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Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
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Cindy Pitlock, DNP
Administrator

Nevada Children's Commission Behavioral Health Committee Draft Meeting Minutes

DATE: Tuesday, August 15, 2023

TIME: 1:00 P.M.- Adjournment

VIDEO CONFERENCE:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjJjNDkyYWMtMTZjMC00NDg3LWE5NTAtMzAyM2RkZDQ2Yzg3%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22be58909a-421c-4f56-857e-c5f7d4ef6f7f%22%7d

TELECONFERENCE LINE: 775-321-6111

CONFERENCE ID: 193 665 176#

- 1. Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
The meeting was called to order at 1:04 p.m. by Gwynneth Smith.
- 2. Welcome and Introductions (Roll Call)** – DCFS Staff
Members Present: Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas (joined after roll call)

DCFS Staff: Elvira Saldana

Public: Dr. Kenneth McKay, Dr. Lisa Durette, Dr. Sara Hunt, Tara Borsh, Elyse Monroy-Marsala

Dr. Ken McKay stated he is a psychologist and CEO of Healthy Minds and will be talking about the program they use in their clinic to work with kids in foster care and how they integrate UNLV's child and adolescent fellowship.

Dr. Lisa Durette stated she is a child and adolescent psychiatrist at the University of Nevada, Las Vegas (UNLV) and will be speaking about the child psychiatry fellowship and pediatric access line.

Dr. Sara Hunt stated she is with UNLV and will be talking about mental health workforce development.

Tara Borsh, Director of Boys Town Behavioral Health Clinic, stated she is joining as a guest.

Elyse Monroy-Marsala stated she is with Belz and Case Government Affairs. They represent National Alliance on Mental Health Illness (NAMI), the Public Health Foundation, and the Nevada Psychiatric Association.

3. **Public Comment and Discussion**

There was no public comment.

4. **For Possible Action:** Meeting Minutes May 17, 2023 – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

Gwynneth Smith asked committee members if anyone would like to propose edits or changes.

There were no recommendations.

Action: A motion was made by Gwynneth Smith to approve the minutes, seconded by Kim Abbott, and carried to approve the minutes of May 17, 2023.

5. **For Information:** Child & Adolescent Psychiatry Training Program and Healthy Minds– Dr. Lisa Durette, UNLV and Dr. Kenneth McKay, Healthy Minds

- Provide an overview of the child & adolescent psychiatry training program and Healthy Minds' work

Dr. Lisa Durette stated the Pediatric Access Line is a program which was started about a year and a half ago, with mental health block grant funds through the state. It was to address the problem that most of the kids in the community with mental health problems are never going to get treatment. Statewide there is an enormous shortage of child and adolescent psychiatry. There are 3 child and adolescent psychiatrists statewide per 100,000 youth. The national average is 14 per 100,000 youth. Other states have had similar types of problems. In 2004, the first child psychiatry access program was established. There are now 46 states with child psychiatry access programs. The program is physician to physician, child psychiatrist to any primary care clinician telephonic consultation to support the diagnosis, referrals, knowledge, expertise, and comfort in treating mental and behavioral health disorders in the primary care setting. Their line has an additional feature in which they provide tele video consultation directly to patients and their families when the primary care clinician and their team cannot figure out what the diagnosis is. The website is nvpal.org. The program started as a 3-legged stool. Mental health block grant funding is received. All funding is awarded to Chicanos Por La Causa (CPLC), which is a large local not for profit. The Center for Community Solutions which Dr. Kenneth McKay is a founder of, provides all the data, website, and infrastructure. All the child psychiatry comes out of UNLV. There is a website and a mobile enabled site. The website explains the program. In addition to the consultations, they have created a library on 1 pager topics which are designed for the primary care community that go through guides on autism, depression, and substance use disorder. Hyperlinks to screening tools are included. As of the end of last month, they have completed 792 consultations and 2198 care coordination encounters to date. Most calls received are for depression, anxiety, autism spectrum disorder, and ADHD. Most of the calls involve comorbid issues. A survey was conducted pre and post launch of the program. They have seen primary care clinicians statewide perceive they have much improved access to child and adolescent psychiatry and for those who use the program, they have greater comfort in making

behavioral health diagnoses. The cost for the program is \$750,000 per year. They have applied for HRSA funding. Ideally with the HRSA funding, they will be able to expand the child psychiatry access program to touch all the rural critical access hospitals and school-based health clinics statewide. They will also create a bridge clinic. Dr. Lisa Durette asked if there were any questions, comments, or feedback about the program.

