

Governor's Office of the Western Regional Education Compact  
State of Nevada Western Interstate Commission for Higher Education (WICHE)  
Commission Meeting  
Minutes for October 6, 2015  
Disc 1, File #13

**In Attendance:**

Vance Farrow – Executive Commissioner, Nevada Western Interstate Commission for Higher Education (WICHE)  
Frederick Lokken – Commissioner, Nevada Western Interstate Commission for Higher Education (WICHE)  
Vic Redding – Commissioner, Nevada Western Interstate Commission for Higher Education (WICHE)  
Brian Mitchell – Director, Governor's Office on Science, Innovation & Technology (OSIT)  
Sean Dodge – Licensed Psychologist, Department of Health & Human Services, Public & Behavioral Health  
Kelly Wooldridge, Deputy Administrator, Department of Health & Human Services, Division of Child & Family Services  
Bob Potts, Research Director, Governor's Office of Economic Development (GOED)  
Marcia Turner, Vice Chancellor Health Sciences, Nevada System of Higher Education (NSHE)  
Dennis Mohatt - Vice President Behavioral Health, Mental Health Program, Regional WICHE  
Alyssa Gilden, NV\_PIC Coordinator, Regional WICHE  
Marissa Brown, Workforce Director, Nevada Hospital Association (NHA)  
Greg Ott – Deputy Attorney General, Office of the Attorney General, State of Nevada  
Jeannine Warner – Director, Governor's Office of the Western Regional Education Compact (WRHEC)  
Dana Westre – Accountant Technician, Governor's Office of the Western Regional Education Compact (WRHEC)

1. **Call to order.** The meeting was called to order by Commissioner Farrow at 9:32 a.m.
2. **Public comment.** There was no public comment.
3. **Review and Approval of Minutes from the June 8, 2015 and August 25, 2015 Commission Meetings.** There was no discussion. Commissioner Redding moved to approve both sets of minutes. Commissioner Farrow seconded. Motion approved.
4. **Certification of the Fiscal Year 2016 Program Applicants in the Field of Mental Health Nursing-Coursework for Psychiatric Competencies.** This item was tabled until the next meeting.
5. **Update on Nevada Psychology Internship Consortium (NV-PIC): Status of Nevada's New Psychology Internships and Progress towards Accreditation; Next Steps and Possible Barriers.** Mr. Dodge stated he is functioning as the training director for the psychology internship consortium. The consortium welcomed its first class of interns in August 2015, and is currently in the first 2 months of training. There are 4 interns working at 4 different sites. All 4 interns are doing fantastic jobs and have reported their training needs are being met.

Ms. Gilden stated the next step is the American Psychological Association (APA) accreditation. There are 2 levels of psychology accreditation. First is to become a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). National

membership has been obtained, which will make it much easier for internship applicants to find the internship program and apply via the APPIC member directory. This is where most people go to locate internship opportunities. They hope to send the first set of the self-study applications this fall to remain on track. It is then a waiting game, and a lot of back and forth with APA to obtain accreditation.

Executive Commissioner Farrow asked how long the APA process takes. Ms. Gilden answered, the APA states 18 months. Commissioner Redding asked if the accreditation assumes a certain number of slots, or is there flexibility to increase to 8 or 10 or 12, and does that impact anything at this time. Ms. Gilden answered there is a minimum of 2, and can be increased. It looks better the more there are, and they do not have a problem with increases. Their application will be submitted as 4 interns and plan to go up from there. Later inform them of the actual number of interns.

Executive Commissioner Farrow asked if all patients are seen in person or are some seen via telemedicine. Mr. Dodge answered all services are in person; however, it is likely that at least one of the interns will receive experience in teletherapy. The opportunity to use telemedicine is becoming more available for interns to utilize.

6. **Presentation by the Governor's Office of Economic Development (GOED) on Nevada's Health and Medical Workforce: Past, Present, and Expected Future of Health Care Providers in Nevada.** Mr. Potts stated he is the Research Director for GOED. A slide presentation was presented. In 2010 GOED changed their strategy to diversify the economy and not slide further into the recession. Nevada was the poster child of the unemployment rate. GOED started the Sector Diversification Plan. One sector is health and medical. The sectors are divided into industries, phrasing it as economic and workforce development. These are not the same, they are different and depend on each other to move Nevada's economic development initiatives forward. The health and medical sector is composed of 43 separate 6-digit industries, a North American Classification System. Currently there are 103,000 jobs in this sector of the state. It was 75,000 in 2005 which is 38.7% growth rate over the period, compared to the 27% national rate. Currently earnings are approximately \$64,000 per year. There were 6,734 sector establishments in 2014 with a jobs multiplier of 1.79. That means for every job in this sector brought in there was 8/10 of a job brought in to the rest of the economy, such as retail, construction, etc.

