

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

**DATE: Thursday, September 21, 2023**

**Meeting Location: Virtual - Online Only**

**Call to Order and Roll Call:** meeting was called to order at 1:00 pm by Chair Franklin with a quorum present via roll call.

**Members Present**

Franklin Katschke (Chair), Dr. Kevin Osten-Garner (Vice-Chair), Boonn Hem, Chief Scott Lewis, Sarah Dillard, Dr. Whitney Owens, Coleen Lawrence, McKaye Traynor.

**Members Absent**

Assemblyman Gregory Hafen II, Missie Rowe, Stacy Smith, Brenda O'Neill

**Staff and Others Present:** Mark Funkhouser, Coordinator, Joan Hall, Ryan Brunetto, Cherylyn Rahr-Wood, Lori Lutu, Aaron Henry, Alex Tanchek, Char Frost, Dr. Lisa Durette.

**Public Comment:** Cherylyn Rahr-Wood, Northern Regional BH Coordinator, commented that a monthly mental health statewide crisis hold group meets to address county and state issues. Anyone interested in attending can send an email to [cherylyn@nrhp.org](mailto:cherylyn@nrhp.org).

**For Possible Action:** Review and vote to approve minutes for the August 23, 2023 meeting (Chair/Vice-Chair and Board Members), Motion to approve minutes was made by Vice Chair Osten Garner and a second by Dr. Whitney Owens. Minutes were approved by consent.

**For Possible Discussion and Action:** Review and discussion for possible action on ways to outreach to the public and stakeholders for involvement in the board meetings and process (Vice-Chair/Board).

Coordinator Mark Funkhouser gave an overview of the Outreach and Education discussion from the August board meeting using the following presentation:  
<https://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Boards/RBHPB/Meetings/2018/Coordinator%20Update%20September%202023.pdf>.

Vice-Chair Osten-Garner then facilitated a board discussion around how the board might use outreach to the public and stakeholders in addition to educating people around the policy board and the legislative process. Dr. Osten-Garner noted that the “public must be able to see the value and that there are concrete outcomes and results.” The Vice Chair asked board members what impacted them from this conversation including how the public can be reached. Board member Coleen Lawrence, drawing on her policy and advocacy experience, noted “value-added” from public comment and input. Dr. Osten-Garner asked, what has been the impact of this board historically in policy change for the constituency. What are the lessons learned? Dr. Whitney Owens asked, “what have some of the other regional boards done?” Dr. Owens noted that other boards have done some “really great things.” Knowing this might give the southern policy board

ways to serve the region about what they can do. Coleen Lawrence noted that knowing the legislative process can help educate the board and public. What does it mean to bring a bill forward and how the public voice can move policy forward? Her example was that, even though transportation is an issue, what does that really mean for the people the board serves?

Board member McKaye Traynor asked how the board can be “more accessible by using social media to collect feedback” to inform and educate the public. Helping the community requires being in the community, Ms. Traynor said. Board member Boonn Hem noted that it is important to earn the public trust and working in the rural areas is a challenge because there needs to be connections including finding ways for the public to trust and learn about the process of the board. Vice chair Osten-Garner noted that an issue is “communication” and “how the board makes a difference in their lives can be demonstrated.” Board member, Chief Scott Lewis, also noted that “historically there have been good intentions but not necessarily good execution.” He suggested that “people want to know how the board will directly impact them and in what time frame and how it is going to be sustained for a long period of time.” He suggested that there is often no follow-through even if they can get people into the rural and frontier areas to help. Concrete action and communication are needed to show people tangible results, he reiterated.

Vice-Chair Osten-Garner noted that it will be necessary to implement a sustainable culture of action and presence in the communities. Board member Sarah Dillard noted her involvement with the local emergency planning committee and providing updates at behavioral health and other community groups. She suggested a standing item of agency updates and ongoing invitations to participate in the policy board meetings. She noted frustrations and that communities feel disappointed at times. Sarah Dillard also noted that tapping into pre-existing committees and groups is a good way to communicate and network.

Dr. Osten-Garner also noted that this is also about providers that come and go in a community, e.g., government, private sector, and other agencies not being willing or able to sustain and maintain continuity and presence in the communities. He noted examining the historical context, communication, trust issues, and impact in communities before moving into policy. Vice-Chair noted that he could work with the coordinator to put together some information about historical context of this and other boards and impact and inquire about techniques and guidance to learn from their efforts and results for this board to use as a foundation for moving forward. Wrapping up this discussion, Board member Sarah Dillard noted their third annual virtual opioid summit November 1<sup>st</sup>. She offered to open a short time for anyone from this board to highlight the efforts during that summit. A link for the summit can be found at [Virtual Rural Opioid Summit - Nov. 1, 2023](#).