Gwynneth Smith asked who the doctors are staffing the line.

Dr. Lisa Durette stated she does most of the coverage. The covering physicians are Dr. Lisa Durette, Dr. Tina Goodson, Dr. Syed Quadri, and Dr. Chad Terry. They also have 2 of their senior child fellows that take the calls and staff the line under their supervision.

Gwynneth Smith stated two categories of statistics were mentioned, one was about 800 direct consults and the other was around 2000. Gwynneth Smith asked what the categories were for.

Dr. Lisa Durette stated the 792 at the end of the month reported is their team speaking directly to the primary care clinician about a specific patient. Included in that number is the tele video consultations. The care coordination encounters are the care coordinators who work through CPLC. They serve as the liaison between the primary care team, the child psychiatry team, and the family. The entire core of care coordinators are bilingual (English/Spanish). They are able to provide psychoeducational information to families and help families identify and get coordinated doing warm hand offs for referrals into the community.

Dr. Joe Haas thanked Dr. Lisa Durette. Dr. Joe Haas stated it sounds like an exceptional program and a great resource for kids and their families.

Dr. Lisa Durette stated it is statewide.

Gwynneth Smith let Dr. Lisa Durette know to feel free to go onto part two of the presentation.

Dr. Lisa Durette stated she spearheaded the child psychiatry fellowship in 2013. The fellowship was started due to Clark County struggling to recruit and retain child and adolescent psychiatrists. At the beginning they were a part of the University of Nevada, Reno (UNR) School of Medicine. The 4 core training sites were Desert Willow Treatment Center, Department of Juvenile Justice Services (DJJS) Psychological Services, Healthy Minds and University Medical Center (UMC) Hospital. The current program is fully accredited by the American College of Graduate Medical Education. There is 1 full time faculty, 4 part time faculty, and 6 community faculty. All but 1 of the program's graduates practice in Southern Nevada. The core training sites are Desert Willow Treatment Center, UMC Consult Liaison Service, Division of Public and Behavioral Health Rural Clinics, Mojave Counseling, Healthy Minds, Nevada Mental Health, and the Nevada Pediatric Access Line. The fellows engage in a research block and weekly didactics. They have 4 grant funded programs associated with their training program. At Mojave they have the First Episode Psychosis Program. The second is Charge UP which is a SAMSHA funded program in partnership with the practice at UNLV for early severe mental illness. The third is POWER, which is a specialty care program for kids with early onset bipolar disorder.

The fourth is the Pediatric Access Line. Future aspirations are to grow the faculty, grow the training cohort, and expand opportunities to train with school based mental health and corrections psychiatry.

Gwynneth Smith asked how they are retaining the fellows they invest in.

Dr. Lisa Durette stated one thing that is new is they are now a HRSA loan repayment site under the child psychiatry pediatric specialty care loan repayment site. They can reimburse for student loans. One of their fellows started Nevada Mental Health Clinic. The fellows are the attending physicians at Desert Willow Treatment Center, Desert Parkway, Southern Hills, and Desert Winds. The fellows have also started private practices. There is a lot of opportunity in the community. As part of their training, they teach and connect the fellows to community-based organizations and opportunities where they can have places to work. A big piece of the training program is teaching advocacy.

Gwynneth Smith asked how many fellows per year/per class go through their program.