This 34% "below the national average" figure is based on location quotients; the 103,000 sector people employed in the state divided by the total number of people employed in the state. The same with the nationals, then divide the state number by the national number, and if that is greater than 1, then it is a location quotient of 1. If it is greater than 1 then there is a concentration that is greater in the state for this industry group than the average for the rest of the country. Our location quotient is .66; 2/3 of the national concentration of health and medical in the state of Nevada. That becomes important moving forward in this conversation because location quotients are a key metric used to see where there is comparative advantage, and acts as a bar necessary to be competitive. During the 20 year period from 2005 to 2025, the 38.7% growth rate shown, and the 27.1% for the U.S. rate, this is completely different than any other industry sector focused on; there was not a big down dip during the recession. Health and medical was the one sector that was not hugely effected by the recession.

The other issue is the parallel track Nevada is on with the U.S; however, the concentration is 2/3 of what the rest of the nation is. That needs to come up.

The Counties slide was reviewed. Nevada has 5 counties showing a decline in health and medical. This becomes important because if there is not sufficient healthcare, companies will not relocate to Nevada. Also, the location quotient is below 1, except in Carson City which is 1.11.

The Location Quotients over Time table was reviewed, which noted different regions within the state as well as the state as a whole. There is steady improvement from 2005 to 2015; from .59 to .66. Using model data, Nevada is flat and dropping off, which reflects the nation will grow slightly faster than Nevada. This group at this meeting is assembled to fix that. The sector is based on industry. Because of this information from the Bureau of Labor Statistics surveys (knowing which occupations tend to be housed by these industries) these relationships can be created. It is a process called reverse staffing patterns. This is a way to move from an industry conversation to an occupation conversation, to an occupation and workforce development and education conversation. This is the data pipeline.

Based on raw counts the top job is registered nurses (RN). The location quotients are also performed based on occupations. There are several occupations below 1. Mr. Potts also spoke about education levels. Of the top 30 education levels, 1/3 of them require some college or higher, 1/3 require a high school diploma plus some sort of post-secondary non-degree award, and 1/3 require at least a high school diploma. Many of those are custodial staff, etc. that also work in this industry. It is important, and interesting, that the 1/3 that require some college degree or some post-secondary education are in the upper end of this table.

Of the top 10 occupations there are 14,602 RNs in the state of Nevada. Divide that number by the location quotient to reflect where Nevada should be at 18,209; the U.S. equivalent. There are only 2 other occupations where Nevada is on par: dental assistants and general office clerks. There are many occupations not on par with national quotients.

The Change over Time table was reviewed. 7 occupational groups were formed for this presentation. The occupation that has grown the fastest is personal care/elderly care. Home health care is on a large growth curve, followed by social workers and counselors, followed by healthcare support occupations (nursing, dental assistants), and then practitioners, doctors, surgeons, etc. If this continues in Nevada the state will be 6,200 behind where it needs to be in 10 years.

Executive Commissioner Farrow stated the Burning Glass project refers to the number of actual job postings, so the number of real time jobs within the health professions can be seen, specifically within the WICHE supported professions. The Commission can look there to determine what should and should not be funded.

Mr. Potts stated in collaboration with the Research and Analysis Department of Training and Rehabilitation, along with NSHE and Vice Chancellor Turner's group, Burning Glass Technologies (BGT) was created, relabeled as Silver State Solutions. It is a company that

scrapes 40,000 websites. The Department of Education, Training, and Rehabilitation (DETR) and the GOED are using this extensively for workforce development.

In the month of August, there were 2,600 total job postings specific to health care, which is up from 2,000 1 year ago. Mr. Potts has worked with BGT and stated it tends to work well for healthcare data because many of the posting are online. Of the 2,600 postings 1,400 were specifically general medical and surgical hospitals, followed by physicians' offices and other healthcare practitioners. Of those posted as part time or full time 90% were full time positions. Of the high demand section 170 postings were for RNs. Of the 2,600, 690 were patient care skills, followed by advanced cardiac life support and acute care. Of the top certifications in demand 690 listed are RN certifications, followed by BCLS and CPR. Where the posting specified educational requirements a little over  $\frac{3}{4}$  required an associate's degree or higher, which reflects that the state is looking for an educated workforce. Nursing assistants is up from last year, and listed personal care skills as a priority.

Executive Commissioner Farrow asked how BGT deals with data overlaps. If hospitals are using career builder, etc. how does this software differentiate counting the same job 3 or 4 times? Mr. Potts answered it is an important process called de-duplicating. Previously the Help Wanted Index was the real time information that was wanted; classified ads, etc. With the invention of the internet there is the Help Wanted Index. Now there is an opportunity to leverage it all. BGT and de-duplicating the data to become as accurate as possible is the bar to reach. He added that some occupations are not posted online. This along with other issues skew the data. BGT looks at every job posting, matches and de-duplicates information, and then enriches it. It is not perfect, but it is very helpful.

