
**WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MEETING MINUTES
May 9, 2022
3:00 p.m. to Adjournment**

The meeting was held using remote technology in compliance with *Nevada Revised Statutes (NRS) 241.023.*

1. Roll Call, Introductions, Announcements

The meeting was called to order at 3:02 p.m. A quorum was present.

Members Present: Julia Ratti (Chair), Assemblywoman Sarah Peters, Sandy Stamates, Dr. Kristen Davis-Coelho, Cindy Green, Dr. Traci Biondi, Steve Shell (Vice-Chair), Frankie Lemus, Henry Sotelo, Peter Ott

Members Absent: Char Buehrle, (resigning), Wade Clark

Staff/Guests Present: Abigail Bailey; Abigail Hatefi; Anne-Elizabeth Northan; Ben Savelli; Brandon Cassinelli; Brianna Oki; Caroline Jacobo; Christie Ackmann; Connie Wray-Gaudard; Edward Spaulding; Ethan; Gina Flores-O'Toole, Ridge House; Jennifer Tongol; Jennifer Witten; Kelly; Lea Tauchen, Abney Tauchen Group; L Hatzidopavlakis; Linda Anderson; Lordenn Kline; Lt. Ben Russell; Lucas; Maurice Cloutier, Silver Summit Health Plan; Misty Vaughan Allen; Sara Hunt; Sychiah Johnson; Tracey; Trey Delap; Tyler Shaw, Ferrari Reeder Public Affairs; Valerie Baden; Ben Trevino, Nick Christie, DPBH

2. Public comment

There was no public comment.

3. Approval of Policy Board Minutes for March 14, 2022, and April 11, 2022.

Motioned to approved by Ms. Stamates, second by Ms. Green. Unanimously passed to approve both sets of minutes.

4. Presentation: Expansion of Medicaid Reimbursement for Community Health Worker Services. *Jay Kolbet-Clausell, MSW, Program Manager, Nevada Community Health Workers Association*

Dr. Davis-Coelho asks what is the difference and overlap between the 2 roles, Peers and CHW?

Mr. Kolbet-Clausell states that reimbursement is different for Federally Qualified Health Center (FQHC) which is based on the encounter rate. There is a tremendous amount of overlap between Community Health Workers (CHW) service and peer work.

CHWs do not have that lived experience of Peers. But they have that connection with the community. Peers pursue both. The two complement each other. Medicaid has specific rules regarding Peers.

Chair Ratti, asks if there was a specific reason that these behavioral health codes were not in the last legislative session?

Mr. Kolbet-Clausell states that we had to see if it works in NV. We had to roll this out in an area where we had clear evidence that CHW work was effective. That's why the interim committee decided to build AB1 91.

Mr. Sotelo wonders if the question is to amend the statues to reflect that CHWs are billable at specific rates for Mental Health Care?

Mr. Kolbet-Clausell agrees that the technicalities of how the bill should be written, are something that we would want to bring other decision makers in to provide that. AB191 was simple. For chronic disease management we have it listed as three codes. The code being used depends on the number of clients being served. The service itself is a CHW encounter.

Chair Ratti states that she has been directly involved with a couple of those, and generally how Medicaid works, a direction or directive to amend the state plan. The level of specificity you can decide in the bill or allow the state staff to get to that level. Assemblywoman Peters wonders who would be a good person to do the fiscal assessment?

Chair Ratti agrees that the fiscal not process but it is helpful to team with Medicaid. Chair asks if they are his hope for moving this forward.

Mr. Kolbet-Clausell states that he is additionally meeting with Clark Co. Behavioral Health Board on Monday and the Northern Behavioral Health Board on June 2nd. Your committee is my first choice to move this forward. I wanted to bring it to an expert meeting.

Assemblywoman Peters states that in the Interim Health and Human Services Committee, if you want to have that access as an avenue, please submit that recommendation to us, we will be looking at them in July.

Erick Hare with the Life Change Center, we are a provider type 14, and the reimbursement rate makes it hard to make a go of it.

Mr. Kolbet-Clausell states that the rate is set at the federal level and Medicaid pulls that chart

5. Presentation: Behavioral Health Workforce Data Analysis and Trends

Dr. John Packham, Associate Dean, University of Reno, Office of Statewide Initiatives

Please see recording and Power Point.

Dr. Biondi asks how we can get the legislature to support this. Dr. Peckham states that the focus is on budgets and where I encourage this board to take that avenue.

Dr. Peckham recommends taking a look at the behavioral health programs and nursing programs. I would encourage support in those areas, they need money. There is a Northern Nevada Nursing Summit this summer July 14th put this on your calendar. What I hear there is an increased number of qualified applicants that we don't have spots for. Provide us with more dollars, facilities, and resources and we could expand our registered nurse supply in Nevada.

Ms. Hunt states that another recommendation is that other states have established a pipeline for workforce. Nevada should look closer at this.

6. Presentation: Behavioral Health Collaborative

Dr. Kenneth Coll, Professor, Counselor Education Program University of Reno, Community Behavioral Health Collaborative.

Ms. Davis-Coelho asks what is the relationship of the clinical supervisors to the University or the agencies?

Dr. Coll answers that it is complicated and that we are dealing with the accreditations at the University and dealing with state licensure requirement. They say the clinical supervisor must be on sight. With this model the clinical supervisor is on sight, but they are not necessarily a full-time worker. A couple of the licensing and accrediting boards say this should meet requirements. We need more clinical supervisors as defined by the State of Nevada. Those choosing to go forward will be qualified Nevada Clinical Certified Supervisors.

Chair Ratti asks if clinical supervision is defined by the state or is it defined by licensing boards?

Dr. Coll: There is some flexibility, Nurse Practitioners are allowed to be supervised by MFTs or CPTs.

7. Board Updates- *Chair Ratti/Dorothy Edwards*

- Working on bill drafts
- Will bring those to board on August 8th meeting
- We will make a selection of bill draft
- Expanding types of Medicaid services that can be reimbursed for community health including behavioral health services
- Looking for expansion of our behavioral health training programs to get investment to increase graduates
- a common definition for clinical supervision that would align with accreditation standards of the combined educating bodies and the licensing boards
- still have June and July meetings to add to this work
- A board resignation

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- Assemblywoman Peters suggests sharing ideas with her committee

8. Discussion/Approval of Future Agenda Items

Dr. Davis-Coelho suggests the topic of limitations of provider types that can have reimbursements and have QHCs. She suggests that Steve Messenger Primary Care Association do a presentation.

9. Public comment: *Chair Ratti* No Public Comment

10. Notice of Future meetings

Next meeting is June 13th 2nd Monday of the month.

11. Adjourn

Chair Ratti adjourned the meeting at 4:59 pm.