

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

DATE: Wednesday, January 10, 2024

Call to Order and Roll Call by Chair, Dr. Kevin Osten-Garner, and Coordinator at approximately 8:02 am. Quorum was recorded.

Members Present:

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

Boonn Hem
Chief Scott Lewis
Dr. Whitney Owens
Coleen Lawrence

Members Absent:

Sarah Dillard
Brenda O'Neill
McKaye Traynor

Public Comment was offered but none was given at the beginning of the meeting. Chief Lewis made a motion to approve the minutes for the November 29, 2023 meeting. Stacy Smith seconded the motion. Motion passed. The board then started the recommendations on board member vacancies. The board discussed the letter of interest from Jaren Stanton, Mineral County DA, and the possible recommendation from the Board to Speaker of the Assembly for “representative of the criminal justice system.” The response from the board about Jaren Stanton was favorable. Boon Hem made a motion to table the application and voiced that the board have Jaren Stanton attend the next meeting for any questions from the board or statements he might want to make for contribution to the board. Dr. Whitney Owens gave a second, and the motion passes. Dr. Kevin Osten-Garner explained that Jaren Stanton would be invited to the February Meeting, and the vacancy nomination would continue at that time.

Dr. Sara Hunt gave an update on Assembly Bill (AB 37), which authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada. Dr. Sara Hunt is the Assistant Dean of Behavioral Health Sciences at the Kirk Kerkorian School of Medicine at UNLV. Dr. Hunt began the presentation by discussing AB 37 and where it stands in the implementation process. Dr. Hunt explained that AB37 allowed the Nevada system of higher education to establish a behavioral health workforce development center. The Bill language references the workforce pipeline in 3 different sections: Recruit, Educate and Retain. Dr. Hunt explained the process of recruiting through outreach and education of the behavioral health professions to K-12 students, adult learners, and undergraduates. Dr. Hunt explained the “educate” portion of the pipeline, mentioning the expansion of training opportunities at UNLV, UNR and other institutions. Lastly, Dr. Hunt explained the “retain” portion of the pipeline to include creating a bridge from graduation into working in the state of Nevada, but also helping to retain the existing workforce that is currently in Nevada. Dr. Hunt noted that there will be a technical assistance program at the center within the next year or two to aid individuals and clinicians with licensure questions and barriers.

Dr. Sara Hunt discussed the “Hub” for the workforce center. Dr. Hunt mentioned that the administrative hub for the workforce center is at UNLV (University of Nevada-Las Vegas) but will

be branching out to the NSHE (Nevada System of Higher Education) institutions across the state to serve as a physical location for education and outreach. Ms. Hunt noted that it would be aligned with all five of the regional behavioral health policy boards. Dr. Sara Hunt continued the presentation with some remaining updates for AB37 to include an increased focus on growing a “diverse workforce to care for a diverse Nevada” and collaborating with the Behavioral Health Policy Boards, The Bill does also include a Data Collection portion to help further identify mental health professions across the state. There will also be opportunities to submit for grants as well.

Dr. Sara Hunt concluded her presentation by explaining where things stand currently. Ms. Hunt explained that the NSHE Board of Regents (BOR) had to formally designate a “hub” for the workforce center. Once that was approved and finalized, the name for the workforce center would now be known as the “Behavioral Health Education, Retention and Expansion Network of Nevada (BeHERENV).” As of October 1st, 2023, they were able to obtain financing for onboarding of personnel, and meeting with NSHE institutions to further outreach and marketing. Documents for this policy board and any presentations can be found at https://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/SouthernRBHPB/.

Vice Chair, Stacy Smith, inquired about supervision and oversight for licenses, especially in the rural areas. Dr. Sara Hunt replied that they will be partnering with an existing supervision component at UNR, and that grant funding has become available to assist those who want to become board approved supervisors. Dr. Hunt also mentioned that they are creating the “pipeline of supervisors” which will aid in keeping graduate students in Nevada to help build practicum sites and assist in post-doctoral and post-graduation internship placements as well.

