MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighteth Session
February 27, 2019

The Committee on Health and Human Services was called to order by Chair Michael C. Sprinkle at 2:15 p.m. on Wednesday, February 27, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chair
Assemblyman Richard Carrillo, Vice Chair
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Assemblyman Steve Yeager, Assembly District No. 9

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Christian Thauer, Committee Manager and Secretary
Alejandra Medina, Committee Assistant

OTHERS PRESENT:

Joan Hall, President, Nevada Rural Hospital Partners
Joelle Gutman, Government Affairs Liaison, Office of the District Health Officer, Washoe County Health District
Lea Tauchen, representing Recovery Advocacy Project, Inc.
Kenneth McKay, Ph.D., Board Member, Southern Regional Behavioral Health Policy Board
Lesley R. Dickson, M.D., Board Member, Southern Regional Behavioral Health Policy Board
Joseph P. Iser, M.D.; Board Member, Southern Regional Behavioral Health Policy Board; and Chief Health Officer, Southern Nevada Health District
Robin V. Reedy, Executive Director, National Alliance on Mental Illness, Nevada
Michael Hackett, representing Nevada Primary Care Association; and Nevada Public Health Association
Dagny Stapleton, Executive Director, Nevada Association of Counties

Chair Sprinkle:
[Roll was called. Committee policies were explained.] I will open the hearing on Assembly Bill 76.

Assembly Bill 76: Revises provisions relating to regional behavioral health policy boards. (BDR 39-470)

Assemblyman Steve Yeager, Assembly District No. 9:
I am here today to present A.B. 76. I had the opportunity to present the work of the Southern Regional Behavioral Health Policy Board to this Committee on February 13, 2019. Assembly Bill 76 is the result of this work of the board.

I will begin with some background describing the process that lead to the bill. During the 2017-2018 Interim, I invited each member of the board to submit two to three ideas for bill draft requests (BDRs). From those, we as the board, selected six ideas on BDRs. Among these six selected ideas was the one for this bill. The other ideas were on any qualified and willing provider for private behavioral health delivery; updating stigmatizing language in the *Nevada Revised Statutes* relating to behavioral health; dealing with marijuana tax money; behavioral health services in K-12 schools; and stable funding for mobile crisis services.

In one of our last board meetings we decided to ultimately move forward with the idea that is now in front of you as A.B. 76. I chaired that board meeting and what I can tell you is that the decision to move forward with that bill was not made unanimously—but not because some board members did not want to support A.B. 76. The reason why the decision was not made unanimously was that some of the board members would have preferred our moving forward with one of the other ideas instead of the one for A.B. 76. However, I think it is fair to say that everyone on the board is supportive of A.B. 76, although it might not have been everyone's first choice.

I have proposed five conceptual amendments to the bill (Exhibit C). I will take you through the sections of the bill and point out where there is a proposed amendment. As concerns section 1: page 3, lines 7 to 9 [subsection 7] of the bill asks the state to employ a coordinator for each regional behavioral health policy board. My conceptual amendment, which you find under bullet point 2 (Exhibit C), foresees some changes to the passage of A.B. 76, page 3, lines 7 to 9. The amendment suggests that rather than a coordinator for each board, the Commission on Behavioral Health, in the Division of Public and Behavioral Health, Department of Health and Human Services, shall employ one administrative assistant and one data analyst. All the boards would be able to share these two support staff. Mr. Chairman, I believe that this amendment will cut down on the appropriation request made at the back end of the bill [section 5, subsection 1]. As concerns the reasoning behind the additional staffing provision in section 1 of the bill, in their current form, the boards are not equipped to collect and analyze the data necessary for the fulfillment of their tasks, or in a fashion that would allow them to make appropriate recommendations to the state. Section 1, subsection 7 of the bill, and its proposed amendment, resolves this problem in that it brings the boards, as concerns their personnel resources, to a position in which they can better fulfill their tasks.

