

**WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MEETING MINUTES
350 South Center St, 1st Floor, Reno, Nevada
1001 Ninth St., Building B, Reno, Nevada
July 11, 2022
3:00 p.m. Until Adjourned**

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:** Julia Ratti, Chair, Steve Shell, Vice-Chair
Meeting was called to order:

Members Present:

Chair, Julia Ratti
Vice-Chair, Steve Shell
Assemblywoman, Sara Peters
Sandy Stamates
Dr. Kristen Davis-Coelho
Dr. Traci Biondi
Lt. Wade Clark
Frankie Lemus
Henry Sotelo
Peter Ott

Members Absent:

Cindy Green

Guests:

Sara Adler
Lea Case
Kristen Pendergrass
Kevin Roy

- 2.) **Public Comment:**

Ms. Molly Rose-Lewis, Representative for U.S. Senator Jacky Rosen's office. Ms. Rose-Lewis introduced herself and stated she was there only as an observer and if there were any questions on a federal level she would do her best to answer them.

There were no other public comments.
Chair Ratti closed this item.

- 3.) **Action Item:** Approval of Policy Board Minutes for June 13th, 2022.
Chair Ratti/Vice-Chair Shell

There were no minutes to approve at this time.

- 4.) **Informational:** Presentation on funding for supportive and affordable housing for very low and extremely low-income Nevadans. Sara Adler, Belz & Case, Government Affairs and Founder of the National Alliance on Mental Illness of Northern Nevada.

Ms. Adler began the presentation by stating the National Alliance on Mental Illness (NAMI) of Northern Nevada seeks to create a dedicated stream for supportive and affordable housing. Ms. Adler gave data and statistics on the demographic populations most in need and the cost these specific demographic populations currently pay for their housing.

Ms. Adler further explained how the housing finance system works. This was broken down into three elements: financing tools, financing stakeholders, and annual financing process. Included in this presentation was information from the Rotary Club as to why housing costs so much.

Ms. Adler pointed out the governor has proposed Home Means Nevada would be giving \$500 million dollars of American Rescue Plan Act (ARPA) funds to affordable housing. Legislators have allocated \$250 million dollars to affordable housing.

Ms. Adler thanked Assemblywoman, Sara Peters for her assistance with this.

Ms. Adler provided one solution. This would be an increase to the Real Property Transfer Tax. By increasing the tax from .10 for every \$500.00 to .25 for every \$500.00, this could generate up to \$8 million dollars.

Ms. Adler stated the goal of NAMI for supportive and affordable housing participants, is to achieve less dependence on these programs.

Lt. Wade Clark inquired if there is enough case management support to make this a success.

Ms. Adler stated there are a lot of case managers to help this. Ms. Adler continued by stating Nevada has the Certified Community Behavioral Health Centers (CCBHC) which could be paired with affordable housing.

Chair Ratti expressed concern only a small portion of revenue generated would go to people with behavioral health issues.

Ms. Adler suggested if this board would like to do this as a Bill Draft Request (BDR) for behavioral health, then they should do it.

Chair Ratti opened this for public comment. Having no one from the public comment, Chair Ratti closed this item.

- 5.) **Informational:** Presentation on Collaborative Care Model (CoCM).
Lea Case, Belz & Case, Government Affairs; Kristen Pendergrass, Vice-President for State Policing at Shatterproof; Kevin Roy, Chief Policy Officer for Shatterproof.

Ms. Kristen Pendergrass introduced Shatterproof as a non-profit organization. One

program they support is anti-stigma towards addiction, another program is access to quality treatment through Atlas.

Ms. Pendergrass stated the policy team has three priorities:

1. Payment for addiction treatments.
2. Increase in education and training for providers.
3. Opiate settlement funds. This is working with states to pass legislation to ensure those funds go towards evidence-based intervention. Each state approaches this differently and more states are looking at this.

Ms. Pendergrass explained the Collaborative Care Model (CoCM) and what this includes are care teams. These are made up of primary providers, care managers, psychiatric consultants or addictive specialists, universal screening and a care plan.

Ms. Pendergrass stated integration is the basic idea. This is an evidenced-based and effective way to integrate behavioral health care and improved outcomes.

Ms. Pendergrass also stated some states have had legislation for insurance coverage other states whose Medicaid programs have implemented CoCM have had an overall reduction in health care costs.

Ms. Pendergrass recommends turning on existing current procedural terminology (CPT) codes to cover the Collaborative Care Model, help support state implementation and system transformation to improve overall health outcomes, health inequities and save costs.

Ms. Case stated people are doing this throughout the state in bits and pieces for free and They would like to see a statewide implementation use of the codes so these people can be paid.