Commissioner Redding stated it is wonderful to work on a solution for health care in Nevada. Is it possible to get to specific field data levels with either of these tools? As the Commission looks for a data driven argument for the next budget session this will be very helpful. Mr. Potts stated location quotients are important but looking at the raw data is very important because it reflects the volume and the margin needed. It can be brought down to the 5 digit level. It can be prioritized.

Commissioner Lokken stated the challenge is Clark County and rural Nevada. Northern Nevada seems to be in a better position. It is a challenge for NSHE to obtain statewide resources. Can existing resources be used rather than creating new resources? Vice Chancellor Turner answered the entire picture needs to be looked at. Something that comes up quite a bit is the difference between the concept of location quotient and the fact that the employee population in any one of the health care fields is  $\frac{2}{3}$  of what the benchmark would be nationally, indicating that there is a  $\frac{1}{3}$  gap. Something has to be done to fill that gap, and the piece that gets lost, and hopefully BGT will help, is how many jobs are open regardless of what it should be at. If hospitals are not hiring many employees then Nevada's true supply and demand number should be how many people are the educational institutions producing, how many people are coming into town who have the licensing, and how many are new positions. Another piece lost is replacement of people who are retiring or moving out of state. This is an important part; what is the gap. It appears all that has to be done is a snap of fingers and 3,000 more nurses can be hired, but that is only if new hospitals come in and there is growth. Also, when people hear Nevada ranks 48th in the number of nurses per population

versus other states, there is a perception that this is an unmet need and Nevada needs to produce more people. However overproduction is a concern for this market at this point and time. Also, there will be qualified people who cannot get jobs and will leave the state.

The supply and demand for NSHE and the private schools has to be monitored so the needs of the nurses who want degrees are met; however, also watch that they receive employment. The supply and demand for nurses is met. 15 years ago Nevada could not find enough registered nurses. The market is in a different place now. The true supply and demand needs to be found. There is a lot of potential for growth and everyone needs to work together to attract more companies to Nevada. There are a lot of sick people who are not getting care.

Executive Commissioner Farrow stated the difference in nursing policy the state has seen over the past 2 session was legislation for APRNs that passed enabling them to work fully within the scope of their education. This takes away some of the governance of the physician; however, they are still able to bill within the full scope of practice. Since the legislation passed there are approximately 2,000 APRNs registered to help fill that gap. The amount of service delivery that these high skillset APRNs provide lessens the demand on the few physicians Nevada has, which allows them to specialize their care at a higher level of the division of labor, which then better utilizes the division of labor within the healthcare sector. This is important and should be kept in mind.

Commissioner Lokken stated in terms of the data, clearly there is the explosion of the gap, since it is the gap for the next 10 years is NSHE looking to develop these programs and act on the geriatrics gap? Vice Chancellor Turner answered yes, NSHE has approximately 200 degree and certificate programs, and there are elements within many of them that have a section which focuses on that target population. Also there are specific geriatric programs, and some generic programs tend to end up in the target populations, such as certified nursing assistants (CNAs), who typically end up working in nursing homes. These entry level home care jobs are a lead in to the medical field.

Commissioner Lokken asked if the move from a 2 year to a 4 year requirement for nursing – is it expected that those already working with a 2 year degree may want to come back to get the 4 year degree, or will they be grandfathered through the process? Vice Chancellor Turner answered there is the Robert Wood Johnson Foundation grant that is looking at the future of nursing. A number of years ago the Institute of Medicine, the AARP, and the Robert Wood Johnson Foundation studied the future of nursing and how the patient population is changing, to see the difference between patient outcomes amongst 2 and 4 year degreed nurses with the same RN licensure. The national trend is towards lifelong learning and looks to promote and increase the percentage of BSNs in the workforce. NSHE has the 3 bachelor's programs, and has 4 community colleges that have associate's nursing programs. 2 and 4 year nurses take the same license test. The NSHE believes there will always be an important need for the 2 year programs. The hospitals need qualified nurses and the 2 year trained nurses are qualified. The difference is the bachelor nurses receive the management and problem solving skills. The NSHE has RN-BSN programs online which assists a 2 year degree nurse to continue education towards a bachelor's degree while working. The NSHE is also working with the NHA and area hospitals to invite the 2 year nurses to return to school, and works with and engrains in

the community colleges that the market is changing and as a BSN nurses will make a higher salary and/or will be more marketable.

There is also a program between NSC and UNLV that is an RN to MSRN program. Soon Nevada's demand will increase; therefore, the supply has to be increased. There is a national movement and Nevada has to be careful not to overcorrect. Hospitals have wanted NSHE to change all the programs to BSRN; however, they might come back in six years and ask to go back to 2 year degrees to obtain needed nurses.