Moving down on page 3 to lines 19 and 22 [section 2, subsections 3 and 4], the bill asks to add Lincoln County to the Southern Regional Behavioral Health Policy Board. The conceptual amendment to this request under bullet point 1 (Exhibit C) suggests the creation of a separate, fifth board, consisting of Nye, Esmeralda, and Lincoln Counties. What that would mean is that Clark County would have its own board. We might need to do some renaming if that passes. As of now, I do not know which one we would call the Southern Regional Behavioral Health Policy Board. But what I can tell you is that the three counties of Esmeralda, Lincoln, and Nye are in favor of forming their own board, and prefer that to being grouped with Clark County. In running the board, we tried to bring in Esmeralda and Nye Counties as much as possible, but it was pretty difficult. Clark County is just such a huge population center and has such unique needs that we believe it is best to propose a fifth region. The proposed amendment pertaining to the creation of the fifth regional board will not require additional staffing beyond what is requested in the amended bill.

I turn now to section 3 of the bill, and specifically to page 4, lines 7 to 21 [section 3, subsection 2, paragraph (b), subparagraphs (1), (2) and (3)], which deal with some of the appointees to the boards. What we tried to do here is to provide for alternatives as to who could be appointed. In particular for the rural boards, the previously existing criteria of board member selection were difficult to fulfill. For some of the positions on the board, people that meet those criteria simply do not exist in the rural regions. The bill provides for a backup plan in such a situation for the appointing authority, which is, for these particular board membership positions, the Speaker of the Assembly. It identifies alternative potential appointees when people that meet the criteria cannot be found. Having consulted with the Speaker, I can report that he would appreciate having more flexibility filling the positions.

I propose one conceptual amendment to section 3 as it stands, which concerns page 4, lines 24 to 28 [section 3, subsection 2, paragraph (c), subparagraph (1)]. You will find the

proposed amendment under the fourth bullet point (Exhibit C). Right now, page 4, lines 24 to 28 designate a board position to someone who has received behavioral health services in the state or who is a family member of such a person. The conceptual amendment makes clear that this can also be somebody who is in recovery from a substance abuse disorder. There was some ambiguity as to whether someone could be chosen who is in recovery of a substance abuse disorder. The conceptual amendment ensures that a person in recovery of a substance abuse disorder is also someone who can be appointed.

Staying in section 3, on page 5, lines 11 to 14 [section 3, subsection 6], the bill states that "A policy board is not required to meet during any legislative session." Right now, the actual statutes read that you have to have quarterly meetings. In the odd-numbered years, during legislative session, this rule presents a difficulty. The bill makes it clear that the board does not have to meet, and if it chooses to meet, the legislator is excused, because it is extremely difficult for us, as legislators, to attend such meetings during legislative session. As concerns my board, it is going to continue to meet during session. I have appointed a vice chair, Dr. Kenneth McKay, who will be running the meetings.

Moving on to section 4, page 5, lines 32 to 36 [section 4, subsection 1, paragraph (a), subparagraph (4)], this adds the requirement for the boards to determine whether there are any laws relating to behavioral health that conflict with other laws or are obsolete. This was a suggestion made by one of our board members. Boards should make some recommendations as to whether there are potential conflicts between state laws and federal laws.

Staying in section 4, going to page 6 of the bill, this is where most of the changes to the bill are located. Lines 4 to 9 [section 4, subsection 1, paragraph (e)] add the requirement of an online "electronic repository of data and information." In southern Nevada, for example, we have all these reports, groups, and commissions, but we do not have a place to post information about these initiatives and activities where consumers can go to learn about behavioral health services. What paragraph (e) says is that, "to the extent feasible"—meaning that if you cannot do it, you cannot do it—the boards should feel encouraged to create an online repository for this information. What we envision with this is that each board decides what is best for their region. In southern Nevada, all these different studies have been done and we, as the board, talked about the need for a place to house that information. We also talked about the consumer side, and that perhaps there could be some data available about where to call or who to go to if, for example, you have a family member experiencing a behavioral health crisis. It is not meant to list particular doctors, but rather provide some ideas and options on what to do in this situation.

I have one conceptual amendment to paragraph (e), which you will find under the fifth bullet point (Exhibit C). The amendment states that if there is an existing agency that has a website, the board can coordinate or partner with that agency rather than maintain its own website. The Southern Nevada Health District, for example, has a pretty robust website. As a board, we talked about borrowing some space on that website. The amendment says that

you do not have to reinvent the wheel. If there is something that already exists, you can partner up.

