



**WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MINUTES**

**DATE: July 12, 2021
3 p.m. to Adjournment**

Meeting Location:

Washoe County Complex
1001 East 9th Street
Reno, NV 89512

1. Introductions, Announcements, and Roll Call

The meeting was called to order at 3:10 p.m.

Members Present: Julia Ratti, Chair; Steve Shell, Vice Chair; Assemblywoman Sarah Peters; Char Buehrle; Dr. Kristen Davis-Coelho; Cindy Green; Sandy Stamates

Members Absent: Wade Clark, Jennifer DeLett-Snyder, Frankie Lemus, Henry Sotelo, Dani Tillman,

Staff and Guests Present: Morgan Briscoe, Division of Public and Behavioral Health (DPBH); Jeanette Belz, representing Nevada Psychiatric Association; Natalie Powell, Center for the Application of Substance Abuse Technologies (CASAT); Morgan Green; Steve Messinger; Helen Troupe

2. Public Comment

There was no public comment.

3. Approval of Minutes for March 2021 Policy Board Meeting

The item was removed from the agenda.

4. Legislative Report/Summary

Senator Ratti gave a report on several behavioral health bills that passed. (She took the first item out of order.)

Assembly Bill 181, sponsored by Assemblywoman Peters, ensures the language in state law match the new federal laws, allowing accountability for parity in coverage for mental and behavioral health services. The bill includes collecting suicide-attempt data to get resources to where they are needed the most to prevent completed suicides. The state will ensure it is formatted correctly for putting policies, practices, and funding in place. Both sides of the bill include a regulatory piece. The Division of Public and Behavioral Health will promulgate regulations for the data collected by medical providers; the Division of Insurance will promulgate regulations to meet the needs of parity law.

Natalie Powell from the Nevada Certification Board and CASAT asked how she can find information about regulations being developed. Ms. Ratti suggested she be put on the email lists for the topics she wants to follow. Ms. Belz stated she would send out the Legislative Counsel Bureau link for administrative regulation notices.

Senate Bill 69 was sponsored by this board. It covered mandatory credentialing of peer recovery support specialists through the Nevada Certification Board; substance use and substance use prevention; and the Youth Risk Behavioral Survey that provides data critical to determining the focus of program efforts, making the survey opt-out rather than opt-in, significantly increasing the amount and quality of data. A substance use prevention education piece requires Nevada's Department of Education to maintain a list of evidence-based prevention curriculum. The bill also updated the roles of substance use prevention coalitions.

Senate Bill 154 directs the state to apply for the IMD [institutions for mental disease] waiver and provides the financial mechanism behind that. Under current Centers for Medicare and Medicaid Services (CMS) rules, inpatient services for the seriously mentally ill and for someone with a substance use disorder are not reimbursable by Medicaid if the facility has more than 16 beds. The state's cost projections demonstrated that more beds would save Medicaid dollars because people would be in appropriate placements and not in emergency rooms. Ms. Buehrle noted this will be helpful for the people who come from rural communities who are fee-for-service recipients. Mr. Shell agreed that it opened access to a lot of people in the rurals.

Senate Bill 156 works on building a better crisis response system of care for behavioral health, including the Crisis Now model buildout and 988 roll-out. A critical component is a crisis stabilization center with a high-touch, high-tech crisis call line to stabilize people and provide dispatch for mobile crisis teams. The licensing bill the board sponsored in 2017 was narrowly tailored to psychiatric hospitals. This bill opens the possibility for different providers to meet the licensing requirements of a crisis stabilization center. Last-minute changes ensure providers in the rurals could become licensed.

Senate Bill 390 allows the 988 line to go live in July 2022. Instead of calling a behavioral health crisis call line, suicide hotline, or a National Alliance on Mental Illness (NAMI) warm line, a person in a behavioral health crisis can dial 988 and be dropped into Nevada's national lifeline center run by Crisis Support Services of Nevada. The bill was necessary to recognize 988 and to create its funding mechanism. Calls will be handed back-and-forth between 911 and 988. The Federal Communications Commission empowered states to put a fee on every phone line through the fee-setting regulatory process. Nevada received an implementation grant for money that can be used for the crisis call center part, mobile crisis teams to respond to callers who cannot be stabilized over the phone, and maybe crisis stabilization centers. The Office of the Attorney General won its first opioid lawsuit settlement, but there is no framework in *Nevada Revised Statutes* for how to spend it. When the state got its tobacco settlements, half of it was set aside for Millennium scholarships instead of going to the Department of Health and Human Services to address tobacco needs. There was a desire to make sure opioid settlement dollars end up addressing the impact of opioids on our communities. The rest of the bill sets up the framework to ensure the money can be used that way. "Impact" is defined broadly—it could be substance use disorder treatment, substance use prevention, impacts on the prison system, or for children with childhood trauma as a result of

having a parent with addictions. The state did a detailed assessment of impacts to prove the harm done by pharmaceutical companies; that document will drive a lot of it. The legislation guides how money can be used. One use is for the crisis stabilization response. The settlements could involve billions of dollars over the next ten years.