Mr. Mitchell asked does the supply take into account the non-NSHE producing institutions, either degrees or certificates. What is the potential beyond NSHE? Is there a good understanding of what non-NSHE institutions are providing as far as certificates or degrees? Vice Chancellor Turner answered she is on a sector council and a year ago the council was working with DETR to come up with an inventory of private and public health care workforce training programs across the board, and the NSHE has a lot of them and will be with the sector council this year updating the list. DETR pulled numbers from private schools but that is a black box; it is not clear how to obtain that data, or there is a mechanism as a function of being a licensed entity in Nevada to ask for that information through IPEDS and some of the other sets that information can be obtained even if it is not being reported. There was a partial answer obtained through a process with DETR; however, it is outdated and was not completed because the staff person left and was not replaced. The goal is to try to identify the full list because the gap analysis cannot be done unless there is a full supply, at least from the production standpoint. Therefore, the answer is partial; however, needs to be updated and hopefully through the sector council those questions can be asked.

Executive Commissioner Farrow stated through the Future of Nursing grant there is representation from Touro and Roseman universities, and they are putting resources together and looking to expand the nursing field at their institutions. The inline to that conversation with them has been established.

7. **Presentation by the Nevada Hospital Association (NHA) on Hospital Provider Shortages, Workforce Needs, and Future Hiring Trends.** Ms. Brown stated she brought materials with her for Ms. Warner to distribute to the group later.

The NHA has a workforce grant from Nevada Works; however, funding for southern Nevada was lost. The North has supportive services provided, as well as additional days of training via a partnership with Coldman Consulting. They provide to newly graduated nurses a 1 day simulated nursing and leadership training, and then through Nevada Works they obtain job placement and subsidized salaries. There is still a large demand for nurses. There has to be a balance when hospitals hire newly graduated nurses with no experience. 2 of the larger hospitals in Reno have yearlong transition into practice programs. The NHA subsidizes the salaries through the grant for 12 weeks at 20%, which helps offset the training cost, which is approximately \$60,000. The yearlong program provides nurses the opportunity to work with a preceptor and receive administrative support.

NHA is also involved in allied healthcare. The demand is mostly for x-ray technicians, MAs, CNAs, and pharmacy technicians. NHA provides these types of certificate programs with the

allied healthcare professions. They have discovered these are the hospitals' needs. NHA is able to place the MAs and CNAs into positions and then subsidize their salaries to the employers who hire in those professions. Commissioner Redding asked if the staffing issue is getting them through the door. Ms. Brown answered it is getting them there. There are staffing agencies that supply the hospitals with nurses. Renown did not have as many nursing positions open recently because of Obama Care, and with the increase in the Medicaid population there are more patients seeking care. Hospitals are struggling to keep nurses in place. Renown has 70 positions they have filled with that and the expense is high. Commissioner Redding asked is it because this program has struggled in the past? NSHE struggled with a Nevada nursing program that was funded out of the tobacco settlement money - is the finding amount enough to change the behavior of the nursing students who receive only \$500-\$2500. It was discovered they can receive a \$5,000 signing bonus at a hospital in another state. Finding the right amount of funding to be an incentive is an issue. NSHE found that awarding \$500-\$2500 might not be enough to take someone who wasn't going into the nursing program to go into the nursing program. The skills left the state and never came back.

Ms. Brown stated it remains a problem. When there was the workforce grant in the south there were newly graduated nurses that could not find a job after 9 months. It is difficult to obtain employment as a new graduate because of the lack of experience, and the training is long. It takes a lot of training to feel comfortable to take a patient on their own. Debra Scott is bringing the nursing compact to the next session, which will open up doors for Nevada graduates to look outside of the state. We want them to stay here. Vice Chancellor Turner stated hospitals are now asking more of new graduates than they did 8 years ago, and the question is why? Have academic programs changed, or have industry demands changed? Currently supply and demand meet, and in some ways it is favoring hospitals. They can do more to manage the market and take whoever they want. When the economy slows the long-time nurses cannot afford to retire and that gives hospitals flexibility to be choosier.

Also, because of Obama Care the hospital business model is changing to a higher level of acuity, and they are trying to get out of the longer stays, in part because reimbursement goes against them. The hospitals need nurses who can come in at the higher proficiency for their business model, and because supply and demand match up they are able to do that. They are investing a lot in this post-licensure training so the employee can go into a higher level of acuity. That was part of the Johnson grant findings; there is need for nurse residency programs, a new market demand. Industry is asking for it. It is the trend. Through the Johnson grant analysis is being performed to determine how the NHA can help. For example, the NSHE is trying to provide refresher studies with bachelor's nurses before they graduate, but beyond that there is an industry demand. Some of the nurses ultimately get a job but not right away because the practicing nurses are sticking around, and experienced out-of-state nurses will get a job over newly graduated nurses. The acuity, as Vice Chancellor Turner explained, is a more complex patient.