Staying in section 4 on page 6, and moving to lines 10 to 20 [section 4, subsection 1, paragraph (f), including subparagraphs (1) and (2)], what you find here is the attempt to allow the boards to better track data relating to the civil commitment process, also known as Legal 2000. The civil commitment or Legal 2000 process refers to petitions that are filed for people who are potentially a danger to themselves or others. A lot of studies have been conducted on this process over the years, but what we realized is, we do not have a lot of data on what happens on the backend of that process. When those petitions are filed with a court, what happens with the ones that are not granted? A lot of times, the hold is released before the person ever sees a judge. What happens with these people? What was the reason for releasing the hold? Was it a doctor who released that person?

There is also a need to collect some information about outcomes. We repeatedly heard about so-called super users who cycle into the system again and again and again. We heard in southern Nevada of particular individuals who were Legal 2000 over 200 or 300 times in one calendar year. The collection of this data is an attempt to make better decisions about where resources need to be applied so that we can avoid people cycling through the system. I know there is a pilot program happening in the rural communities to track some of this data. The way I envision this is that we could amplify this program and hopefully get some good data on Clark County. For those of you who were in the meeting of the Assembly Committee on Judiciary this morning, I think we heard that there is an 86 percent increase in civil commitment filings in Clark County in the last decade or so. It is a huge issue. This part of the bill is trying to give us data so that, as a policy board and as a Legislature, we can make better decisions.

I am still in section 4 on page 6, and now move to lines 21 to 24 [section 4, subsection 1, paragraph (g)]. This part of the bill reflects our efforts to coordinate with existing agencies. When I was presenting in front of this Committee on February 13, Assemblyman Thompson asked me whether our board had coordinated with the Southern Nevada Homelessness Continuum of Care Board. At that time, I was not really sure about that. I think the answer is that we did coordinate to some extent. The new language tells the board that you need to "Identify and coordinate with other entities in the behavioral health region." Since these boards are brand new and are feeling their way through the process, I think having that language in there will help.

Finally, I will move to the last changes we made, which are in section 4, also on page 6, in lines 31 to 42 [section 4, subsection 1, paragraph (h)]. In this part of the bill, we added some language about data and data collection. The boards themselves are tasked with collecting data and reporting to the Commission on Behavioral Health, Division of Public and Behavioral Health, Nevada Department of Health and Human Services, but what was lacking was some kind of description as to how the boards would go about finding that data, and what kind of data they would collect. To make sure, firstly, that the data that is being reported is consistent from interim to interim when these boards meet and, secondly, is

consistent throughout the state, we added these lines to provide some guidance. I will note that among the southern board, we are looking to potentially partner with the University of Nevada, Las Vegas (UNLV) to get help with some of this data. This section is related to the initial request I talked about before, which was to have that data analyst employed at the state level to support the boards' efforts to fulfill their data collection and analysis tasks.

That is the entirety of the bill and of the amendments. I apologize that the proposed amendments did not track with the bill. But I would be happy to answer any questions about the bill itself or about the conceptual amendments.

Chair Sprinkle:
You took your charge from the previous session very seriously and invested a lot of work. I appreciate your bringing this bill forward. Mr. Thompson, please ask your question.

Assemblyman Thompson:
You mentioned a potential involvement with the Continuum of Care, which is an idea I would like to follow up on with you. As concerns the language the bill uses, I would really like it if you could go beyond the need for the boards to coordinate with relevant stakeholders. In addition to that, I would like you to consider inserting a clause that reserves a slot on the board for a Continuum of Care coordinator. We have three Continuum of Care coordinators in our state: one in the south, one in the north, and one for the balance of the state. They are charged with coordinating all the services around homelessness and, with that, we get millions of federal dollars. Thus, the Continuum of Care coordinators are persons with resources, and I think having them constantly at the table would help to avoid the problem of duplication of services, and it could hopefully also help by bringing some more resources to the work of the boards, given that supportive services are part of the services to which these federal dollars can be distributed to. Would you be open to this suggestion and to spelling that out in the bill?

