

**WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MEETING MINUTES
January 10, 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 3:03 p.m. A quorum was present.

Members Present: Julia Ratti (Chair), Assemblywoman Sarah Peters, Char Buehrle, Cindy Green, Frankie Lemus, Dr. Kristen Davis-Coelho, Sandy Stamates, Steve Shell (Vice-Chair), Dr. Traci Biondi, Wade Clark

Members Absent: Henry Sotelo (excused), Dani Tillman

Staff/Guests Present: Dorothy Edwards, Falisa Hilliard, Michelle Roper, Dr. Tracey Green, Maurice Cloutier, Ana Huntsberger, Rae Scott, Peter Ott, Sarah Adler, Dr. Satish Annadata, Regina De Rosa, Michelle Guerra, Dr. James Davis, Ben Russet, Ana De la Maza, Rick Elorreaga, Rachel Rosensteel, Jacquelyn Kleinedler, Jimmy Lau, Brandon Cassinelli, Kim Donahue, Lea Case, Linda Anderson, Emily Paulsen, Ashley Jonkey, Geri Hart, Nicole King, Leah Hatzidopavlikis, Christie Ackman, Tray Abney, Jeanyne Ward, Marianne McKown, Lisa Bogard, Swray, Steve G, Dr. Davis Amber, Wendy Whitsett, Christie Ackmann, Tracy Palmer, Lisa Lee, Abigail Bailey, Trey Delap, Sarah Dearborn, Don Butterfield, Tiffany Saunders-Newey, Ritchie Duplechien, Jen Lords, Amy Roukie, Joan Waldock

2. Public Comment

There was no public comment.

3. Approval of Minutes for November 2021 Policy Board Meeting

Assemblywoman Peters moved to approve the minutes from the previous meeting. Ms. Stamates seconded the motion. The motion passed unanimously.

This item was taken out of order.

4. Discussion and Possible Approval to Fill Board Vacancy per *Nevada Revised Statutes (NRS) 433.429.8(e)*

Position: *One member who represents private or public insurers who offer coverage for behavioral health services or, if no such person is available, another person who has experience in the field of insurance or working with insurers.*

Candidate: Dr. Traci Biondi, Chief Medical Officer, Prominence Health Plan
Dr. Biondi shared why she would like to become a Board member. Mr. Shell moved to appoint her to this position. Mr. Lemus seconded the motion. The motion passed unanimously.

5. Managed Care Organization (MCO) Presentation and Panel Discussion

- **Anthem Medicaid**

Ms. De Rosa shared her [Anthem Nevada Medicaid Presentation](#). She recognized how hard it is to locate behavioral health service providers. The Sydney app allows members to search for providers who can accommodate disabilities or who have specialized expertise. She reviewed many programs and services they offer. Ms. Paulsen, Housing Program Manager, explained how they are expanding housing services, from prevention to stable housing or shared housing. Their social determinants of health (SDOH) initiatives address and reduce health disparities and inequities among members.

- **Health Plan of Nevada (HPN)**

Mr. Elorreaga, president of HPN shared the [Health Plan of Nevada Presentation](#). HPN seeks to provide the right care, at the right place, at the right time with a team-based approach to comprehensive wraparound support using community health workers and peer support specialists. Dr. Annadata gave an overview of their clinical and social case management process and behavioral health model of care.

Molina Health Care

Dr. Tracy Green, Chief Medical Officer, shared her [Molina PowerPoint Presentation](#). Their vision is for all MCO members in Nevada to have access to high quality healthcare. Ms. Guerra explained that Molina collects data on race, ethnicity, gender identity, and sexual orientation to help assess disparities in those populations; they will improve culturally and linguistically appropriate services to decrease disparities. They use Healthcare Effectiveness Data and Information Set (HEDIS) measures. Dr. Davis, the behavioral health medical director, pointed out they do not outsource behavioral health. Nurses and licensed social workers work to provide a continuum of care so a patient is not lost at hospital discharge. They are creating a hub for substance use disorder (SUD) members, bringing together MCOs, universities, resident training, providers, hospitals, and the National Alliance on Mental Illness. He described several of the programs they offer.

Silver Summit Healthplan

Ms. King shared the [SilverSummit PowerPoint Presentation](#). She explained programs they offer to support members' plans and provide access and choices. In SilverSummit's Medicaid expansion population, behavioral health chronic conditions account for 40 percent of all chronic conditions. Since human beings are complex and multifaceted so is behavioral health. Understanding and acknowledging the inherent complexities has guided how they expand their behavioral health network.