Executive Commissioner Farrow stated that as the Affordable Care Act started hospitals froze hiring, not knowing what to expect, which created a bottleneck. As the economy has recovered there is an issue, where is the cliff? The nurses will retire. The Board of Nursing started collecting minimum data set information. When a nurse re-licenses they are asked questions. One of the questions is do they plan to retire in the next 3-5 years. The cliff is

coming and this gives an understanding of where that cliff is. The NSHE is trying to intercede with programs for skilled nurses to provide support to incoming nurses. The hospitals have opened themselves up as training beds, and it is costly and time consuming; however, they know if they do not Nevada will be in a bad situation.

Commissioner Lokken stated that for different reasons a lot of people delayed their retirement during the recession, so there is going to be a similar pattern in other employment. Executive Commissioner Farrow stated the data should be obtainable soon.

8. **Presentation by the Nevada System of Higher Education (NSHE) Regarding NSHE Program Opportunities and Availability of Workforce Development Coursework.** Vice Chancellor Turner stated the cliff is a fascinating way to underscore how difficult the gap analysis is. Often it is economic development and the idea is to quickly bring in a California corporation; however, it is about this pending retirement and the opening of long-standing jobs. From a supply side whether it is NSHE or the private institutions this has to be monitored. The industry changes quickly and the System cannot change that quickly and are very mindful of unfunded mandates. This has happened before and the hospital association has had to come to the rescue. The perfect sizing discussion is challenging but with BGT, GODA, and DETR, and through the Sector Council both sides can be quantified.

Which brings this all back to WICHE. Vice Chancellor Turner will tie together the pieces with the analysis to understand where the demands and priorities are for WICHE. The healthcare sector council is currently focused on obtaining industry intelligence; gathering the needs of the hospitals, doctor's offices, and nursing homes on how to help them produce more CNAs.

When healthcare reform hit many healthcare business froze hiring and growth. They did not know how it would affect their bottom line. Also, it is very proprietary. Given the changes in the market, hospital #1 will want to start a new center of excellence but does not want hospital #2 to know. It has been difficult to get information from them, and they do not really know yet either. The economic development entities in the state may be courting businesses to town or helping others grow; however, if word gets out a different municipality may try to steal them. With Burning Glass it is hopeful this tool will give us an objective data driven assessment at any given time of how many unduplicated jobs are out there in any of the professions. There is a way to be discreet. In healthcare, Burning Glass data is as good as the human resources person who wrote the description. If it stated they need a nurse, but didn't say RN, a CNA might apply. It is like garbage in garbage out. You are at the mercy of the job descriptions. It is a useful tool if queried and analyzed properly. This is a great partnership between the NSHE and the DETR.

John Packham sits on the healthcare sector council and he will be the Burning Glass key person. The next meeting is October 20, 2015. Instead of just seeking raw data they are trying to understand the gaps between supply and demand as it relates to economic development. If a company wants to locate to Nevada, and they are going to need a high number of any one profession, how will that data be ready so Executive Commissioner Farrow can comfortably say to the business, come to Nevada, everything is covered. If everything is not covered how can it be if for when it is needed. The need is for data on both the supply and the demand

sides, who is leaving and who is coming, so as to not over or under estimate to jump to solutions.

There are going to be 3 active committees; a data committee, for other committees that need data; an industry intelligence committee, who asks demand related questions as far as who wants to hire what kind of professional immediately, or who wants to hire to replace an existing position, or growth planning questions. Mr. Packham has conducted a supply and demand study in the past. This information was a huge lightbulb, which showed there is a difference in supply, the production of a new graduate or recruiting a licensed professional from another state, and demand, whether that's replacing a retiring nurse or hiring a new position. Demand means hiring. Supply and demand are different than need. That is a nuance where Nevada is low in nurse to patient ratio compared to other states. The reality is the open number of positions and the current production are matching, plus or minus, and that needs to be validated. With Burning Glass the hope is to have more current data. This is truly what the industry is currently in need of. Mr. Packham tried to survey businesses directly, but they are surveyed to death. Mr. Packham, Mr. Potts, and Bill Anderson need to ask whatever industry intelligence questions they can to obtain data on hiring practices in the industry.

The third committee is an education and training committee, which looks at the inventory study that was done with DETR. It was a lot of data to crunch. It did not reach its full potential but data like CNAs can be looked at to show there are 4 NSHE programs, however, there are these 8 other private programs, and the output can be seen, which gets at important questions so Executive Commissioner Farrow can sit down with a company and have current data. He will be able to provide even deeper data from the module should a company require different data. If there are 2 programs that have the same descriptions but train differently, etc. that output can be gathered so graduation rates are known. There are data points out there. It is hopeful that DETR can be the collector of non NSHE data and NSHE will obtain NSHE data, and a DETR analyst can put it all together so Executive Commissioner Farrow or anyone who needs it can have the data for a current report. He can walk into the Tesla of medicine and claim Nevada has everything they need. His information on demand and the new updated inventory on supply can be analyzed and begin a gap analysis to understand any unnecessary gaps or overlaps. A good example is there are CNA programs; however, it may be perceived as an overlap. The CNAs are getting jobs so it is not an overlap. Many nuances are being looked at, and assumptions cannot be made so this good data can be obtained.