Assemblyman Yeager:
I now realize I forgot to cover one of the conceptual amendment points that directly ties into your question, which is under bullet point 3 (Exhibit C). We have existing coordinators for the boards. The way they are employed is interesting. They are county employees who are grant-funded by the state. Part of the duties of these county employees is to provide staffing support for the boards. The amendment suggests to make these coordinators ex officio non-voting members of the boards, which would include some form of requirement for continuous funding for their positions. The concern that motivated me to make this suggestion is that, if the grant funding for the coordinators goes away, the boards are left with no coordination. I mention that in the context of Assemblyman Thompson's question because I think, if it is this Committee's pleasure to pass the bill with the suggested amendments, I do not see the need for having the Continuum of Care coordinators as voting members on the boards. We could certainly have them as ex officio members who are asked to attend board meetings and help with the coordination. For the northern and southern boards that would be easy to do. However, in the rest of the state that could turn out to be difficult, as we would be asking that Continuum of Care coordinator to attend three different

board meetings. The boards meet quarterly by statute, but all have decided to meet monthly. That coordinator would thus have to do a large amount of traveling to board meetings. However, I am certainly open to that suggestion and I think going forward it is one of the benefits that hopefully these boards can add, that we do not have this silo effect any more where nobody is talking to each other. In our board, we were surprised by some of the presentations we heard. There would sometimes be one presentation, and then a second presentation—and the two presenters did not even know about the existence of each other, although they were doing the same kind of work, but in a different space. I am, therefore, certainly open to adding this position.

Assemblyman Thompson:
I appreciate that and think that we need to spell out somewhere whether they are ex officio or whatever. By putting it in the bill it puts them on the board, and I know the resources will be scarce and so this could be a solution. I also want to comment that I appreciate that you, with your amendment, did not go for four coordinators and so on and so forth. Personally, however, I think you need more than one administrative assistant and one data analyst. I think you need a little bit more than you suggest in the amendment, but not all that you initially proposed in the bill.

Assemblywoman Titus:
As a member of the Northern Regional Behavioral Health Policy Board, I understand some of the issues that became apparent in the testimonies you faced. My question, however, is specific to page 6, line 4 [section 4, subsection 1, paragraph (e)], where you add, "To the extent feasible, establish an organized, sustainable and accurate electronic repository". You mentioned that could be piggybacked on some existing resources, maybe at your health district, so that this should not be very expensive. I am fine with that, but my concern is with page 6, paragraph (f). I am wondering, is that even feasible for your board, with its limited resources, to do what paragraph (f) says: "To the extent feasible, track and compile data concerning persons admitted to mental health facilities" and also with hospitals and outpatient services? The text goes on in subparagraphs (1) and (2) to state that "The outcomes of treatment provided to such persons" and "Measures taken upon and after the release of such persons," are also be measured and tracked. That is a huge task. I am concerned that this task is too huge, because even though you added the caveat "To the extent feasible," I am not so sure whether that is within the scope of the intent of these boards.

Assemblyman Yeager:
Thank you, Dr. Titus, for serving on the board. I am sure your experience was similar to mine. It was interesting to serve with such a diverse array of providers in the community. I understand your concerns completely, and I appreciate them. Indeed, the concerns you mention were the reason why we inserted "to the extent feasible." We realized that the accomplishment of all the data collection tasks we put in the bill may not be feasible. Still, I think we should at least try to track some of that data. I also think that the second part of your question, how to look at the outcomes and the measures that were taken in the context of Legal 2000 processes, is crucial. I am not yet sure how we will do that, but I believe that the boards should be thinking about this question.

We had some discussions in southern Nevada with some private providers that were very interested in the aftercare piece of civil commitment holds. They had some ideas on how to improve aftercare. I am not entirely sure whether we can do that or not, but my board had a strong preference to try to include something to that effect. We heard many Legal 2000 presentations, but the piece that was always missing was the outcomes, what was happening afterwards. We are, therefore, willing to give it a try and seek to collect that data, even though it will be challenging.

Chair Sprinkle:
A follow up question from my side: would each board be responsible for establishing these databases? Or would there be one database to which all four—with the amendment, five—boards would contribute jointly?

Assemblyman Yeager:
The idea was that each board would have its own repository with region-specific information. For example, if you are in southern Nevada and you are trying to find out where the frontline for behavioral health is, the repository could include some information about this and where consumers can go to find help. In other places, however, that might be different. The idea for the websites and repositories was that they will be specific to the region and in this sense unique.

As concerns the tracking of data, we do not envision publishing the data we will collect. To be clear, we are talking about two different ideas. One concerns a repository of information and websites. The other idea is to collect data on the Legal 2000 process. As concerns the second idea of data collection, I do think that it would be beneficial for the boards to look at civil commitment data and the back end process of legal holds jointly. It would be a really interesting and worthwhile collaboration.