Dr. Whitney Owens inquired about the process regarding Legislative Bills (particularly AB37) from idea to implementation, timelines, and advice for the Board to be successful. Dr. Sara Hunt explained that it took 3 legislative sessions to introduce the idea, and that partnering with a policy board was key in implementing the idea. Ms. Hunt encouraged the Board members to partner with people and organizations who have ideas where implementation can be envisioned. Dr. Kevin Osten Garner, Chair for the policy board, asked how the board can help BeHERENV be successful. Dr. Sara Hunt explained that in AB37, the rural board wanted to see an advisory committee formed that consisted of different stakeholders within the mental health care field in Nevada and mentioned that she may reach out to those interested or inquire about good contacts. Dr. Hunt also mentioned being a part of an advisory consortium, and volunteer opportunities for education and outreach.

Assemblyman Hafen inquired about AB45 (particularly regarding loan forgiveness) and how the work that Dr. Sara Hunt has been doing ties in with that Bill. Dr. Hunt explained that they have been following AB45 very closely, and that they would like to connect anything related to student loan repayment, especially the students that are in the higher education programs, to those opportunities. These opportunities include the National Health Service Core Loan Repayment Program, the Nevada State Health Service Core Loan Repayment Program, and now, with Assembly Bill 45, this will create another avenue for funding student loans for health professions.

Vice-Chair Stacy Smith inquired about the relationships that have been made with the Behavioral Health Workforce Development Center of Nevada and with WIOA (Workforce Innovation and Opportunity Act) funded agencies across the state. Dr. Sara Hunt explained that they are working

to hire and appoint designated staff and programming to collaborate with those entities. Ms. Hunt also noted that they are working to ensure that certificates earned previously count toward pursuing higher education. Boon Hem inquired about where (geographically) the main “Hub” would be in the region and noted the transportation barrier. Dr. Sara Hunt referenced the Hub and Spoke model displayed in an earlier slide, noting that there is no physical location. Dr. Hunt noted that the actual programming will be across the state and utilized by the NSHE campuses within the state. Dr. Hunt mentioned the budgeting for transportation to come to events if needed, and that is something the state is looking at and addressing. In closing, Dr. Hunt noted ongoing communication, the newsletter, and reaching out for collaboration.

Vice Chair, Stacy Smith, in collaboration with the board, outlined the following issues for possible 2024 priorities and had a discussion on how to expand and narrow those topics. Stacy Smith noted the purpose of the policy board: “advise the Division Public and Behavioral Health (DPBH) on matters pertaining to behavioral health and to promote improvement in the delivery of behavioral health services and to coordinate with other policy boards and to submit an annual report.” The discussion of priorities follows:

Chief Scott Lewis started the discussion by proposing a “tiered process” that will allow the board to determine issues based upon population thresholds, demographics, and infrastructure to support the issues that are identified. Vice-Chair Stacy Smith noted that AB366 gives the Board an opportunity to present one legislative measure during each regular session. The next legislative session begins on February 3, 2025. Vice-Chair Smith encouraged the board to start the process of determining what the Policy Board will present. Assemblyman Hafen added that there are certain deadlines long before the February 2025 session where ideas and drafts must be submitted. The coordinator can give an update to the board on those timelines. Mr. Hafen also encouraged getting ideas and drafts to Interim Committees, starting this month.

Board members had robust conversation regarding transportation. Members discussed that it is not only a problem due to funding and reimbursement but also workforce infrastructure (vehicles and volunteers). Board members discussed the barriers of transportation reimbursement, due to the aspect of medical necessity. Transportation and travel are the main barriers, especially in frontier regions - telehealth, high caseloads, and other barriers to access. Chair Osten-Garner asked about the volunteers and whether the patient is responsible for the costs. Chief Lewis responded that it “depends on where that patient is originating from, for example, if the patient is on a three day hold and then there is a decision for transport, where the hospital could be obligated financially, when they may not have an established fund for those types of transports. That is why the sheriff’s office is utilized as a transportation resource instead of using ambulances.”

Dr. Whitney Owens noted that there are some “volunteer services and that the sheriff’s office can sometimes do transportation, but there does not seem to be a consistent set of services.” Chief Lewis noted the differences in protocols and procedures among counties and types of calls, for example, if there is no medical necessity, then ambulances or Emergency Medical Services (EMS) will not engage in situations where there is strictly emotional issues unless there is a 911 call where the EMS can bring along a local sheriff’s deputy to transport to a local hospital when a three-day crisis hold is initiated. He went on to say that “medical necessity” drives the “reimbursement factor and level of necessities.” Dr. Owens asked how “medical necessity” is defined. The Chief noted physical or medical needs to define that as opposed to merely emotional

or mental health concerns. Missie Rowe also noted how the hospitals must make those decisions due to shortages in law enforcement.