**For Information and Discussion/Questions:** Dr. Lisa Durette, the Dean of UNLV Psychiatry Program, gave a presentation on the Nevada Pediatric Access Line (PAL) Program and Psychiatric Care in Communities followed by questions and answers (Dr. Durette and Board). Highlights of the presentation were discussing the problem that exists with child mental health and providers and then solutions such as a nationwide network (<https://www.nncpap.org/about-us>). The primary focus was the Pediatric Access Line (PAL). More information can be found at [www.nvpal.org](http://www.nvpal.org) and <https://center4cs.org/resources/>. The full presentation can be found at <https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/RBHPB/Meetings/2018/PAL%20policy%20board%20presentation%2009.21.2023.pdf>.

The follow-up discussion involved questions and comments. Dr. Osten-Garner asked about the need for the state match and funding for the program that Dr. Durette mentioned. Dr. Durette also discussed the data published and outcomes comparing urban and rural doctors and “improved impact” from the program. Dr. Durette noted the need for a match to support the federal funding through HRSA, and the program projections for growth over the next few years as well. The “traditional funding” will be supplemented with the ECHO Program, Extension of Community Health Outcomes.” The services are primarily outpatient, but they want to expand into hospitals and schools. Dr. Durette noted long delays for services that this program could remedy using a “bridge clinic” to provide “immediate services” for psychiatry and therapy using the Solution Focused Model (Evidence-based Practice).

Board member, Coleen Lawrence, noted workforce development and gaps with immediate autism assessments and positive outcomes. Dr. Durette noted the need for evaluations to provide services with the diagnosis, insurance, and care. She also mentioned COGNOA, an AI autism assessment via an app on phones. Coleen Lawrence noted follow-up on innovative solutions and creative ways for access to care in rural and frontier areas working with “warm handoffs” between the community and hospitals. Board member, Dr. Whitney Owens asked about how the program works with enrolled providers’ process, noting her experience with the Nevada Physicians Network. Dr. Owens wanted to know how providers learn and get connected with the process. Dr. Durette mentioned associations, networking, community education and outreach, local and statewide, and using an advisory board as well. Chair Katschke noted that the PAL could be part of the options on the legislative efforts for this board. Vice-Chair Osten-Garner also mentioned that the coordinator could communicate with other policy boards. Dr. Durette also noted the need for ideas for outreach as well as legislative support. Cherylyn Rahr-Wood, Northern BH Coordinator, asked about whether the program is open to licensed clinical social workers. Dr. Durette noted the expansion of the program in school-based settings. Board member, Coleen Lawrence, noted that a “letter of support” could be sent to Interim Finance Committee on behalf of the program.

**For Possible Action:** Review and discuss the needs, barriers, gaps, and strengths at the local and regional level leading to possible recommended action on board strategies, priorities, and initiatives (Chair/Vice Chair, Board, and Coordinator)

The coordinator gave an overview of previous work by board members to lay a foundation for moving forward around “process, policy, and system issues”.<sup>i</sup> The emerging priorities can be found in transportation and transport, training and education, workforce, and economic development (such as GOED) and other funding, courts and justice, youth, parenting support, family systems and engagement including community-based and transition in care. Questions included the following:

1. Where do we go from here?
2. What areas and issues best serve the board and community?
3. What goals and objectives align with priorities?
4. What mechanisms and tools to move recommended priorities and initiatives?

Board member Coleen Lawrence asked, “is it access or is it funding?” For example, regarding transportation, is there a barrier to access or is the issue with funding? What is the real issue? She talked about an example where a child had to sit in the emergency room because there was no transportation from north to south even though they had secured a facility. So, it was an access issue. There was no transportation, so they flew the child to the facility. There are access issues even with good collaboration. Board member Lewis added that another valid question is, who is responsible for transporting these individuals, e.g., fire, EMS. What level, and what agency is required? Digging deeper shows the nuances and complexity of these higher-level issues. Coleen added that the “rules and regulations” are already there, but this is a “contract issue with the state and Medicaid.” She went on to say that the issue is “how people RFP services.” Chief Lewis noted a question about “what is medical necessity and what is driving the transportation and reimbursement issues?” He stated that the “entire EMS system is built on a fee for service platform.” Coleen added that the rules and regulations are there, but the issue is in the contract (RFP) process.

Board member, Boonn Hem noted that they have workforce development, training, education, and staffing, but they need money to get out into the communities to their clients. She noted that in remote rural areas, people want in-person services over virtual access. Community health workers, peer specialists, and therapists need resources to get out into the rural areas. Funding for the staff “on the ground” is critical for these coalitions and agencies.

