

**SOUTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MEETING MINUTES**

DATE: Wednesday, July 10, 2024

TIME: 8:00 a.m.- Adjournment

Meeting Location: Virtual - Online Only

This meeting held via teleconference at: Join Zoom [Meeting Login Link](#) (see full details in the notes section below). – check online and links at the bottom.

1. Call to Order and Roll Call (Chair, Dr. Kevin Osten-Garner, and Coordinator)

The meeting was called to order by Vice-Chair Stacy Smith at approximately 8:02am.

Members Present:

Dr. Kevin Osten-Garner (Chair)
Stacy Smith (Vice-Chair)
Assemblyman Gregory Hafen II
Missie Rowe
Boonn Hem

Chief Scott Lewis
Sarah Dillard
Dr. Whitney Owens
Coleen Lawrence

Members Absent:

Brenda O’Neill, excused
Jaren Stanton

2. For Information and Discussion (Chair and Board): general board updates and announcements regarding events, information, and relevant communication and data.

Assemblyman Hafen noted that he would be submitting bill drafts or portions of his bill drafts within the next month and wanted to discuss the some of the Compacts that had been brought up in previous conversation with the Policy Board. Assemblyman Hafen noted that there were 3 Compacts that pertained to the Southern Regional Policy Board:

1. Counseling Compact-which is in 34 States
2. The Occupational Therapy License Compact-which is in 28 States
3. Social Work Compact- which is in 14 States.

Board member, Assemblyman Hafen, urged other members to give input and questioned them as to which of the three would be the highest priority for submission of a bill draft. Lastly, Mr. Hafen noted that he was going to meet with the Chair of the Interim Health and Human services next week to ensure efforts were not being duplicated and to see where they were at with some of their bill drafts.

Coordinator gave an update on the Rural Policy Board and the Rural Coordinator, explaining that they were considering doing a BDR (Bill Draft Request) on the Social Work Compact. Assemblyman Hafen expressed is desire to avoid duplication of efforts. Coordinator to follow up with the Rural Coordinator to see if they are indeed pursuing the Social Work Compact to

ensure efforts are allocated properly. Colleen Lawrence noted the need to know if the Social Work Compact is being pursued so that CPLC could assist in the efforts as well. Coordinator mentioned that Joseph Filippi, of the Patient Protection Commission had noted via chat that the Rural Policy Board has indeed shown interest in the Social Work Compact, as well as Assemblyman Grey.

Board member, Colleen Lawrence, explained that over the Fourth of July weekend, SAHMSA (Substance Abuse and Mental Health Services Administration) met with an expert panel and had Dr. Lisa Durrett speak regarding the CCBHC's (Certified Community Behavioral Health Clinics) youth in crisis services. Ms. Lawrence noted that there would be follow-up from Dr. Durrett after the discussion.

Board member, Sarah Dillard, mentioned that two individuals were able to attend the Youth Crisis Intervention Training, one being from Mineral County and the other being from Storey County. Positive feedback was given about the training, and Ms. Dillard encouraged all who are interested in attending to do so, as it is "worthwhile." Assemblyman Hafen encouraged the Board to reach out to Senator Lang, to see what she is working on regarding the Compacts.

3. Public Comment

No action may be taken upon a matter raised under the public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial the number listed below. When prompted to provide the meeting ID, enter the number and password below. Comments will be limited to **three minutes** per person. People making comments will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.

Dial: +1-669-900-6833

Meeting ID: 934 9685 6860 / **Passcode:** 664346

No Public Comment Given

4. For Possible Discussion and Possible Action: review and vote on approving the minutes for the June 12, 2024, meeting (Chair and Board Members)

Chief Scott Lewis motioned to approve the minutes from the June 12, 2024, Southern Regional Policy Board Meeting, and Assembly Hafen seconded. All in favor, none opposed.

5. For Information, Discussion, and Possible Action: final discussion and vote to consider approving the annual report (Board, Coordinator).

Stacy Smith motioned to approve the Annual Report that was provided by the coordinator in previous Policy Board Meetings, Scott Lewis to second. All in favor, none opposed.

6. For Information and Discussion: review of information and research on board priorities followed by open discussion with state and policy representatives (Chair/Vice-Chair, Coordinator, and Board with various state and policy representatives).

The coordinator explained that since the state is working on the rollout of the 988 and Crisis Response and Stabilization, the two topics that he had asked the LCB (Legislative Counsel Bureau) to research were the “any willing provider” (regarding insurance), and transportation.