As to the first idea of a website and repository of information, I believe that each board should run their own approach. In southern Nevada we would, however, be willing to partner with Lincoln, Nye, and Esmeralda on the repository, as I think we could host their information as well. The general idea behind the websites and the repositories is that they provide for a home for the respective boards that set them up, and that they provide region-specific information to the public.

Assemblywoman Krasner:
My question concerns section 4, subsection 1, paragraph (f), which states, "To the extent feasible, track and compile data concerning persons admitted to mental health facilities and hospitals" and "to mental health facilities and programs of community-based or outpatient services." I am wondering, does "community-based services" include, for instance, a victim of domestic violence attending a community-based women's group? My question is, when people know their data is being compiled, will they still go to this type of community-based group? What are your thoughts on that?

Assemblyman Yeager:
It might not be worded artfully, but the intent of section 4, subsection 1, paragraph (f), is to find out where a person goes when she or he enters a Legal 2000 process but is released from the hold before the process is completed. Where does that person go once he or she is released from the hospital? What kind of services does that person receive? As concerns "community-based" or "outpatient" services, we really would not be looking at anything apart from the Legal 2000 process. When you are released, what is the plan that is in place? Does that person get any services or not? Does that person end up back in the system?

I do not think it would touch upon the point you raised with a victim seeking services, as that situation would not be covered by the particular provision of paragraph (f). I should also say that the data would not be name-specific, but aggregated data. It would tell us how many people entered the Legal 2000 process, or that 25 percent of those who entered the Legal 2000 process received treatment once they were released from a community-based facility. The data may also show that 50 percent of them went to inpatient care, or that a large proportion reenters the system soon after their release. This type of high-level data would allow us as legislators, and the policy boards as decision-makers, to know where the gaps are, and where we need to invest resources in our communities to hopefully be able to prevent people from continually being detained and in that Legal 2000 process.

Assemblywoman Krasner:
You are saying that the data collected would not be name-specific. However, the way in which the bill is formulated is vague with respect to that specific point. Would you be open to adding language to the bill that specifies more clearly that the data collected cannot be name-specific, and so does not allow anyone who receives services to be identified?

Assemblyman Yeager:
I am certainly open to that. We do not want to be collecting or publishing that kind of information. If we need to put language in the bill clarifying that the data we are going to be collecting will be aggregated and nonpersonal, I am absolutely open to that suggestion.

Chair Sprinkle:
Under section 3, subsection 2, paragraph (b), subparagraph (1), you talk about "Experience". This concerns people who can fill in if no one can be appointed according to the exact criteria of eligibility. How is "experience" defined?

Assemblyman Yeager:
The way we had envisioned it is that "experience" refers to somebody who has knowledge or some involvement in the field of public health. I should say that I do not know whether "experience" is really the right word here. However, I can envision that if a health officer of a county is not available for a board, a city or tribal employee could be appointed who has been working on mental health issues as part of her or his duties. I do not read "experience" in the sense that you have to have actually practiced in the field of public health, but you should have at least some working knowledge of it. I will say that the appointments we are

talking about are made by the Assembly Speaker, and so this language serves to provide for some discretion to the appointing authority as to who else might be able to serve.

Chair Sprinkle:
That clarifies the legislative intent, as it does seem ambiguous—maybe rightly so—maybe it needs to remain that way, as you pointed out. Committee, are there any other questions? [There was no response.] Is there anyone wishing to come forward under support?

Joan Hall, President, Nevada Rural Hospital Partners:
We support A.B. 76 with the amendments. Nevada Rural Hospital Partners represents Grover C. Dils Medical Center in Lincoln County, which was not happy about being lumped together with Clark County. The hospital is so tiny it thought it would be dust blowing in the wind and lost. Grover C. Dils Medical Center in Lincoln County would indeed be happier to be part of a different, separate board with Esmeralda and Nye Counties, as suggested in the amendment. Desert View Hospital in Nye County is also a member of ours and they are also happy about the new arrangement suggested in the amendment. Esmeralda has no healthcare; so there is no hospital there. The area covered by the newly suggested board will still be a wide swath of land, which is an issue for the coordination, but we are in support of that fifth region if there is funding for that.

I would like to make one correction to what Assemblyman Yeager said. The rural coordinators are not all county employees. Nevada Rural Hospital Partners employs Jessica Flood and employed Joelle Gutman, who served as the rural regional coordinator. The current rural coordinator is employed by the Winnemucca Family Support Center—just as a correction.