Another element of Burning Glass is the employee component where employees can enter their information to use as a tool. Nevada is a small state and everyone is working together. As the charts of supply and demand are updated NSHE is happy to share information with the group. The high priority jobs need to be updated. It would be useful to have a list of the top 20 openings and then parcel them out by education; what the top certificate jobs are information needed, and what are their opportunities to get in the field. Also, what are the associate's jobs? What are the bachelor's and beyond jobs? DETR's focus is on the important demand for getting people gainful employment; get them into a program that will get them trained quickly and into a job.

Mr. Potts stated it is very dynamic and multifaceted and trying to come up with linear pipelines does not work. All of the different aspects being looked at create a baseline for the

conversation. Working with GOED, NSHE, DETR, and teams like this group here today is what will get the ball rolling.

9. **Presentation by the Division of Child and Family Services (DCFS) on Nevada Children's Mental Health System of Care Grant.** Ms. Wooldridge stated Nevada recently received a system of care implementation grant to transform children's mental and behavioral health. The majority of the funding will go towards direct service provisions. Nationally, 1 in 5 children have a behavioral health issue. 1 in 5 Nevada children have had an actual plan for suicide. The Governor's Council for Behavioral Health and Wellness discovered that only 20% of Nevada's children receive services. What has not been done is take a public health approach to behavioral health. It is important to catch children before they become part of the 1 in 5. This grant will place services into the communities.

Nevada is 1 of 3 states where the state is a direct care provider, and would rather provide technical assistance and training. Part of the gap is the workforce. The plan is to increase the workforce for mental health specialties in Nevada. The current gap is the qualified master's counselor. DCFS is working with Mr. Dodge for the psychologist program. Those psychologists are receiving some adolescent experience. Nevada has just 21 licensed child psychologists in Nevada. There are 2 fellowships: 1 in Northern Nevada where there is some beginning success, and just last year started the 1 in Southern Nevada. There are limits on funding for those programs.

Because of the Affordable Care Act there are more families with insurance and there are many more people seeking services. There will be a gap in providers. Executive Commissioner Farrow is happy to hear about the grant and that they are currently working with Mr. Dodge. The Commission looked at creating internship programs that lead to licensure, which was the impetus for the program in clinical psychology. It is difficult to secure the internship programs and they do not pay well. An internship is necessary to receive licensure, and the likelihood someone will stay in Nevada where they found the internship, at least for a while, is good. The more that can be provided to counteract the issue is doing Nevada a very good service.

Commissioner Redding stated he sees this as a bridge; there are degreed students and need the internship, and then there are the employers. Nevada WICHE created 4 internships, in part because Dennis Mohatt stated that is a good place to start. Commissioner Redding asked for an order of magnitude; is there the need to double or triple? Ms. Woodridge answered take a look at fields other than psychology that have stipends to get in their master's program. Also look at marriage and family therapists, etc. Those are the fields that also need internships. She would like to see the Burning Glass data for counselor jobs and internships. Planning needs to begin now. The need will be high because DCFS will be pushing services down to the community.

10. **Presentation by the Governor's Office of Science, Innovation, and Technology (OSIT) on OSIT activities and grant programs.** Mr. Mitchell stated WICHE's transition to Carson City as part of the Governor's office has been great. The transition went well. The Governor's Office of Science, Innovation, and Technology is responsible to align and coordinate different efforts in the state regarding STEM education, STEM workforce development, and STEM

economic development, and will be working with the NSHE, the Department of Education, DETR, and with nonprofits to train and provide qualified workers to these innovative and technological corporations. Things are getting started with education and economic development. OSIT received a small workforce development grant to STEM education and Mr. Mitchell worked with GOED to get an idea of the workforce and what the needs are. They created a request for proposal (RFP) which went out last month and are awaiting applications. After the grant period is over the idea is to continue to create a sustainable training program that can continually produce individuals who have in demand industry recognized credentials or associate's degrees. The focus is on the middle skills kind of work force rather than the higher degree level. The hope is the applications will demonstrate a strong partnership with employers, and the employers will take part in helping the training providers design the curriculum to ensure that graduates are what the employers need.

Mr. Mitchell stated he is excited that Ms. Wooldridge and Ms. Warner have started discussions on ways WICHE and DCSS can work together on behavioral mental health care grants. Entities are working together in the future on similar initiatives, whether it is the workforce or education side, to improve the ratio of workers that we have. Executive Commissioner Farrow asked what the ideal timeline is for a grant recipient to obtain a job. Mr. Mitchell does not have an ideal timeframe. The state money has to be spent by June 30, 2016; however, the training period can go beyond that. He is more concerned with can an applicant demonstrate a high need for this job or a high need for an employee with these skills, and will an employer hire an employee with these skills. The funds are not for a level above associate's degree types of training because the need is to develop the skills quickly and have a good story to tell the legislature in 2017.

