Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Clark Regional Behavioral Health Policy Board
DRAFT MINUTES
May 8, 2020
9:00 AM – 11:00 AM
CALL-IN NUMBER: +1-408-418-9388 United States Toll ACCESS CODE: 960 327 854

1. Call to order/roll call
Members Present: Charlene Frost, Angelo Aragon, Assemblywoman Connie Munk, Jamie Ross, Dr. Leslie Dickson, Michelle Guerra, Dan Musgrove, Cory Whitlock, Jacqueline Harris, Captain Nita Schmidt
Members Absent: Todd Fasulo, Dr. James Jobin, Dr. Ken McKay
Staff and Guests Present: Dr. Stephanie Woodard, Kristen Rivas, Annie Bercado, Teri Kerns, DuAne Young, Sara Hunt, Jimmy Lao, Vera Sverdlovsky, Misty Gruner, Kevin Murray, Jasmine Cook, Frances Howze, Lauren Lee, Albert Chavez, Teresa Etcheberry, Dr. Heather Thenephon, Michelle Fuller, Jocelyn Powers, Lea Cartwright, Hal Wyrick, Raul Martinez, Cari Moss, Joan Waldock
The meeting was called to order at 9:07 a.m. Ms. Frost determined a quorum was present.

2. Public comment
Captain Schmidt asked if she was filling the law enforcement position on the Board since Mr. Fasulo left law enforcement. Ms. Cook said she would find out.

3. Approval of minutes, April 10, 2020 Meeting
Approval of the minutes was tabled.

4. Board Members Announcements/ Resignation of Angelo Aragon
Mr. Musgrove moved to accept the appointment of Mr. Whitlock to replace Mr. Aragon on the Board. Assemblywoman Munk seconded the motion. Ms. Frost clarified he would serve for the remainder of Mr. Aragon's term. The motion passed without abstention or opposition.

5. Nevada's/Clark's Uninsured
DuAne L. Young, Deputy Administrator, Division of Health Care Financing/Policy, spoke about Nevada Medicaid. He stated 144,000 people in Nevada are eligible for Medicaid or the Silver State Health Insurance Exchange but have not signed up. The State's COVID-19 shutdown in March added to the number of people without health coverage. There may now be 240,000 eligible for Medicaid; the number is expected to grow. The State has met with the Nevada Hospital Association regarding presumptive eligibility and has allowed schools to perform any service within the scope of the practice of school personnel to make people eligible. Mr. Young's division has applied for eligibility under the 1135 Waiver which allows flexibility in testing the uninsured. Those being tested can meet with a navigator for the Exchange or someone from the Division of Welfare and Supportive Services to enroll in Medicaid. Many Nevada residents the year they may qualify for this coverage.

Mr. Young recommended individuals enroll at dwss.nv.gov. The Nevada Exchange open enrollment end in mid-May. A person with no income can apply on the Exchange; at the Medicaid threshold, the application will be redirected to Medicaid. Underemployed individuals should go to nevadahealthlink.com. They can get quotes from the Exchange. Changes in status or a major life event such as being laid off allows them to apply outside of the open enrollment period.

6. Presentation: "Everything Medicaid"

Mr. Young said the COVID-19 situation can exacerbate serious and persistent mental illness. Nevada now has nine Certified Community Behavioral Health Clinics (CCBHCs) providing wraparound crisis services and support for adults and juveniles. A partial hospitalization program (PHP) has federally qualified health centers providing medical oversight. Nevada is working with Centers for Medicare and Medicaid Services (CMS), specialized foster care providers, and counties on a 1915(i) state plan option for specialized foster care children. The only options for children with complex behavioral health and medical needs has been adult residential treatment centers and out-of-state providers. Nevada increased the number of residential treatment centers; hospitals expanded services to juveniles; and PHPs offer a better network for children in foster care.

Ms. Harris asked about the transition to video and telehealth sessions. Mr. Young said Nevada has had one of the least restrictive telehealth policies of all the states. A Medicaid letter gave guidance allowing telephonic services. A second memo outlined Health Insurance Portability and Accountability Act (HIPAA) requirements allowing group therapy via Zoom and Face Time. Rural Nevada communities have depended on telehealth and were prepared with infrastructure and equipment. In urban areas, providers scrambled to convert to stay connected with clients. The federal government gave providers flexibility to purchase equipment to connect with clients. Some vulnerable populations may not be able to connect. Providing services telephonically does not hamper the integrity of the service. The latest telehealth memo focused on psychosocial rehabilitation for children with existing Personal Adjustment and Role Skills Scale (PARS) who bonded with low level behavioral health associates providing their service. With associates and therapists unable to work with them, the more at-risk those children will be, creating a need for higher levels of services. Some providers continued services in good faith without a funding mechanism. Some services behavioral analysis professionals and their boards felt this could be moved to telehealth to keep children from regressing.