Senate Bill 70, sponsored by the Northern Regional Behavioral Health Policy Board, was about Legal 2000 behavioral health holds. It details the process involving law enforcement, the courts, behavioral health professionals, and stabilization facilities. Ms. Green said the bill would make the process less traumatic for the individual being held and give that individual more say in what happens.

Senate Bill 44, sponsored by the Rural Regional Behavioral Health Policy Board, worked on the status of behavioral health professionals. Mr. Messinger said SB 44 was for those applying for licensure by endorsement from another state. It makes it easier for marriage and family counselors to enter into interstate compacts, and there was expansion of social workers who are not clinical but have a master's degree.

Assembly Bill 96, sponsored by Assemblywoman Leslie Cohen, authorizes local governments to contract with peer support counseling for the unique behavioral health challenges of first responders who witness trauma repeatedly. Assemblywoman Peters said the original bill came with a huge fiscal note. Assemblywoman Cohen managed to include it as part of the coverage for first responders without mandating contracting requirements.

Assembly Bill 205 provides liability protections to schools for self-injectable epinephrine and opioid antagonists, such as Narcan. The bill does not mandate, but allows a school to obtain and maintain opioid antagonists. Ms. Green mentioned that auto-injectors are expensive.

Ms. Ratti reminded the board that state agencies submitted their budgets to the Governor's Office in September 2020, when the state was knee-deep in the COVID-19 pandemic. The Governor's Office was working from the nonpartisan Economic Forum's projections resulting in 12 percent cuts in existing programs and services. The Governor balanced his budget on their December projections for the first round of the budget, which came out in January. The Economic Forum met again in May, providing the budget the Legislature balances to. The budget was kept mostly flat with an increase for the K-12 education system. The U.S. Congress passed the America Rescue Plan Act (ARPA), but the state needed guidance from the Department of the Treasury, which it did not get until the last two weeks of session. They set aside \$50 million to fix Nevada's unemployment system. They staved off cuts at the universities and avoided layoffs at the state- and university-level. The Governor will bring spending items to the Interim Finance Committee. There is an online tool at <https://nvhealthresponse.nv.gov/> for public input on how to spend the ARPA money.

Assembly Bill 374 creates the Statewide Substance Use Response Working Group. This group can advise how the money is spent.

Senate Bill 390 allows the Office of Minority Health to appoint four members of the committee and is charged with outreach for community input. This way, health equity

is built in from the beginning, and the group is not made up only of subject matter experts.

Assembly Bill 394, sponsored by Assemblyman Frierson, provides limited liability for mobile crisis intervention teams when they are in the field doing behavioral health crisis intervention.

Mr. Shell reported an interim committee, led by John Packham, was set up for the behavioral health workforce study. Mr. Messinger said **SB 379** merged a long-standing effort to model the workforce demands with on-the-ground issues with the data Nevada sends to the federal government. The data may improve the state's shortage designation. Nevada behavioral health is becoming uncompetitive, specifically in Washoe County.

Assemblywoman Peters spoke about payment parity for telehealth for behavioral health. The Legislature extended coverage parity for behavioral health beyond what was done for basic health needs because pandemic-related issues are heavier on behavioral health than on the physical health side. Ms. Ratti noted the Clark Regional Behavioral Health Board tried to get full parity for all behavioral health and telehealth services. The bill had a large fiscal note, so it did not pass. The Patient Protection Commission had a telehealth bill, which included behavioral health parity for video services but not phone telehealth. Ms. Belz noted that the communities that are most adversely impacted often do not have internet access or smart phone capability for video services.

Senate Bill 40, the payers' claims database bill, does not seem related to behavioral health. The state did not have much data about health care costs when discussing parity and where to spend money. The all-claims database requires private insurers to submit their data about all of their claims to be analyzed by the state's data team to see what is being billed and what the costs are.