Dr. Owens noted how transportation has been the major issue that has come up on this board over the years and asked whether this is truly the main issue for the region. Boon Hem noted that transportation is the main issue, and it connects to other concerns, even noting that people do not often have cars and therapists come to the region to minimize transportation issues. Chief Lewis also noted that, along with the issue of transportation, the “boomerang effect” consists of people that continue cycling through the system. He went on to say that “bed availability” in the larger urban areas also affects transport issues and priority levels. Dr. Owens said that regarding the “boomerang effect,” would there something that could be done to alleviate some of the barriers and issues. Chief Lewis said that if the hospitals at the local level had an ability for earlier behavioral health intervention to assess the needs and level of care for individuals then they would not necessarily need to admit them or place them on a crisis hold. Coleen Lawrence noted a solution in a crisis where they collaborated and partnered with trained law enforcement. They did a short-term stay on the local pediatric unit to stabilize the youth before more intensive transition back into the home and community. Vice Chair Smith noted “communication, local utilization of resources, and meeting the people where they are” as factors to help with those types of responses.

Dr. Kevin Osten-Garner noted that the capacity at the rural hospitals for handling mental health could be increased. There was also discussion about the transition from more intensive care and treating people in the community and providing prevention and early intervention. Dr. Owens noted that creating an easier transition from different levels of care may help with the transportation issues. Telehealth and partnerships were also noted as options on the continuum of care, according to Coleen Lawrence. Vice Chair Smith said “crisis intervention and stabilization” as well as “transportation” seem to be rising to priority level for the board. Chair Osten-Garner noted lack of “programming for prevention,” that would be an option for our Medicaid system.

Stacy Smith and other board members inquired on these issues and used examples of communicating and partnering with other facilities in other areas when dealing with children in crisis, when transportation to Las Vegas may not be a feasible option. Chief Scott Lewis mentioned that all the issues that that Board is discussing today are being compounded by the influx of the homelessness situation, noting that there are no reimbursement models for treating and transporting those individuals that have mental and emotional issues out on the street. “Stabilization and treatment” are also related issues, stated Vice-Chair Smith. Board members agreed that this is applicable to both the youth and adult homeless demographic. They also agreed that it is difficult to gather and report data on this issue, and that service complexities with guardianship concerns and funding are also related to the youth, parenting, and family category.

Dr. Whitney Owens mentioned the barriers that insurance companies are creating for paneling due to lack of the “any willing provider” laws in the state of Nevada which requires that the insurance companies panel anyone who has the proper education and training and who is willing to be paneled with that insurance company. Dr. Owens noted that if the issue of paneling were improved in the state, then it would not only increase access to care but allow for lower costs and lead to more accessible services. Dr. Kevin Osten-Garner also noted that telehealth, although it is helpful to offer access to care, virtual options are not the whole solution or appropriate for everyone.

The following issues were listed for discussion but did not receive as much input or priority: training and education, workforce development, courts and justice, data assessment, collection, and reporting. Stacy Smith concluded the discussion by mentioning the priority of the legislative timelines and working on the prioritization of the issues that were brought up. Dr. Kevin Osten-Garner stated that this will be kept as an agenda item for the February Policy Board meeting.

Southern Regional Behavioral Health Coordinator update of 2024 state grant deliverables, scope of work, and description of services was tabled until February. The Board agreed to continue the facilitated discussion and action to determine 2024 board priorities around rural behavioral health, conducted by Vice Chair Smith. The agenda next month will focus on the candidate recommendation for the Board, legislative timelines, and the coordinator update. There will be no partner or stakeholder presentations in February, so the board can focus on priorities and the legislative process.

Dr. Sara Hunt gave public comments on future opportunities for data-driven policy development related to workforce development, and that those opportunities would be shared with the policy boards and others.

Dr. Whitney Owens made a motion to approve adjournment with Missie Rowe as a second. The meeting was adjourned at approximately 9:45 am by Chair Osten-Garner.