Ms. Frost asked if these flexibilities would be left in place after the current shutdown. Mr. Young replied that many will go away at the end of the current crisis. Discussions between the National Association of Medicaid Directors with CMS have not indicated a Phase Two once the emergency ends. Ms. Frost asked if the Legislature could expand telehealth policies. Mr. Young said the state's policies are expansive. The federal government will decide about telephonics and HIPAA flexibilities.

7. Discussion of COVID-19 (This agenda item was taken out of order.)

Dr. Woodard provided information regarding the cooperation between the Bureau of Behavioral Health Wellness and Prevention and the Department of Emergency

Management through the COVID response and an overview of what is planned. She spoke of the importance of the framework of resiliency in how to understand the implications of COVID-19 and how resiliency risk factors come into play in individuals' responses to the pandemic. She noted individual behaviors—stay-at-home measures and social distancing—resulted in flattening the curve. She stated now is the time for prevention and early intervention.

The State activated Emergency Support Function 8.1, part of the public health desk, to develop the emergency response plan. The State, the Governor's Office, and the Medical Advisory Team drafted the annex to the Crisis Standards of Care specific to COVID with a section addressing behavioral health to prepare Nevada's hospital system to manage individuals in behavioral health crisis. The shift to telehealth, with existing federal and state general funds, assisted providers contracted with the Division of Public and Behavioral Health to purchase telehealth equipment and provided opportunities for trainings on telehealth.

Nevada funds a warm line through the National Alliance on Mental Illness and Foundation for Recovery. The number of calls they manage has increased. Crisis Support Services of Nevada and the National Lifeline want Nevadans to know the lines exist. A shared social media marketing campaign, Home but Not Alone, is providing public service announcements on radio and television in English and in Spanish.

The Division of Public and Behavioral Health worked with the Drug Enforcement Administration and Substance Abuse and Mental Health Services Administration (SAMHSA) regarding policy changes in telehealth and flexibilities for Nevada's opioid treatment programs. When an emergency declaration was approved by the White House, new grants were made available. Nevada received a Crisis Counseling Assistance and Training Program Grant through the Federal Emergency Management Agency (FEMA with an opportunity to apply for a nine-month extension through SAMHSA. The goal of the grant is to ensure crisis counselors are able to serve. Nevada will recruit an initial workforce to respond to community needs and to support prevention and early intervention.

Crisis Support Services of Nevada received increased funding from the State and a SAMHSA expansion grant. They increased the number of individuals answering calls, answering more than 80 percent of in-state calls, exceeding their projections. As part of the National Suicide Prevention Lifeline network, a call not answered in Nevada rolls over to a network call center. The Crisis Support Services of Nevada call center answers Disaster Distress Helpline calls and National Suicide Prevention Lifeline calls.

Dr. Woodard said Crisis Now provides 24/7 access to a crisis call center so those needing immediate assistance can get it. It is an essential part of the Crisis Now model. Callers are de-escalated so they need no additional follow-up, can safely make it to an emergency room, or are referred to a same- or next-day appointment.

Dr. Woodard reiterated that DPBH is identifying key data points to help them better understand the psychological and social implications as this event evolves. It may create a surge in the need for early intervention and behavioral health services. The implications can last than the disaster, so DPBH is developing a population exposure model that is updated with the number of individuals who have tested positive or died. It includes unemployment numbers to identify the magnitude of the impact on

Nevadans. It will inform approaches, ensuring adequate access to prevention, early intervention, and behavioral health services in response to local needs.
Ms. Frost asked if a surge in mental health crises was expected. Dr. Woodard said Crisis Support Services of Nevada's call volume has gone up and the acuity of the calls is increasing. It is reasonable to predict there will be a behavioral health surge. Post traumatic growth occurs when people are under significant stressors. Prevention and early intervention are important now and through the duration of recovery. Individuals will have various degrees of need through recovery process.