Dr. Lisa Durette stated they train a total of 4 fellows at a time; 2 per class and it is a 2-year training program. It is important to note, to get into the program they must finish college then medical school and a 4-year general residency in psychiatry.

Dr. Sheldon Jacobs commented a lot of challenging kids are sent to Desert Willow and they need more support. The kids are not receiving the services and support they need and deserve.

Dr. Lisa Durette stated she agrees there are a lot of struggles statewide. They were disappointed their contract was not continued over at DJJS. There is a huge piece that is not included in the discussions because the crisis is always being looked at. What is more important to look at is what can be done along the continuum to prevent rising to the crisis. One of the areas they have endeavored is to fill in some of the gaps.

Kim Abbott commented when the office of Legal Aid Center in partnership with the DA's Office, DFS, and the Children's Mental Health Consortium started the advocacy about 2 years ago they were in crisis. When they came together and looked at what the needs were, one of the big things they talked about was continuum of care and the huge gaps in the continuum of care. Dr. Lisa Durette, Dr. Ken McKay, and others were happy to come to the table and have the discussions about what was needed and how they could help fill the gaps. Kim Abbott is grateful they were heard.

Dr. Ken McKay stated he left community practice due to getting tired of trying to work with kids and not being able to communicate with anyone else who was working with the kids. It was difficult to communicate to families how and why Dr. Ken McKay would have a different diagnosis than the psychiatrist. A group was formed where the psychologists/therapists and psychiatrists would work together. The number of psychiatrists has increased over the years. Working with folks who have training, who work with children, and are on the same page philosophically allows Healthy Minds to do the work that they do. They view the kids as a part

of a system, from a family system's perspective. If the family perspective is not instilled early on in training, professionals will go out in the community and expect to work in a different way. When they go to Healthy Minds, they know they will not just work with kids. The trainees come through the program, and they get a chance to sit with a therapist and go to treatment team meetings where they get to speak with the therapists involved in the case and learn what it looks like. The work Healthy Minds got originally involved with was to work with the kids in foster care and now with the work they do with adults who are involved in specialty courts, it is the same situation with the adults as it is with the kids. They must connect with the people involved in their lives and look at the system. In 2010, the Youth Law Center was suing Clark County for how the kids were being taken care of and in 2011 Clark County approached them to help with the issue. The specific problems were there was an over reliance on paraprofessionals to do the work, over reliance on psychotropic medications to control behaviors, and there were treatment plans which did not match up with the diagnosis of the kids. The outcomes achieved over the years and the work led to the creation of a specialty court program to work with adults. The program makes sure the people who are doing the drug and alcohol work have training or licenses in doing the work. A lot of the folks end up with a therapist to do the drug and alcohol work and a therapist to do the mental health work. They also have the psychiatrists doing the psychiatric work for the folks who are in mental health court and co-occurring courts. Dr. Ken McKay asked if there were any questions.

Gwynneth Smith thanked Dr. Ken McKay for the descriptions of Healthy Minds and its growth. Gwynneth Smith asked how the psychiatry fellows are integrated into the work at Healthy Minds and how long the rotation is.

Dr. Ken McKay stated it is not just about the fellowship. They are a rotation site for the residents too. Sometimes the residents become fellows. Those folks will rotate at one of the various clinics at Healthy Minds and see that people work together. The fellowships are 2 years. The orientation is lengthy and very involved to ensure they understand the experience is not just about delivering services, however also about training and education. They learn about the organization, its mission, the different programs they do, and available resources. The rest is building out their schedules. They are also a student loan repayment site. The application to become a student loan repayment site is exceedingly complicated. A huge recruitment and retention problem is most of the clinics and people in the valley will not have the time, staff, or capability to give HRSA the information they require to become a student loan repayment site. In Dr. Ken McKay's opinion, it will be well worth the funds to have some type of program dedicated to helping the mental health community realize the benefit they have in applying to become a student loan repayment site. Being a student loan repayment matters in attracting people and keeping them.

