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

Rural Regional Behavioral Health Policy Board
MINUTES
July 21, 2020
2:00 PM to adjourn

This meeting will be held via teleconference only. Pursuant to Governor Sisolak's March 22, 2020, Declaration of Emergency Directive 006 which was extended by Directive 021, the requirement contained in NRS 241.023(1)(b) that there be a physical location is suspended in order to mitigate the possible exposure or transmission of COVID-19 (Coronavirus). Accordingly, all members of the public must participate by using the teleconference number or weblink provided in this notice.

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1. Call to order/roll call
   Chair Laughridge determined a quorum was present.
   Members Present: Senator Pete Goicoechea, Bryce Shields, Matt Walker, Brooke O'Byrne, Dr. Erica Ryst, Fergus Laughridge, Jason Bleak,
   Members Absent: Amanda Osborne, Amy Adams, Jeri Sanders,
   Staff and Guests Present: Valerie Cauhape, Coordinator; Dawn Yohey and Joan Waldock, Division of Public and Behavioral Health; Tray Abney and Lea Tauchen, Abney and Tauchen Group; Jim Thornton, PACE Coalition; Melissa Shield; Valerie Patavani, Nevada Psychiatric Association Public Comment

   There was no public comment.

2. Review and Approval of Minutes from February 25, 2020
   Mr. Shields moved to approve the minutes. Ms. O'Byrne seconded the motion. The motion passed without opposition or abstention.

3. Development of Board Bill Draft Request (BDR)
   Ms. Cauhape presented her Rural Regional Behavioral Health Coordinator's BDR Recommendations for the 2021 legislative session. She recommended they avoid anything with a fiscal note or appropriation. She suggested the BDR align with Board priorities and with the state's implementation of the Crisis Now model. Board priorities include behavioral health transportation; improved Nevada Medicaid reimbursement; improved behavioral health workforce; data quality and communication; Board visibility; youth, elder, and family services; and veterans services. She shared information from a 2014 Guinn Center policy brief suggesting improvements to licensing that include:

- Exam requirements to - simplify them to license mental health professionals coming to Nevada;
- Years of practice requirement – eliminate provisions that require mental health professionals to have been licensed for a minimum number of years in another state;
- Training requirements – accept training from other states with mental health professions with similar scope of practice and educational requirements;
- Fingerprinting - create uniform procedures for administering fingerprinting and allow provisional or full licenses to be granted before receipt of fingerprinting results, improve Department of Public Safety review time;
- Temporary licenses – require each mental health licensing board to offer temporary or provisional licenses to professionals who are licensed in other states and in good standing so they can begin practicing before they meet all Nevada requirements;
- Timeline – create a uniform 30-day timeline to consider applications for mental health professionals licensed in other states;
- Interstate compact - consider joining an interstate compact in medicine, nursing, and psychology to improve recruitment from other states which could facilitate the use of telehealth to meet needs in underserved areas;
- State employee compensation – consider increasing state employee salaries, benefits, and incentives for mental health professionals, particularly psychiatrists and psychologists, to make pay schedules more competitive with other states in the intermountain west area and the Veterans Administration and to reduce reliance on contract workers;
- Long-term planning – direct the Department of Employment, Training, and Rehabilitation (DETR) with the advice of the Health Care & Medical Services Sector Council to coordinate workforce development efforts and create a statewide mental health workforce development plan with an emphasis on engagement, training, recruiting, and retention and require DETR to submit an evaluation of the plan's impact to the legislature every two years to ensure goals are met and government resources are being used cost effectively;
- Data collection – require mental health licensing boards to collect data about providers including whether licensees are actively practicing in the state, how many hours they are practicing, and in what location;
- Leverage changes that are put in place to increase the workforce as a part of the COVID-19 response;
- Crisis response programs - allow hours spent providing assistance in such programs to count toward licensure;

- Transportation – identify how to change language in *Nevada Revised Statutes* (NRS) in definitions of nonemergency transport or behavioral health transport to allow for better billing Centers for Medicare and Medicaid Services (CMS) or private insurance; and
- Medicaid reimbursement rates - due to budget constraints, this might not be a good topic to bring forward.