8. Workgroup Reports/Report on Interim Session Legislative Activities State Actions regarding Behavioral Health
Mr. Musgrove said the Interim Finance Committee (IFC) will tap into the Rainy-Day Fund. Most legislators expect a special session this summer. Proposed cuts for the Department of Health and Human Services are between $141 million and $258 million. A federal bipartisan bill would allow states to use pandemic aid for revenue shortfalls. Under the first Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Department of the Treasury disallowed revenue replacement. The new bipartisan bill of $150 billion will be retroactive and allow filling budget gaps. Nevada is waiting to find out what the new bill means for state and local budgets. Most state interim committees are on hold or have been canceled. Study committees have not taken place. The Legislature is focused on budget and dollars.
It was determined that Captain Schmidt was the law enforcement representative and that Mr. Fasulo was appointed to his position by the Senate Majority Leader.
Mr. Musgrove said the subcommittee working on workforce development has been overwhelmed responding to COVID-19 and has not met. Some licensing standards were relaxed under an emergency directive of the Governor.
Assemblywoman Munk said legislators are working with their constituents. The CARES Act allows contractors and gig workers to collect unemployment.
Ms. Ross said it was imperative to continue to point out that now is not the time to cut behavioral health services or the social safety net.
Mr. Musgrove stated the Clark County Children's Mental Health Consortium focused on three critical programs that should not be cut, rather on what could be cut.

9. Budget Draft Request/Discussion on Draft Content for 2020
Ms. Ross said the Regional Behavioral Health Policy Board acts to shape policies that affect behavioral health in Clark County. Last legislative session, three out of the four bill draft requests (BDRs) put forward by the boards were passed. She asked members to review the list of last session's potential BDRs, found here. Ms. Frost clarified the list shows where this Board was two years ago. The Board may not want to use any of those ideas.

10. Update CRISIS NOW
Ms. Etcheberry said Clark County is moving forward with Crisis Now, a model being used in California, Arizona, Washington, and Georgia to centralize crisis services and make them community-based. The regional behavioral health coordinators worked with the State and Social Entrepreneurs, Inc. (SEI) to operationalize their models. The

Crisis Now model diverts people from emergency rooms to standalone subacute stabilization. People in a behavioral health crisis will be placed in a living room model and have staff to assist them; they will not languish in a bed in an emergency room. Clark County has a crisis response community through Las Vegas Fire and Rescue. Desert Parkway Hospital has a mobile crisis team that goes to emergency rooms to evaluate and transport patients to their hospital for additional care. The information provided by the Regional Behavioral Health Policy Boards will be submitted to the State in a central report.

Ms. Ross asked if the Crisis Now model was driven by Clark County or by Nevada Department of Health and Human Services. Ms. Etcheberry said it was driven by the State. It came from SAMHSA through a grant providing psychiatric access to care.

Mr. Musgrove said Assembly Bill 66 from the Washoe Regional Behavioral Health Policy Board got the Crisis Now discussion going. They asked Medicaid to look at reimbursement codes that support Crisis Now-type behaviors, practice methods, or methodologies. The goal was to get people in crisis out of hospital emergency departments where first responders take individuals for a Legal 2000 hold or mental health crisis. Crisis Now will have multiple facilities—private, nonprofit, public—as front doors. Ms. Etcheberry said Medicaid has been part of the Crisis Now conversation and is aware of reimbursements and billing codes from states that are using their Crisis Now models. National billing codes are needed so providers can be reimbursed for services. Ms. Guerra said they identified the facilities HealthPlan of Nevada and SilverSummit will be using.

11. Public Comment

Mr. Wyrick asked if American Medical Response could make a presentation to the Board about what they do.

12. Additional Announcements

Ms. Ross said the Board has spoken on the collaboration between the PACT Prevention Coalition and Regional Behavioral Health Policy Board and how to work together on policy change for substance use. Lauren Lee serves as a bridge between the PACT Coalition and Clark County Social Services under the Overdose Data to Action Grant. Her main focus is to integrate substance misuse to behavioral health. Much of her research has been on how COVID-19 is impacting substance misuse and mental health in Clark County. Ms. Howze said Ms. Lee has done extensive research on many topics. Ms. Howze has created a data library just of that research.

Ms. Frost recommended they meet next on June 10 or 12. The meeting will be scheduled from 9:30 until adjournment as BDR discussion may run longer.

13. Adjournment

The meeting was adjourned at 11:16 a.m.