The new staffing for the boards suggested by Assemblyman Yeager in the bill is very critical. Watching these members try to do everything that is on their plate, including getting minutes of meetings done—having people who could assist them with all the administrative work they are tasked with is essential for the working of the boards. I believe that these boards are very important. The rural and the northern boards, which are mostly rural, have done tremendous jobs, as have the southern and the Washoe regional boards.

We have a data system which could fill some of the needs Assemblyman Yeager was talking about. Nevada Rural Hospital Partners had a federal behavioral health grant and so for years, getting correct data was imperative. We found that there were a number of patients on legal holds, about whom our information and the state's information were at odds. This seemed very strange to me, from a rural Nevada perspective. I can actually have the Chief Executive Officers of our hospitals count heads and beds and tell me how many patients are waiting on a legal hold that day, and how long they have been waiting, but the data the state used to account for legal holds was billing data. At first glance, using billing data seems like the absolutely correct thing to do. Every hospital wants to be paid for every patient they have, so there should be billing data. But we found, for example, that for Medicaid patients, Medicaid only counts each patient for one day no matter how long they are in the hospital. There was a patient called Daniel at Mt. Grant General Hospital for over ten days and twice on a legal

hold waiting for a place at Northern Nevada Adult Mental Health Services. His stay was only counted as a one-day stay.

We have worked with the state and looked at other systems of data collection and, with our grant funding, we contracted with a company called Bitfocus to develop a format for data collection in relation to Legal 2000 processes. Our members determined that since we are small and have small numbers—although Desert View Hospital had large numbers—we could run a test as a beta site and see if we can collect data, if it is easy, and if we get valuable information that passes the smell test. We were looking at age, sex, insurance types, and length of the period that patients wait to be placed in a behavioral health facility, or should they be discharged, what their disposition is. Looking at their disposition is one of those important things, as it allows us to look at that wraparound service after someone is discharged, and I think that is what Assemblyman Yeager was talking about.

I should say that we initially worked on a system of data collection that the state developed for us; we were also the beta site for this system. We failed miserably. It was just too difficult and it did not work. The system we are currently using has been in place for a year. We think that the data is clean, concise, and easy for facilities to use. It does not have all the information asked for in this bill, but we have got this system and experience; you do not need to recreate that.

Joelle Gutman, Government Affairs Liaison, Office of the District Health Officer, Washoe County Health District:

I am here on behalf of the Washoe County Health District. We support A.B. 76. The composition of each of the regional behavioral health policy boards includes a District Health Officer. My boss, Kevin Dick, District Health Officer, Washoe County Health District, is a member of the Washoe Regional Behavioral Health Policy Board. All four boards worked well and regularly together to support each other's bills. On a personal note, I am the former regional behavioral health coordinator for the Rural Regional Behavioral Health Policy Board, which is composed of seven frontier counties. When these boards were created last February, we really struggled to fill several positions. The prescribed position of an insurance representative on the board is still vacant. Another prescribed position on the board is that of a psychiatrist or psychologist. But in the seven counties of which the board is composed, and which stretch over 64,000 square miles, we could not identify one eligible psychiatrist or psychologist. A psychiatrist from the University of Nevada, Reno (UNR), School of Medicine, had to step up to fill the position. From a best practice perspective, that position should be filled by a person living within the community. We had identified an Advanced Practice Psychiatric Nurse who was willing to serve on the board, but she was not able to due to the strict requirements concerning board members. That is why I really want to thank Assemblyman Yeager for listening to these concerns voiced by the rural regions and for bringing forward the bill. All four regional behavioral health policy boards worked hard during the 2017-2018 Interim, and they managed to address many issues of importance to all of us.