Dr. Davis-Coelho noted members are not aware of all the services available to them. She asked what how they increase members' awareness and use of wraparound services. Ms. King replied SilverSummit is using the community-based organizations with the closest ties to the Medicaid population as conduits for information. They are encouraging members to sign up on the portal to

learn about all the value-added benefits and the Healthy Rewards available. They ask their providers to get the information out. Dr. Green said all the MCOs have underutilized value-added benefits. They want to get services to their members in a preventative way—before a crisis. Through their practice transformation team, provider relations is working with providers on value-added contracts and trying to educate them on the benefits that apply to their population. If members are not using value-added benefits, they try to identify who does not know and which community-based organizations can help. Mr. Elorreaga said one collaborative opportunity in Washoe County is coordination and continuity of care. They plan to continue their relationships with providers, members, and community resources and to work with diverse groups in the community to reach out to members. They are developing programs to enhance multidisciplinary mobile crisis outreach, recovery or resiliency programs, peer support, and education. Ms. De Rosa added it is a collaborative effort, but they are working through their case management programs to share with members what their benefits are and then work with provider experience and providers to link those things. She also noted their Sydney app is a detailed search engine to help members access care. Dr. Davis-Coelho suggested the MCOs work together developing a coordinated effort of those resources.

Assemblywoman Peters asked what metrics they use and what is integrated into contracts to identify member access to available services Senator Ratti clarified the Assemblywoman wanted to know about the contract between the state and the MCO. Mr. Elorreaga said new contract requirements are concrete. They will comply with the requirements, but they want to go beyond that to transform the system of care in the county. Dr. Green suggested they look at how to make the state better. They need to strategize together how to use data to create programs that will help improve outcomes. She added they need to align tightly to HEDIS, striving for multicultural certification and/or establishing standards. Ms. King said they have service-level agreements for their call center, and they have time and distance standards to meet. It is easy to define a gap for healthcare disparity with current data, pull together an intervention, and see if the gap closes. Contracts with community-based organizations are data-driven and metric-based. Ms. Paulsen said Anthem has a population health plan that measures behavioral health and SDOH initiatives. Ms. Saunders-Newey added they look at metrics on the back end through claims data. They engage providers to do assessments and make referrals to be proactive.

Senator Ratti stated Nevada has a provider shortage, providers are not getting empaneled, and there are people who cannot get culturally and linguistically appropriate services. She asked what is being about that. Mr. Elorreaga said they evaluate network access to identify and close access or availability gaps. In the process, they work with members, providers, key stakeholders, and advocates in the community. In recruiting, they evaluate and reach out to

develop and engage face-to-face physical providers and telehealth providers outside of the geographic area. They will grow based on the demographics of their disciplinary specialties in the network, but they will close gaps with resources and skill sets in or out of the market. Senator Ratti noted networks are not culturally and linguistically adequate. She asked what was being done about the inequity. Mr. Elorreaga said they reevaluate what their network resources are, what the needs are, and then put together programs to address the gaps as a strategy. Network providers contract with all the MCOs, so they are looking at how to balance and deliver care. Ms. Guerra said they can train behavioral health providers to utilize tools that are culturally appropriate. Ms. King said new contracts require MCOs to have provider trainers who can deploy cultural competency training to providers. They are required to have a provider directory displaying race, language, and, if provided, a photo. Mr. Cloutier added they ensure providers meet the minimum criteria for cultural competencies to address members adequately and appropriately in their time of need. Ms. King stated this affects access and quality. Ms. De Rosa said they have a platform to connect members to providers. Their new provider directory checklist conveys information members are searching for regarding specialization, languages, and cultural identity. Ms. Saunders-Newey echoed what was said regarding cultural competency for providers. She also noted they must incorporate a specific spectrum to behavioral health providers in their directory that will make providers easier to find.

6. Washoe County Crisis Response System Implementation Plan update
This item was tabled.
7. Discussion/Approval of Future Agenda Items
Dr. Biondi asked for information about mental health issues affecting older adults. Senator Ratti asked members to contact Ms. Edwards with recommendations.
8. Public Comment
There was no public comment.
9. Reminder of Next Meeting Date
The next meeting is scheduled for February 14.
10. Adjourn
The meeting was adjourned at 4:54 p.m.