Executive Commissioner Farrow stated he passed along the RFP to some of their health IT people because they have laddering programs that are in high demand. Mr. Mitchell thanked Executive Commissioner Farrow for the advice received.

11. **Planning for the Nevada WICHE Commission's 2017-2019 Programs, Fields of Support, and Activities.** Executive Commissioner Farrow stated he wanted to hear from everyone about where the resources are best suited. What makes sense as the shift of resources begins, or resources increase within fields not currently funded. This meeting provided much needed information to begin the discussions.

Commissioner Redding stated a good place to start is go down to the field level on the PSEP program; the programs where students go out of state and receive a subsidy to their non-resident tuition, and then they return to provide service to the State of Nevada. It is important to look at those fields from a data driven point of view. By funding new slots WICHE can very quickly make an impact. There has to be student demand. He asked if pharmacy is the largest field, or podiatry, which is not a traditional field. Also add to that the clinical psychology internships that are currently funded, and the immediate impacts; is there another 4 slots of clinical capacity that can be funded? Maybe it should be 6 or 10? This is a good place to begin.

Executive Commissioner Farrow stated there are service requirements that are tied to a lot of the resources that WICHE provides to professionals, and as we look to those locations that

are in dire need vs other counties is there the ability to suggest certain areas receive different levels of support or compensation than others, based on regional need, to steer professionals to those areas of need? The Commission wants to support shortage areas, with emphasis in specific counties, and then look at who could be preceptors in those communities.

Commissioner Lokken stated the reality check in the rural areas is the lifestyle the professional would have to adapt to. In Eastern Texas they are looking at technology to develop a more structured way to provide services through exactly this, but on a one to one basis to maintain confidentiality. Perhaps recruit through the larger counties, then dedicate a percentage of their time to rural areas. The rurals are declining, not growing. Technology might be an interesting angle, and there might be grant money in that, or WICHE can pilot, or ask for legislative funding to pilot. The data is necessary to be able to claim that services are increasing and it is working.

Executive Commissioner Farrow stated the NHA was the leader in helping to expand the broadband structure to connect all hospitals, and there are additional monies to connect the last mile along that highway. It can be looked at from a telemedicine perspective. The grant then becomes the needed infrastructure. As long as there is someone on the other end to oversee. With the passage of the Telemedicine Parody Act, the pay is the same as if it were a person-to-person visit.

Ms. Wooldridge stated UNR recently hired mental health faculty to train APRNs in that specialty. Commissioner Redding asked if that is the program they looked to partner with. She answered that program does not start until next fall. Mr. Dodge stated in addition to the internship his job is to work with the rural community health services. His agency oversees the state-run behavioral health network in all Nevada rural counties. He loves the direction this conversation is going. These very types of efforts are currently underway and telemedicine is used extensively to provide psychiatric care to all Nevada rural communities. No rural community has an on-site psychiatrist. He is moving towards this in their therapy as well, especially in a county like Esmeralda where there is a population of under 1,000 people, it is hard to get a provider to live there full time. Also, they are working with the Nevada Rural Hospital Partners to provide emergency telemedicine psychiatric consults and assessments. If someone shows up to an emergency room in a rural community they are trying to connected them to providers through telemedicine. This will help provide the emergency room staff to best triage and manage that psychiatric health concern.

There may also be training for emergency responders and law enforcement officers to better handle a behavioral health emergency. There is a lot of movement with telemedicine. And he is trying to get on board. He has a psychology position in Elko that has been vacant for a year, with zero applicants. There are good health incentives, but no applicants. A licensed psychiatrist working in Elko County can receive \$50,000 of loan forgiveness for just a 2 year incentive. Even with that, zero applicants. The best course of action may be telemedicine. This will provide quick access both in private and public sectors. Also to address the issue that internet bandwidth and technology hardware are not in place. Assistance is needed in that area as well.

Executive Commissioner Farrow asked if Mr. Mitchell was still on the conference line. He was not. He stated that under the Governor's Office there is going to be an office of broadband technology. A liaison can be formed. Commissioner Redding stated perhaps some of the new slots can be built around the telemedicine model for clinical psychology internships. Executive Commissioner Farrow stated it could be built into the curriculum. As they go into practice, even if they are not using it, it could be part of the internship program to familiarize them with the technology. Dennis can assist to bring some of the office hours online. Commissioner Redding stated maybe Alaska or Hawaii have a model. Commissioner Lokken stated Hawaii received a grant to develop internships in their rural areas. Perhaps some kind of modification of that would deal with the broad expanses of Nevada. There are now people in Nevada talking together that historically have not talked. There is an opportunity to work together in ways not done before. WICHE can take a role to bring those people together. Regarding the statistic of the 1 in 5 child suicide rate it is wonderful to have this relationship with the hospitals. An adolescent does not want to go to a hospital. They do not want others to possibly see them. The public school system needs a counseling staff there.