Regarding the any willing provider clause, the coordinator explained that traditionally, health insurers contract with some but not all the healthcare providers. Within the “any willing provider” clause, such elective contracting generally creates closed networks of providers and may create narrow networks, limiting health insurance coverage to a small group of providers. The any willing provider statutes prohibit a health insurer from using a closed network, and insurers must allow healthcare providers to become members of those networks. Either way, they must meet established terms and conditions and accept the insurance reimbursement. With that said, the LCB concluded that it is either improved consumer choice or that it could raise costs and reduce the quality of care because they do not have a broader selection of providers. Some of the any willing provider laws apply to institutional providers, such as hospitals, and still others require network sponsors to merely notify subscribers of planned practices. The coordinator mentioned that all states that are a TIN (Tax Identification Number) state have enacted some form of any willing provider law.

In 2003, the Nevada State legislature briefly discussed any willing provider laws and provisions in amendment to Senate Bill 97. The coordinator encouraged Board Members that a deep dive between now and September 1, 2024 would need to be done to pursue this or transportation as a BDR.

Assemblyman Hafen encouraged the Board to reach out to Senator Lang to see what she is working on. He also expressed those others who had concerns, especially the insurance companies in the Las Vegas and Washoe counties, and specifically around mental and behavioral health throughout the rest of rural Nevada. Board Member, Dr. Owens, continued the conversation and agreed that although there could be meaningful discussions and creative ways to improve things and be amenable to the insurance companies, that there was not enough time to pursue this initiative as a BDR for the upcoming legislative session. Coleen Lawrence, board member, agreed, and mentioned that we should only be talking about “licensed providers” to increase the possibility of moving forward on this.

Vice Chair, Stacy Smith, mentioned that board members seem to be saying that, although there could be meaningful discussions and creative ways to improve things and be amenable to the insurance companies, transportation may be the priority to move forward on.

Regarding transportation, the coordinator referenced <https://www.leg.state.nv.us/nrs/NRS-433.html#NRS433Sec3317>, noting that there is existing legislation on “nonemergency secure behavioral health transport services,” but it is not being utilized for various reasons. The lack of utilization is due to poor reimbursement rates, overly stringent requirements on vehicles, education/training, data tracking/reporting and communication fees. The coordinator mentioned that he met with EMS (Emergency Medical Services) personnel, the State, and Medicaid and explained that there is currently no one providing services under that statute. The coordinator discussed further the details of the available transportation entities (MTM as a benefit of Medicaid, and the EMS Legislative Authority) and identifying how the options relate, overlap, and/or create gaps.

The coordinator mentioned that some of the concerns that had been brought forth regarding transportation in the rural frontier areas were low priority, slow/no response, long distances, and lack of local or regional individuals or entities to provide transportation. To help aid in these concerns, the coordinator prompted discussion on where and how the Transportation Authority could be a better serve rural and frontier regions.

Board member, Sarah Dillard, noted that people do not always have transportation benefits even with Medicaid and that is also a barrier. Coleen Lawrence, board member, noted that she has not run into that issue, but they have had an issue when the vendor says that they do not have anyone that can do the transport.

Dr. Kevin Osten-Garner, Chair of the Policy Board, noted the regulations and which ones seem to be more feasible and necessary or practical. He went on to refer to the assistance of Assemblyman Hafen to inquire as to what the Governor is looking for in terms of their initiatives around transportation, and how a potential BDR could be in alignment with some of the priorities from the State and the Governor. Assemblyman Hafen said he did not have any information on this at the current time.

Chair Osten Garner opened this issue up for discussion. Kirsten Coulombe (Chief of Long-Term Services and Supports-Nevada Medicaid) discussed how Medicaid falls into the medical transportation space and different levels. Ms. Coulombe noted that MTM is currently their vendor for (lowest level) non-emergency medical transportation (scheduled rides to primary care, pharmacy, dialysis, non-crisis etc.) – not in crisis and not licensed sirens or emergency – and then there is emergency transportation that covers ground emergencies, (fully equipped ambulance vehicle) and air ambulance. Ms. Coulombe explained that Medicaid had worked with the rural behavioral health coordinator and other working groups and had identified that reimbursement rates were a potential barrier, as well as unloaded miles. This legislation is for Non-emergency secure behavioral health transportation --- not lifesaving and without all the medical equipment of an ambulance requirements from the Medicaid Policy standpoint. This is not like emergency transport, and they hoped to look at utilization rates and their costs to increase those reimbursement rates, but unfortunately that was not completed.