Dr. Traci Biondi inquired where this works best.

Ms. Pendergrass stated this program is devised to work in primary care offices.

Mr. Kevin Roy further explained this is set up mostly for primary care doctors. This program allows a lot of flexibility for the therapist and doctor to communicate and can allow treatment to take place at the primary care provider's office. Or if more intensive care is needed, then the patient would get treatment from the consultant and the primary care provider would be made aware of the treatment. Also, tracking will be consistent for the team.

Chair Ratti inquired if there is meaningful data which can be shared with our state Medicaid system which will help them get to a fiscal note and show them it is cost neutral or in the first couple of years, do they have to see an upfront investment.

Ms. Pendergrass stated there are states that show zero impact, some have very minor fiscal impacts. Ms. Pendergrass will get more data on the fiscal impact on other states.

Chair Ratti inquired where the cost savings come from.

Mr. Roy stated it is a reduction in acute care crisis including emergency room visits. Shatterproof tries to only have Medicaid involved to keep insurance costs down.

Chair Ratti directed a question to Ms. Lea Case by inquiring if the other boards have heard this presentation.

Ms. Case responded by stating they have not presented to the other boards at this time. They have presented to Medicaid, and some legislators who are on the Health Care Committee. They did submit through a coalition from the state of Nevada who is interested in the Collaborative Care Model and might solicit a Bill Draft Request (BDR) to the Interim Health Committee.

Chair Ratti asked for public comment. There was no public comment.
Chair Ratti closed this item.

6.) Informational: Summary of BDR concepts.

Chair Ratti; Dorothy Edwards, Washoe Regional Behavioral Health Policy Board Coordinator (RBHPB)

Chair Ratti inquired of the board which concept each member was most interested in to pursue a Bill Draft Request.

Ms. Sandy Stamates chose Addressing Health Workforce Strategies.

Henry Sotelo chose Addressing Health Workforce Strategies.

Lt. Clark chose Addressing Health Workforce Strategies and Community Health Workers (CHWs).

Frankie Lemus chose Addressing Health Workforce Strategies and Community Health Workers (CHWs).

Chair Ratti chose Addressing Health Workforce Strategies.

Assemblywoman Peters stated she had just received the packet and has not made a decision.

Dr. Biondi chose Addressing Health Workforce Strategies.

Chair Ratti feels the board is not ready to decide which BDR to work on. She does think this discussion provided guidance for Vice-Chair Shell, Dorothy Edwards, Washoe RBHPB Coordinator and herself to do more work and bring more fully formed ideas to the next board meeting. They will check in with presenters to see if they have had luck elsewhere with their presentations to the other boards and check in with Assemblywoman Peters to find out what the interim committee might be sponsoring.

Chair Ratti closed this item.

7.) Action Item: Board Updates: Nomination and Vote on Policy Board Candidate to fill:

Rep. of delivery services in Behavioral Health appointed by Governor: NRS 433.429.5:*The Governor shall appoint to each policy board one member who has extensive experience in the delivery of social services in the field of behavioral health, including, without limitation, directors, or officers of social service agencies in the behavioral health region.*

Nominee: Jolene Dallin, Executive Director, Quest Counseling and Consulting Chair Ratti and Board

Chair Ratti excused herself from the meeting as she had another appointment to attend.

Vice-Chair Shell presided over the remainder of the meeting until adjournment.

Vice-Chair Shell asked for a motion to approve the nomination of Jolene Dallin to submit her name to the governor.

Lt. Clark motioned to approve Ms. Dallin's nomination

Frankie Lemus second the motion to approve the nomination.

Vice-Shell requested all in favor to say aye.

All present said aye.

No one opposed.

The motion to approve the nomination for Ms. Dallin carried.

8.) Action Item: Discussion and approval of future agenda items.

Vice-Chair Shell; Dorothy Edwards, Coordinator for the Washoe RBHPB

Coordinator Edwards informed the board at the next meeting there will be a short presentation which will be informational only. She encouraged the board to send her questions, recommendations or thoughts about the concepts that were presented today. She asked the board to please be sure to send them directly to her, so no Open Meeting Laws (OML) are violated. She will add these two presentations to the BDR packet.

When the Board has decided which BDR to work on, Coordinator Edwards, will write a letter outlining what was discussed and which BDR was chosen and will send it to the commission.

9.) Determination date of next meeting:

Vice-Chair Shell

The Board will next meet on August 8, 2022, at 3:00 p.m.

10.) Public Comment:

Ms. Sarah Adler added if someone were in supportive housing, they also would have medical help. Primary care would be a big part of it.

11.) Adjournment:

This meeting was adjourned at 4:40 p.m.