5. Approval of Future Agenda Items

Ms. Stamates asked about bills that did not pass. Ms. Ratti said the Legislature did good work on what keeps her up at night regarding behavioral health work. It will start to build the financial models that will allow this to work. The IMD waiver should help the state achieve more sustainable inpatient and outpatient care. Having the fee on telephone lines and the work Medicaid has done to figure out rates for mobile crisis teams and crisis stabilization centers will help with the crisis stabilization system. She is still concerned about workforce. Nevada needs to hire psychiatrists, psychologists, MFTs, and peers it does not have to fill those spots. Agencies will have to poach talent from each other unless the state fills the pipeline or recruits talent from other states that are also working on similar things. She added there is work to be done on making the insurance system can work better for people in behavioral health. Assemblywoman Peters pointed out there will be parity-related data to work with from the all-claims database and the insurance commission. Ms. Buehrle asked if the database included self-funded employers. Ms. Ratti explained the state is not allowed to regulate ERISA [Employee Retirement Income Security Act of 1974] plans.

Ms. Ratti said some may participate voluntarily in the all-claims database, but only the federal government can force them.

Dr. Davis-Coelho stated another issue is the lack of Medicaid reimbursement for MFTs and clinical professional counselors. There is a workforce discrepancy as a fair number of MFTs are only being hired by agencies that do not accept Medicaid, which takes providers away from agencies that serve the Medicaid population. Ms. Ratti stated this session added back the 6 percent cut in Medicaid rates, but those rates were lower than needed prior to the rate cut. How the board engages on this will be interesting. Ms. Troupe noted MFTs cannot provide services for Medicare patients at all. Mr. Shell mentioned that Congress is considering a bill that would force CMS to lift that restriction.

Ms. Ratti asked if the board would be interested in an update regarding work being done on at the federal level. She could ask Senator Catherine Cortez-Masto's team to provide a briefing. The board expressed interest.

Ms. Stamates brought up the issue of work force development. She would like to know who the board could hear from and what the board could do. Mr. Shell noted Dr. Packham from University of Nevada, Reno has the data. Mr. Messinger said Dr. Packham's presentation includes policy prescriptions. His top prescription is funding more data. Ms. Ratti suggested that members go to the ARPA suggestions page and request funding graduate medical education so they see that over and over again.

Mr. Shell announced that a new Medicaid managed care option (MCO) will enter the state in January. I think it would be good for the board to learn more about that organization and what their plans are. Assemblywoman Peters suggested an update on contract language and what we can expect to see coming out of MCOs would be helpful. Ms. Ratti asked if the board should invite all of the MCOs to talk about their behavioral health plans. Board members agreed that would be helpful. Mr. Shell said the applications specifically ask each provider to talk about what they were planning to do for recidivism. It would be good to hear from each of those plans what their ideas are.

Assemblywoman Peters suggested a report on Renown's partnership with the university medical school and what we will see coming out of that in their efforts regarding work force development. It has behavioral health implications.

Assemblywoman Peters suggested learning about cultural competency in medical education. She asked how we are integrating that and what resources are being using to build those curriculums. She would like to know what the baseline is and where we may need to make changes. Someone suggested contacting Nicole Jacobs, who is over the university's diversity department at the medical school.

Ms. Ratti said there will be updates on the build-out of the crisis response system when there is something to share.

Members agreed it would be difficult to meet quorum for the August meeting. Assemblywoman Peters pointed out the date of the October meeting might need to be changed.

6. Public Comment

Ms. Belz pointed out that while they looked at the MCO contract language, she would like to know about the performance indicators built into the contract. The Nevada Psychiatric Association made suggestions about mental health and do not know if they were included. She has heard of groups meeting to talk about how to spend the ARPA fund. She will check to see if there is a consolidated effort in mental health, which could be a topic for discussion by the board. Ms. Ratti was not aware of a mental health agenda for the ARPA money. She does not think the board is well positioned to do the organizing work. That might be done by behavioral health advocacy groups, such as NAMI. She will flag it for the behavioral health board coordinators. Mr. Messinger mentioned that SB 364 in the 2019 session required that patient-facing employees of licensed medical facilities have a comprehensive cultural competency test. The Nevada Primary Care Association in partnership with the High Sierra Area Health Education Center has the second Nevada-approved cultural competency product available at nevadaculturalcompetency.com. Those interested in cultural competency or getting folks at licensed facilities in compliance with the law passed in 2019 can check it out. The board is interested in having a presentation on the topic. Ms. Belz pointed out that credit was available for those classes.

7. Reminder of Next Meeting Date

The next meeting will be on September 13.

8. Adjourn

The meeting was adjourned at 4:23 p.m.