Centers for Medicaid and Medicare (CMS) has produced some guidance to look at the loaded miles, but unloaded miles are transports that are not currently reimbursed. But when a provider must get back to a rural area, if there is not a recipient in the vehicle to make that a full trip for both legs of the trip, then unfortunately Medicaid cannot reimburse because they will only reimburse when the recipient is present. They are looking at ways in what that fiscal impact might be, and what are the federal requirements that we must put in place to utilize that flexibility. CMS has recognized that this is a challenge when the provider cannot receive a full reimbursement for both ways. Other barriers that Ms. Coulombe had mentioned were transportation provider wait times and member no-shows. One option is to add extended wait times for the medical transportation. Lastly, Ms. Coulombe explained that they are looking into ways to “holistically” improve their transportation benefits including different service delivery models or having managed care organizations (MCOs) cover certain areas.

Board members inquired about next steps when the Medicaid contracted transportation provider is not available. Kirsten Coulombe explained that although MTM is their vendor for non-emergency medical transportation, they will use private transportation companies that are in the rural areas. MTM also utilizes community volunteer drivers as well. Ms. Coulombe also noted that they do reimburse for gas mileage if a member is able to find a ride. Lastly, Ms. Coulombe mentioned a “Transportation Inbox,” that can be utilized as they are aware that not every medical provider is set up to meet the qualifications as a transportation provider. Ms. Coulombe noted that she is hopeful that that next steps would be unloaded trips paid, and long distance and wait times addressed.

Bobbie Sullivan of the Nevada EMS Office reiterated the restrictions/barriers that the coordinator had mentioned previously, including barriers to licensure and continuing education requirements as well as accessing into the radio communication system. Ms. Sullivan explained that as many as eleven of the companies that have sought out to apply for permitting as a non-emergent behavioral transport company, all had stopped the application process due to the amount of capital that they would have to invest in this, based on the return that they would get. Ms. Sullivan referenced some of the suggestions that have been brought up were looking into other States that have had similar experiences, and seeing if there was a way to adjust the requirements for vehicles/staffing/communications etc., as they are barriers and priorities that tie into each other.

Bobbie Sullivan noted discussion about the Nevada shared radio system and explained that it utilizes secure radios (called P25) that cost \$5,000-\$6,000, as well as other annual fees, which is extremely cost prohibitive. Ms. Sullivan and Scott Lewis explained that finding a single system (800, Satellite) for all to use, that can serve all rural areas, without redundant features, would be a great step forward in aiding these issues.

Bobbie Sullivan and Scott Lewis mentioned that Utah had a favorable system in operation that had quality infrastructure layout and unified radio communication across the state.

Chair Osten-Garner urged the Board to speak up if they heard a particular area of priority concern around a potential BDR. Stacy Smith identified that some of the “sweet spots” that were brought up were reimbursement rates, loaded vs. unloaded miles as well as vehicles, staffing, and communication issues related to transportation. Sarah Dillard voiced that she would like to see the reimbursement rates for the current EM providers as a priority. Colleen Lawrence, with the support of other Board Members, brought up a possible BDR prospect of a Transportation Summit across the entire state, with stakeholders at the table, specifically for the rural communities, to really hear out the concerns across the state around transportation and the behavioral health space and solutions. The coordinator suggested bringing in the Utah communications vendor, as mentioned before, or as a long-term solution, a taskforce initiated for involving stakeholders to conduct a study on transportation issues in the behavioral health space.

Assemblyman Hafen inquired about the option of getting all the Rural Health Policy Boards together and discussing the same ideas that Colleen Lawrence had previously brought up regarding a Summit. The Coordinator and Dr. Osten-Garner communicated that it may be a feasible option if Open Meeting Laws are followed, but time would not allow for the planning,

organizing, and follow-through required before the September 1st deadline. Assemblyman Hafen suggested utilizing a venue in Las Vegas and the Carson City Legislative Building that would accommodate a large amount of people between the two locations, but also have the option to attend virtually as well. Stacy Smith suggested having some type of entity behind the scenes to put an event like this together as it takes an immense amount of prework on behalf of DHHS (Nevada Department of Health and Human Services), NDOT (Nevada Dept. of Transportation) and Medicaid, to be effective.

Chair Osten-Garner summarized that the conversations had come down to charging for a Summit at the state level (unless that is deferred to the Board collaborating with other policy boards to put the summit together) or looking at a study and adjustment of Medicaid rates for reimbursement for transportation based on the loaded and unloaded miles (for over 50 mile range) and following up with an accountability measure around data collection and reporting to avoid the risk of fraud.

Regarding a Summit, Collen Lawrence suggested a letter that could be drafted by the Board on the transportation concerns, if the topic is not chosen as a BDR, and would be put on by the Policy Board themselves. Chair Osten-Garner confirmed that that concept would be well within the charge of the Policy Board and would realistically take place sometime in late 2024 or 2025.