Canada has created a series of videos and use video counseling as well. There are programs out there to base a model on. Coordination is needed to get that up and going. Vice Chancellor Turner stated NSHE can decipher who is doing what in the different mental health areas. They did a great job taking the lead and pulling everyone together. She asked what the log jams are, it is not just a gap analysis that is needed; it is also a log jam analysis. A large number of students are going through the psychology majors, then they have to do an internship with x number of required hours, then life calls and they need to get a job. The stipend is very small. If they can transcend that, are there preceptors to supervise that training? This is an area the sector council is going to look at, and will be reaching out to DHHS because they understand the service side better than anybody. They should be applauded for taking the leadership on this in the last session.

Post-graduation is where some of the solutions may be. NSHE looked at should DHHS in its budget help buy out its practitioner's time so they can serve as preceptors. And as we look at which professions to focus on, or use incentives differently, mental health is a very different business. Looking forward to the next legislative session, whether it is WICHE or somewhere else, there might be log jam removal policy options to meet industry demand and patient need. Mr. Dodge stated one of things they are working on, and have talked with UNR's psychology department about, is how to get some of their current graduate students to begin teletherapy out of their services center on campus. This will give them opportunities to do training under their supervision. They recognize the need to better bridge that gap between graduation, internship, post-doctoral, to being retained in the state.

Executive Commissioner Farrow stated there are suggestions here to consider. He asked the Commission if they need any further information at this point to begin.

Commissioner Lokken stated he has noticed there are years where WICHE has successful revenue collections and money goes back to the general fund, then there are times where there is a gap, like now, and there is a cash flow problem. Certainly it is a standard budget to have some sort of contingency fund that would allow funds to be retained beyond the fiscal years to deal with the imbalances. Frankly, a new infusion of revenue, as long as additional

programming is identified, would be a healthy step for WICHE. Commissioner Redding stated he violently agrees with both of those things and it is the Commission's job to look forward and address the budget request problem, identify the need, and effectively address it. The Governor and legislature will then fund what they find appropriate. Something needs to be done for the program's long term funding stability. There used to be a revolving fund in place; however, it was taken away, then there were 6 years of budget cuts. The program is starting to regrow and the Commission should look at the long standing budgeting issues. Commissioner Lokken asked is there a way to fund a more diversified and elaborate program, knowing what the Commission is doing and what it can do. There is now more interest and more potential for the program to make a difference. He also mentioned staff was not using laptops and wondered if there are some operational needs.

12. **Recent Changes to the Western Undergraduate Exchange (WUE) Policy and Eligibility Requirements at the University of Nevada, Reno.** This item was tabled until the next meeting.
13. **New Business.** Items 11 and 12 from this agenda will be brought back to the next meeting. Commissioner Redding asked if it would be a good idea to invite WICHE's analyst in the executive budget office as the Commission begins to craft a plan for fiscal stability, and what looks to be a significant enhancement request, and get them involved in the front end.

Commissioner Lokken asked why item #12 was tabled. Commissioner Redding stated it is not as ready as he thought it would be. The Regents think Nevada is a net importer of WUE students, specifically from California. The percent of Nevada institutions (both Nevada research institutions participant fully, especially UNR) is off versus the few California institutions that fully participate, and those that do are not the high demand institutions that Nevada students want to go to. This is very much on the Regent's radar. They want to discuss how Nevada will participate in WUE going forward. WUE is not as much a Nevada WICHE program as it is a regional WICHE program. It will be the subject of much more discussion. There is no action item on any agenda at this time that he is aware of. There was a request from UNR for tuition changes because they are overwhelmed by California WUE students, so they significantly limited their WUE intake by increasing the requirements for the student to participate. They created a mid-level which has a lesser tuition discount as a WUE program, but is not full non-resident tuition. Commissioner Lokken stated Nevada probably created the problem with an aggressive recruitment program to California as well. Commissioner Redding stated California schools are very expensive and they are difficult to get in to, and the academic folds reveal the WUE students are the desirable students. More than half of them stay in the area after they complete their program; however, the real policy issue is Nevada subsidizing California families' higher education. It is an easy discussion if Nevada sent out the same number of students as come in, but that is not the case.

Executive Commissioner Farrow asked staff to organize the next meeting. The Regents meet the 4<sup>th</sup> and 5<sup>th</sup> of December. He would like the Commission to meet thereafter.

14. **Public Comment.** There was no public comment.
15. **Adjournment.** The meeting adjourned at 12:02 p.m.