.

Dr. Joe Iser stated it is important to receive primary data and believes less responses may be received with open ended surveys, but responses received will be more sincere.

Charlene Frost believes the survey should be geared towards consumers more than the current draft appears to be. Dr. Joe Iser stated he is willing to post the survey publicly on the Southern Nevada Health District website as a press release to distribute to consumers.

Angelo Aragon believes the survey draft is great how it is currently written, and he would like local first responders, such as local fire departments and police departments, to be added to the list of survey recipients.

Dr. Ken McKay agreed with the recommended revisions to the survey draft and requested anyone who has information on consumers who would like to receive the survey be added to the list. Dr. Ken McKay suggested Board Members send any recommended additions be sent to Ariana Saunders, Behavioral Health Coordinator.

Dr. Jim Jobin commented he agrees the survey draft is well written and is encouraged to discover when the report is due to the Legislative Counsel Bureau.

Charlene Frost stated Sheila Leslie, Washoe Regional Behavioral Health Coordinator, is also conducting a similar survey. Ariana Saunders agreed, and stated Sheila Leslie is conducting public focus groups and asking similar survey questions.

Jamie Ross stated she will be sending recommendations for the survey to include questions regarding substance abuse.

Chair Yeager requested Board Members send recommendations and feedback to Ariana Saunders and requested the survey not be distributed until feedback is received.

14. Discussion and make recommendations for future topics and areas of focus. – Board Members

Chair Steve Yeager listed potential future presentation topics he heard Board Members mention:

- Licensing Boards
- Insurance panels
- Federally Qualified Health Centers (FQHC)
- Medicaid Waivers

Dr. Lesley Dickson mentioned the lack of outpatient services offered in the community is a topic often mentioned. Dr. Dickson listed current outpatient services whom could present to the Board:

- Bridge Counseling

- Community Counseling
- Mojave Mental Health
- Southern Nevada Adult Mental Health Services (SNAMHS), Assistant Outpatient Services (AOT)

Dr. Joseph Iser stated he believes the topic of having the University Medical Center (UMC) provide psychiatric inpatient and outpatient services is an important issue and should be discussed with the Clark County Commissions.

Dr. Ken McKay stated the Board is responsible for reviewing current data collection and reporting standards and also responsible for determining data collection and reporting standards. The Board is also charged with submitting an annual report to the Commission on Behavioral Health, which includes epidemiological profiles, and behavioral health prevalence data. Dr. McKay suggested the Board send an email to the Commission to ask what current data information they receive, where they receive the data from, and what decisions they would like to make based upon the information. Dr. McKay stated it is important to gather clear, credible and accessible data to understand problems, measure progress and demonstrate accountability. Dr. McKay added behavioral health efforts require collaboration and in order to collaborate, data needs to be accessible by all community stakeholders.

Chair Steve Yeager stated he agrees with Dr. Ken McKay and offered to assist him in sending a letter to the Commission on Behavioral Health. Dr. Joseph Iser requested Ariana Saunders reach out to the State-wide Epidemiology Workgroup to request further data that has already been collected. Ariana Saunders stated she has been attending the Epidemiology Workgroups and is currently working with Kyra Morgan, the lead biostatistician, to generate a report for the Board. Dr. Iser added the Board should also reach out to a substance abuse entity to gather data as well.

15. Public Comment:

No Public Comment

16. Adjournment – Steve Yeager, Chair