Lea Tauchen, representing Recovery Advocacy Project, Inc.:
Recovery Advocacy Project, Inc., is a newly created nonprofit representing the recovery community, including residents in recovery, family members of persons in recovery, and those supportive of recovery from addiction. We rise in support of A.B. 76 and wish to recognize the important work that is being conducted by the regional behavioral health policy boards. Specifically, we appreciate the conceptual amendment suggested by Assemblyman Yeager, which would provide the existing membership of regional behavioral health policy boards with the possibility to consider the inclusion of a member from the recovery community. We believe that someone with lived recovery experience, either the individual or a member of his or her family, would provide a unique perspective and valuable input to the discussions that are being held before these boards. Assemblyman Yeager mentioned the ambiguity in the current language. Section 3, subsection 2, paragraph (c), subparagraph (1), uses the language, someone "Who has received behavioral health services." This language may apply to someone with lived experience, and could refer to someone with mental illness, a substance use disorder, or a co-occurring disorder. We believe that it is important, as suggested by the conceptual amendment, to recognize that there are many pathways to recovery and that they all do not include obtaining behavioral health services. Therefore, this clarifying language suggested by Assemblyman Yeager will allow seats on the regional behavioral health policy boards to be filled by the recovery community in a more comprehensive, inclusive, and certainly more inviting way.

Chair Sprinkle:
Is there anyone wishing to testify in support of A.B. 76 in Las Vegas?

Kenneth McKay, Ph.D., Board Member, Southern Regional Behavioral Health Policy Board:
I am speaking in support of A.B. 76. As a member of the Southern Regional Behavioral Health Policy Board I will provide some background on the bill. To avoid reinventing the wheel, the Southern Regional Behavioral Health Policy Board started off by gathering nine large-scale reports that had been conducted on the status of mental health in southern Nevada, along with the gaps and the needs that exist. Furthermore, the Southern Regional Behavioral Health Policy Board heard presentations of 25 experts in the field; and we conducted a community engagement survey. Each of the reports and presentations pointed out that there are vast limitations to the data. Citing the limitations of their databases, these reports routinely state, be careful when you use this report in drawing conclusions.

As we were hearing presentations, questions came up concerning the data presented, and sometimes these questions could not be answered. We all concluded that we need to be able to make recommendations to this Committee that are supported by data. If we are uncertain about the quality of the data on the basis of which we make recommendations and define our priorities, then maybe getting the data right should be our priority. For example, some people were saying that there are no mobile crisis services provided in the south of Nevada. However, during our board meetings, we learned that there are four to five different providers of mobile crisis services here in the south coming from different funding sources—nobody knows about them, and they do not know about each other despite serving similar

populations. That is an example of people not being aware of what really exists. We feel we have an opportunity to coordinate efforts here in this region. This would allow us to get everyone up to speed with what everyone else is already doing, and to arrive at a shared idea of what the true gaps and solutions are.

The amendment suggests as additional staff only one administrative assistant position and one data analyst shared by all boards. However, the Southern Regional Behavioral Health Policy Board has approached UNLV. We have held two meetings so far, and we are about to formally engage UNLV so that we can rely on their faculty and some of their students while collecting, analyzing, interpreting, and writing up data. They have already helped us in the past. For example, we collected data from about 60 respondents in our community survey. We gave that data to UNLV; UNLV then took that data, analyzed it, wrote up the report, and presented it to the board. It is this type of collaboration that we are looking to increase.

My last point is that I view this as an opportunity to roll out our plans of information provision, data collection, and analysis in stages. There was concern voiced regarding the magnitude of the tasks ahead, but if we can say that we will only release data and put it in a repository once we are sure it is accurate, it can be done. Thus, I would not envision our immediately entering data into a repository until we can look at the data and know that we can do a good job gathering that data.

Lesley R. Dickson, M.D., Board Member, Southern Regional Behavioral Health Policy Board:

I am a psychiatrist and member of the Southern Regional Behavioral Health Policy Board. I wish to state that I appreciate what Ms. Joan Hall just said, and I think we will be very interested in seeing what data she has managed to collect, and how. I am a psychiatrist but I also have several years of experience doing clinical research. I can appreciate what Assemblywoman Titus was referring to, how big a project we are proposing. I agree with Dr. McKay, we will want to do all that we plan in smaller bits, not all at once. In addition to using graduate students from UNLV, we would probably also want to look into writing grant applications or receiving funding from places such as the Treatment Advocacy Center. The Treatment Advocacy Center is very interested in research on patients committed for psychiatric treatment. In addition to that, we would be working with the Health Information Exchange to get access to medical data. I have served on institutional review board committees for years and I understand patient confidentiality issues and how to deal with them and how to design research projects accordingly. I think we could really do something if we get the support of the Nevada State Assembly and some budgetary help.