Mr. Walker suggested they focus on a BDR that would not require money. He would like to consider working with licensing boards to speed up how long it takes to get help to rural areas. Legislative changes could make this easier without cost to the state. Ms. O'Byrne would like to take a closer look at clinical hours and access to supervision. She noted many people leave the region to get clinical hours. Dr. Ryst pointed out it is difficult for people to get supervision for social work. If that that could be done via telehealth rather than in person, it would make it easier for someone to complete their supervised hours. Ms. O'Byrne mentioned the University of Nevada, Reno's (UNR) "three-plus-one program." It would help students in the rurals who are starting their social work degree to get their fourth year complete their clinical hours if it could be done virtually. Ms. Cauhape wondered if Coronavirus Aid, Relief, and Economic Security (CARES) Act funding could be used to pay for supervisors via telehealth. Senator Goicoechea pointed out that some areas fund broadband for telehealth in rural communities through CARES Act funding. Mr. Laughridge agreed choosing the licensing boards BDR would be good focus as there would be no fiscal notes. He added that anything having to do with Medicaid or Medicare could be a problem. Transportation has been identified as community- and county-dependent, rather than regional. Senator Goicoechea said the Board's BDR could be helped and carried by Senator Joe Hardy. Senator Goicoechea said a bill could address reciprocity and temporary licensure even if only in frontier areas. Ms. Cauhape said there are shortages even in urban areas. She pointed out that Senator Julia Ratti is on the Washoe RBHPB and could provide bipartisan support. Dr. Ryst said they might choose the least controversial changes that will provide the most help to the workforce. Choosing key issues that everyone can agree to could have bipartisan support to increase the workforce. Dr. Ryst suggested they look at Ms. Cauhape's list. Ms. Cauhape said she did not know if any other boards had looked at the proposed changes. She has not heard of their having settled on a topic, although the Northern Board will address language in NRS 433A regarding mental health crisis holds. Mr. Walker said he met with the social work board when he was having a hard time getting people out there and had an opportunity to use a crisis hotline through the University of Utah. At the time, the licensing board was unwilling to do anything to help. Senator Goicoechea said there is more flexibility with the emergency directive allowing reciprocity in place. Ms. Cauhape said the Board needs to file the BDR by September 1. Recommendation to the Legislative Committee on Health Care

regarding other issues are due July 24 to make recommendations to the Legislative Committee on Healthcare.

Ms. O'Byrne moved to proceed with a bill draft to address the licensing needs of behavioral health professionals in the region and to allow the coordinator to draft and submit the BDR on behalf of the Board. Dr. Ryst seconded the motion. Senator Goicoechea clarified the BDR would include temporary licensure and reciprocity. Mr. Laughridge thought the motion made would allow Ms. Cauhape to use the enumerated list she presented that includes temporary licensing, reciprocity, and supervision in order to increase the workforce in rural Nevada. The motion passed without opposition or abstention.

4. Regional Behavioral Health Updates and Activities

   Ms. Cauhape provide an Update Report shows that early in the COVID-19 crisis there was anecdotal evidence of individuals presenting at emergency departments for mental health crises. It took some time for the curve to go up with overdoses. Previous to COVID-19, there were two counties in the rural region that had a local Board of Health; now there are five of six.

5. Division of Public and Behavioral Health (DPBH) Updates

   Ms. Cauhape reported notice of funding opportunities (NOFOs) closed for the Mental Health Block Grant, the Substance Abuse Block Grant, and the State Opioid Response Grant. Staff is currently reviewing the applications. There were 31 applications for the Mental Health Block Grant and over 50 for the combined Substance Abuse Block Grant and the State Opioid Response Grant. Funding for these will start October 1, 2020. The COVID Emergency Response Grant started May 1. This funding was awarded to two private partners–Reno Behavioral Health Hospital and Desert Parkway—to assist for uncompensated care for crisis stabilization services and emergency room diversion. The Division of Child and Family Services was awarded funds to expand children's mobile crisis services with two teams in the north and one in the south running 24 hours per day. Funding was awarded to University of Nevada, Las Vegas (UNLV) to develop a warmline for Nevada healthcare providers that went live May 26, 2020. The Crisis Counseling Program allowed DPBH to partner with several agencies in order to deploy crisis counselors and to connect with individuals in the community who had been affected by COVID.

   A crisis standards of care report found at nvhealthresponse.nv.gov includes behavioral health and covers issues such as increased psychological morbidity. The report has three focus areas: the general public, healthcare professionals, and continuation of care for persons with serious mental illness and substance dependency. This includes behavioral health in pediatric populations, defining signs and symptoms in children indicating psychological distress or persistent traumatic stress; behavioral health impact on responders and medical providers; impact on the serious mentally ill population; behavioral health education; and Psychological First Aid. Suicide continues to be a concern throughout the country although the Office of Suicide Prevention, our medical examiner's state numbers, are down 25 percent; but

the elders are making up 33-44 percent of deaths ages 6 and up. Social and economic factors can drive a sense of helplessness and hopelessness that contributes to suicidality. Additional factors that can contribute include isolation and feeling like a burden to others. In addition, support for loved ones and family members who are struggling to connect with hospitalized love ones should be offered resources. Crisis counselors will soon be available. Increased awareness of signs of abuse and neglect is important. While DCFS reported reports of abuse and neglect were down, actual risk for abuse and neglect have increased during isolation and quarantine due to increased stress on families. Hospital admissions for severe child abuse have increased. Additionally, felony domestic violence cases have increased at least 20 percent. There has also been an increase in substance use and a surge in overdoses of opioids and an increase in fentanyl use.

6. Board Member Roundtable: Regional Behavioral Health Updates and Activities
   There were no updates.

7. Public Comment
   There was no public comment.

8. Additional Announcements
   Mr. Laughridge noted that today was Ms. Cauhape's birthday.

9. Adjournment
   The meeting adjourned at 3:35 p.m.