Dr. Whitney Owens, board member, noted that in her professional and board experience, she sees the issue with “access to care” for therapy and psychiatrists. She noted that insurance companies are not opening their “panel” to accept more providers. Last session had bills around “any willing provider” requirements and in Nevada these bills do not survive --- those that would force insurance companies to panel physicians and behavioral health providers and that this limits access to care and workforce development. Practitioners cannot get “paneled” with insurance companies, and this limits the number of providers and adversely affects their willingness and ability to operate in the state, and the provision of services is very limited. This adds to long wait times for therapy. This also affects rural areas because urban providers cannot provide telehealth services. Dr. Owens noted that this as a “huge barrier with access to care” that is worth considering by the board.

Board member, McKaye Traynor, added a similar concern in being a new “Residential Treatment Center (RTC)” in Nevada, as they have a hard time getting connected to insurance companies and managed Medicaid, and this “insurance accessibility issue” prohibits facilities from accepting youth and providing care “in network.” She suggested that the “credentialing” is lengthy and there is “no clear path.” Ms. Traynor added that this “insurance accessibility” issue keeps youth from being served as well. Dr. Osten-Garner added that if these bills are not passing for various reasons, then who are the “largest insurers” including “Managed Medicaid” and could those entities be invited to the meeting to explain what their policies are and explain the gaps and coverage issues that create access problems in the communities being served. Questions for them could be asking them how they determine the provider ratios for the population and how that relates to in person care and telehealth access. One starting point would be to offer invitations to private, non-profit stakeholders and determine how that is working within the state and affecting clients.

Coleen Lawrence asked about bill numbers around “any willing providers” in Nevada or other states. Dr. Owens thought one was sponsored by Senator Buck. She noted that one bill in 2019 involved getting “trainees and interns registered and able to seek reimbursement from Medicaid, but the time lapses and their time is up before they can get registered. This lapse in time creates more barriers to access,” according to Dr. Owens. The coordinator noted that one of the bills was SB150 sponsored by Buck, Krasner, and Stone. SB 146 was another related bill.

Coleen Lawrence asked about strategies and that, in addition to submitting a bill, the board could also submit letters to IFC around the “topics of concern or interest” after they are “narrowed down.”

More information can be found at

<https://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Boards/RBHPB/Meetings/2018/Policy%20Board%20Planning%20Priorities%20September%202023.pdf>

**For Information and Discussion:** the Southern Regional Behavioral Health Coordinator gave an update of regional needs, barriers, and gaps leading to recommended action on strategies, priorities, and initiatives (Coordinator/Board). More information on that can be found at <https://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Boards/RBHPB/Meetings/2018/Coordinator%20Update%20September%202023.pdf>.

**For Possible Action:** Discussion and Approval of Future Agenda Items (Coordinator/Board)  
Out of the options listed on the agenda, the board chose to explore a legislative overview, process, and preparation for the October meeting. Dr. Osten Garner suggested training for the board on the process and other avenues such as letters, interfacing with other areas and departments of the state, human services, insurance commission, and others as part of the legislative overview. The coordinator also noted that there is still a vacancy for a law enforcement board member with behavioral health focus as a potential future agenda item. There was a motion by the vice chair and a second by Chief Lewis and then approval by the board to have a “legislative overview and process” as an agenda item for the next meeting. The vice chair and coordinator will collaborate on the inquiry with the governor’s office.

Dr. Osten Garner suggested an invitation to the Governor’s Office and Health Policy Team to talk about the governor’s goals and priorities around health and mental health at the state level to partner and to assist them in knowing more about the rural counties and behavioral health access.

**For Possible Action:** setting the next meeting time and date was referred administratively to a poll between now and the next meeting.

**Public Comment:** offered but no one requested.

**Motion to Adjourn:** Chief Lewis motioned; Vice-Chair gave second, and meeting was adjourned.

**The agenda and public posting for this meeting can be found at**

**[https://dpbh.nv.gov/Boards/RBHPB/Board\\_Meetings/2018/SouthernRBHPB/](https://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/SouthernRBHPB/)**

---

<sup>i</sup> Highlights continue to be gathering data and addressing root causes of identified needs. This would lead to “strengthening the continuum of care, filling those gaps, and providing an ongoing awareness of resources. Other highlights include continued advocacy and voice to represent rural Nevada. Another highlight was to continue outreach and feedback from stakeholders leading to “impact, tactics, and strategies”. The board also discussed at the last meeting, issues around funding and legislation in addition to special considerations, e.g., opportunities and grants, Interim HHS Committee, public policy process and review of the legislative cycle including issues around behavioral health concerns. Further review and discussion around strengths and highlights, other local and regional needs, barriers, and gaps, leading to recommended strategies, priorities, and initiatives including the legislative process and priorities.

Approved October 31, 2023