6. For Information: Behavioral Health Workforce Development – Dr. Sara Hunt, UNLV

- Provide an update on Assembly Bill 37

Dr. Sara Hunt stated she is the Assistant Dean of Behavioral Sciences at the Medical School at UNLV. Dr. Sara Hunt looks at different models for how the mental health workforce can be expanded and how other states are addressing the same issue. For the past few years, Dr. Sara Hunt has studied a model out of the University of Nebraska called the Behavioral Health Education Center of Nebraska. Dr. Sara Hunt presented the Nebraska model to 4 of the 5 regional behavioral health policy boards in Nevada. Each of the regional behavioral health policy

boards gets 1 bill draft request each session. Dr. Sara Hunt worked with the rural behavioral health policy board on using their bill draft request to develop Assembly Bill 37. It was to build out a robust pipeline/pathway for behavioral health providers in Nevada based on successful models out of Nebraska. It would incorporate and expand on existing successful academic and recruitment programs and introduce new programs and connections across the educational system and professional licensing. Assembly Bill 37 authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada. The bill passed out of both the Senate and Assembly with unanimous, bipartisan support. There is a fiscal note attached to the bill for \$2 million for the next biennium, which was approved. State general funds will be appropriated to the Nevada System of Higher Education to distribute to UNLV to create the Center. The bill was approved by Governor Lombardo on June 15, 2023. The workforce pipeline/pathway consists of three main sections. The first is recruitment, how to go out and do education about what the mental health careers are, especially in the K-12 space. The second section is education. Once individuals are interested in mental health careers and in the Nevada System of Higher Education, the next step is to expand higher education behavioral health training and make connections clear within the Nevada System of Higher Education. The last section is retention. In this section they will focus on what they need to do to retain the graduates from the program and retain the already existing workforce. The idea for the Center will look like a “hub and spoke” model. The main hub will likely live at UNLV. It will have spokes out to other higher education institutions across the state. The Rural Behavioral Health Policy Board would like for the Workforce Center to partner with all 5 regional behavioral health policy boards. They will look for a Nevada System of Higher Education (NSHE) institution at each of the regional board areas to serve as a place to do a lot of the education and outreach. Another thing the Rural Behavioral Health Policy Board put in the bill is the requirement of an advisory consortium. The main mission of Assembly Bill 37 is to focus on growing a diverse workforce to care for a diverse Nevada. A key data point they would like to see is tracking the number of mental health professionals in the state. The bill requires an annual report be produced on how the Center is achieving the goals and objectives and include a financial report. They will be working with NSHE to include ongoing budget requests to fund the Center in each of the legislative sessions going forward. They will also take advantage of grants tied to mental health workforce development. Over the summer, UNLV submitted a formal proposal to the NSHE Board of Regents to create the Center. It will be heard at the next Board of Regents quarterly meeting in September for their approval. Once it is approved, UNLV will be working on onboarding personnel to run the Center, focus on forming the advisory consortium and develop outreach and marketing. A couple of bills which tie to the student loan repayment program were Assembly 69 and Assembly Bill 45. Assembly 69 did not pass; however, Assembly Bill 45 did pass. Assembly 45 creates the Student Loan Repayment for Providers of Health Care in Underserved Communities Program. Dr. Sara Hunt stated she would be happy to answer any questions.

Gwynneth Smith thanked Dr. Sara Hunt for sharing all the work she and her colleagues did. Gwynneth Smith asked if Dr. Sara Hunt has any information on why the Nebraska model was looked at.

Dr. Sara Hunt stated the model in Illinois is opening this year. They are looking at the success of what has happened in Nebraska. Nebraska has been in existence for 11-12 years. They have seen

a 40% increase in the number of licensed mental health prescribers. They have also seen almost the same increase, around 35%, in the number of traditional therapists. They have been able to expand the outreach across their whole state. One of the similar things between Nevada and Nebraska is, Nebraska has two main metro hubs and a lot of rural frontier land. Dr. Sara Hunt has developed a good relationship with the leaders of their Center, and they will be a partner in consultation. They have developed a nice blueprint of how they have been able to go to all counties in their state to get the programming into their high schools and across their higher education institutions.