Joseph P. Iser, M.D.; Board Member, Southern Regional Behavioral Health Policy Board; and Chief Health Officer, Southern Nevada Health District:

I am Joe Iser, the Chief Health Officer for the Southern Nevada Health District and a member of the Southern Regional Behavioral Health Policy Board. I have attended all the meetings of the Southern Regional Behavioral Health Policy Board. The three of us down here, Dr. McKay, Lesley Dickson and I, have been involved in this issue since about five years ago, when the 2013-2014 Interim Legislative Committee on Health Care under its

Chairman, Senator Justin C. Jones, Senate District 9, and with the help of Assemblyman Dr. Andy Eisen, Assembly District 21, set up these first meetings. Assemblyman Yeager is the fourth of us who has been involved since those days. I am here to support A.B. 76 with the amendments proposed by Assemblyman Yeager. Any of the three of us will be happy to answer any questions.

Chair Sprinkle:
We are now going back to northern Nevada to hear support for A.B. 76.

Robin V. Reedy, Executive Director, National Alliance on Mental Illness, Nevada:
I am speaking on behalf of the National Alliance on Mental Illness (NAMI) Nevada in support of this bill. We truly appreciate the foresight the previous legislative session showed by creating the regional behavioral health policy boards, and we appreciate Assemblyman Yeager's efforts in support of them. We endorse the suggestion to split up the existing structure for the creation of the fifth regional behavioral health policy board. We recognize that Nevada has so many areas creating so many different problems. Coming from a finance background, I really appreciate the idea to collect more data. Having worked as Executive Director of NAMI Nevada for about a year now, it is amazing how many services are out there, but you just cannot find them. I fully support the idea to put this data in one place so that this information can be provided to people in need who call us.

Michael Hackett, representing Nevada Primary Care Association; and Nevada Public Health Association:
We are here in support of A.B. 76 with the conceptual amendments that Assemblyman Yeager has put forward. We highly appreciate the Committee's discussion regarding the feasibility of some of the provisions that are in the bill and the amendments, and also the information regarding how the data will be compiled, how it will be analyzed, whether the data will be de-identified or aggregated, and ultimately, how it will be shared. I specifically appreciate that on behalf of the Nevada Primary Care Association, which collects a lot of information from patients who receive behavioral health services from our federally qualified health centers.

Chair Sprinkle:
Is there anyone else wishing to come forward in support in northern or southern Nevada? [There was no one.] Is there anyone wishing to come forward under opposition to this bill? [There was no one.] Is there anyone wishing to come forward as neutral?

Dagny Stapleton, Executive Director, Nevada Association of Counties:
I am speaking on behalf of the Nevada Association of Counties, which represents all 17 counties of Nevada. We are neutral on the bill. We support the provisions of the bill in general. We heard from our members that the regional behavioral health policy boards have played an important role in beginning to coordinate and support behavioral health services in Nevada's counties. Section 2 of the bill, as Assemblyman Yeager explained, would have added Lincoln County to the southern region. As an alternative to this, we support the conceptual amendment to create a fifth region with Lincoln, Esmeralda, and Nye Counties.

I would like to herewith affirm for the record that the three counties—Lincoln, Esmeralda, and Nye—are in support of this amendment, as it would provide them with a better mechanism to begin working on behavioral health issues in their communities.

Chair Sprinkle:
Is there anyone else wishing to come forward as neutral? [There was no one.]

Assemblyman Yeager:
Thank you for your attention, and thank you to those who stepped up to testify. I also want to thank the Southern Regional Behavioral Health Policy Board members for their hard work. I would like to recognize Ariana Saunders, our coordinator, who kept us on track. I want this Committee to know that no one serving on the regional behavioral health policy boards receives any compensation of any kind. This is a labor of love. I am very encouraged by the dedication of the southern board members, and I know the other boards have equally dedicated professionals. I urge you to support the bill, and am happy to answer any further questions.

Chair Sprinkle:
I will close the hearing on A.B. 76. I will open it up for public comment. Is there anyone wanting to come forward in northern or southern Nevada? [There was no one.] We are adjourned [at 3:05 p.m.].

RESPECTFULLY SUBMITTED:

_____
Christian Thauer
Committee Secretary

APPROVED BY:

_____
Assemblyman Richard Carrillo, Vice Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C details the conceptual amendments to A.B. 76 as proposed by Assemblyman Steve Yeager, Assembly District No. 9.