- 7. For Discussion and Possible Action:** board discussion and decision on approving top priority or priorities. (Chair/Vice-Chair and Board).

Chair Osten-Garner prompted the Board for a decision focusing on the BDR so that, at the August Policy Board meeting, the conversation would be targeted toward what the actual BDR would be, and that it would be ready for submission to the LCB after the meeting. *Board member, Dr. Whitney Owens, motioned to focus on a BDR to be related to reimbursement rates for transportation, to and from, over 50 miles, for the return trip, regarding loaded and unloaded miles. Missie Rowe to second the motion. All in favor, none opposed. The coordinator encouraged the counsel of the Medicaid Stakeholders in drafting the language/working on the BDR. This is in reference to transportation reimbursement rates for Medicaid.*

Assemblyman Hafen noted that we will still be working on the Counselors Compact as mentioned earlier in the meeting and encouraged letters of support from the Board.

- 8. For Discussion and Possible Action (Chair and Board):** board discussion and action on refining the concept and language leading to submission of a Bill Draft Request (BDR) by September 1, 2024 (Chair/Vice-Chair and Board).

[..\..\Legislative\BDRForm-Generic.pdf](#)

Board members suggested that there be language drafted regarding the topic prior to the next meeting. Dr. Osten-Garner explained that the chair and vice chair along with the coordinator could prepare the drafting language for the members, prior to the August meeting.

9. For Possible Action: Discussion and Approval of Future Agenda Items
(Coordinator/Board)

- a. Board Opening: “law enforcement representative” with “behavioral health experience/knowledge.” (NRS.433.429 (4)).Majority Leader of Senate appointment (ongoing) - <https://www.leg.state.nv.us/nrs/NRS-433.html#NRS433Sec425>
- b. Board Opening: “representative of residential treatment facility, transitional housing or other housing program serving persons with mental illness or who abuse alcohol or drugs. Section 3, subsection 8(b). Board appointed. <https://www.leg.state.nv.us/nrs/NRS-433.html#NRS433Sec425> (ongoing)
- c. Possible experts or additional input related to emerging legislative priority (BDR).

Chair Osten-Garner explained that Missie Rowe, Chief Scott Lewis, and Stacy Smith had all been reappointed to the Board for another two years and expressed congratulations.

The coordinator referenced the October meeting, noting that discussion could be had regarding appointments and reappointments at the Board level.

The coordinator mentioned that the letter of support for the Counselors Compact on behalf of Assemblyman Hafen, which would have to be agendized for a later date.

10. Public Comment

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Meeting ID: 934 9685 6860 / **Passcode:** 664346

No Public Comment Given.

11. For Possible Action: Adjournment (Chair/Vice-Chair)

The Southern Regional Policy Board meeting was adjourned by Chair Kevin Osten-Garner at approximately 9:56am.

AGENDA POSTED AT THE FOLLOWING LOCATIONS:

Physical Locations:

Nevada Rural Hospital Partners: 4600 Kietzke Lane; Suite I-209, Reno, Nevada 89502, and
Division of Public Behavioral Health: 4126 Technology Way, 2nd Floor, Carson City, Nevada 89706.

Southern Regional Behavioral Health Website: <https://nvbh.org/southern-behavioral-health-region/>.

Please refer to the Publications and Reports Section for more information.

Department of Health and Human Services Website:

https://dphh.nv.gov/Boards/RBHPB/Board_Meetings/Meetings/ (here you can find the agendas and minutes for current meetings including an archive of previous meetings and a listing of board members)

Nevada Public Notices: <https://notice.nv.gov/>.

Meeting Materials:

- This meeting is a public meeting, recorded and held in compliance with and pursuant to the Nevada Open Meeting Law, NRS 241. By participating, you consent to recording of your participation in this meeting. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform.
- We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Mark Funkhouser in writing at 4600 Kietzke Lane I-209, Reno, Nevada 89502, or by email at mark@nrhp.org, or by calling (775) 827-4770 ext. 19 as soon as possible.
- If you need supporting documents for this meeting, please notify Mark Funkhouser, Southern Regional Behavioral Health Coordinator, at (775) 827-4770 ext. 19 or by email at mark@nrhp.org
- If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Mark Funkhouser at mark@nrhp.org and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.
- Please be cautious and do not click on links in the chat area of the meeting unless you have verified that they are safe. If you ever have questions about a link in a document purporting to be from Nevada Rural Hospital Partners, please do not hesitate to contact mark@nrhp.org for verification.