Dr. Sheldon Jacobs commented he sits on the Marriage and Family Therapists and Clinical Professional Counselors board, and they have made some regulatory changes over the last couple of years to get folks licensed quicker. One of the things Dr. Sheldon Jacobs is noticing is a lot of licensees are not passing the licensing exam, especially licensees of color. It has been problematic. One of the areas lacking across the state is having culturally informed mental health professionals. Dr. Sheldon Jacobs is also seeing a lot of clinicians moving away from the public sector and going more into the private sector or cash pay practice options. Another issue is there is a narrative that there are not enough providers, however there is an ample number of providers, just not in the spaces that are needed.

Dr. Sara Hunt stated she has been following the work of the nationwide Social Work Association. They have come out very strongly about the standardized tests they are using for the master's level clinicians and social work and having that same issue. They have also struggled with standardized tests in psychology. The Workforce Center could do some outreach to help the graduates from their programs in preparation to getting licensed in Nevada. It may look like a package which includes help with test prep or recommendations. There is a section in the pipeline where they can do cool creative things including making sure graduates know about all the options for working in mental health in the state.

Dr. Joe Haas commented he would be interested in Dr. Sara Hunt's thoughts with Nevada, compared to nationwide with the other programs on licensing reciprocity. Dr. Joe Haas asked if Medicaid rates, state salaries and county salaries are competitive.

Dr. Sara Hunt stated on the issue of reciprocity, it is often something that comes up in discussions in the mental health community about why there is not enough workforce and what can be done. There have been a lot of attempts in legislative sessions by the licensing boards to expand the ease and opportunity to come licensed from another state and step into Nevada. The other growing issue is interstate compacts. Psychologists have already joined an interstate compact here in Nevada. In the next session, there may be a request coming from the social workers to join an interstate compact as well as the clinical professional counselors. The technical assistance branch of the Workforce Center could be a place where out of state individuals thinking about coming to Nevada could be offered connections or links to licensing boards. As far as reimbursement rates, the rates are not competitive. In thinking about workforce development and the pipeline, Dr. Sara Hunt is trying to get the insurance companies doing business here in the state to see themselves as part of workforce development.

Dr. Joe Haas commented he is confident it will happen, and he is glad it is on Dr. Sara Hunt's radar.

Gwynneth Smith commented she is glad Dr. Sara Hunt is presenting today. As it is further developed and more partners and awareness are needed, the Children's Commission is a good place. The question of developing a workforce that can serve kids in the juvenile justice system and child welfare system is top of mind to the Commission.

Dr. Ken McKay commented the mental health community is very divided and does not work well together. They should be reciprocally approving CEUs and reciprocally allowing supervision. There should be more cooperation among the disciplines. Dr. Ken McKay thinks incentivizing the associations that make up the mental health community to work together would go very far.

Dr. Sheldon Jacobs stated he agrees. There has been a little bit of progress in this area. There are some people working behind the scenes to connect the various entities together, so everyone is on the same page.

Dr. Sara Hunt agrees with Dr. Sheldon Jacobs. Dr. Sara Hunt has seen more outreach across disciplines. The CEUs, pretty much, are accepted by the multiple boards. There is more opportunity to coordinate and collaborate.

Gwynneth Smith stated she hopes it can be an ongoing collaboration, especially as Dr. Sara Hunt gets the Center established.

7. For Possible Action: Discuss and Decide Upon Next Steps – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

- Assign Tasks to Committee Members (if needed)
Tasks were not assigned.
- Specify Agenda Items for the Next Meeting
Agenda items were not identified.
- Confirm Next Meeting Date/Time
A meeting will be scheduled prior to the full Commission meeting.

8. Public Comment and Discussion

There was no public comment.

9. Adjourn

The meeting adjourned at 2:31 p.m.