AB387 Task Force
Meeting Minutes
November 13, 2020

Roll: Tina Gerber-Winn, Jennifer Myers, Megan Wickland, Will Jensen, Michelle Sandoval, Cara Paoli, Ross Armstrong, Lisa Linning, Lea Cartwright (guest), Valerie Balen (guest)

Absent: None

Agenda:

1. Call to Order
2. Welcome and Introductions
3. Public Comment and Discussion
4. For Possible Action- Meeting Minutes
5. For Possible Action- Action Items
6. For Possible Action- Confirm Next Meeting
7. Public Comment and Discussion
8. Adjourn

1. Call to Order

Chairman Tina Gerber-Winn called the meeting of the AB387 Taskforce to order at 10:30 am, Friday, November 13, 2020.

2. Welcome and Introductions

Lea Cartwright, guest
Valerie Balen, guest
Sydney Banks, guest

3. Public Comment and Discussion

None

4. <u>For Possible Action:</u> Meeting Minutes October 21, 2020 – Members

Tina- Lisa did send them out to all of us. Do people have any comments or corrections?
Gladys- I was unable to attend on the twenty-first but I did submit my comments to Lisa.
Tina- Thank you Gladys. So, do we have a motion to accept the minutes with Gladys's suggested revisions?

Will- So move.

Tina- Do I have a second?

Ross- I'll second.

Tina- Ok, thank you. All in favor of accepting the minutes with the revisions from Gladys say I.

Tina- Any opposed?

Tina- Hearing none, the minutes are accepted.

5. For Possible Action- Action Items

- **Assign Tasks to members (if needed)**
- **Specify Agenda Items for the Next Meeting**

Tina- Ok so we are at number 5. To review the procedures and the processes. Jennifer, Michelle and Charity had helped us outline. So, we

did go through this briefly. Well, I guess it wasn't briefly at our last meeting and people had a chance to offer comment and the revisions were made as suggested. Michelle did reach out to the System of Care Leadership to assure language was consistent with the mission of that activity and so that information was integrated. There was a few title changes based on that. We did receive comments from a few other entities. I don't know if people wanted more detail to that process of revision. Or if we just want to jump into looking at what the proposed draft is at this point.

Ross- Aside from the System of Care that focuses on making sure of family friendly language. Because I haven't taken a look, are there any substantial changes in the procedure? I know we had talked about different groups having different roles. I think my only question would be if there was really any material change to how the whole system works together.

Tina- Thank you. I'm going to differ to Michelle. I have my impression, but I want her to indicate what she thought was substantial was in part of any of the comments.

Michelle- The most substantial was with the System of Care. Making sure the language was family and youth friendly. The biggest change through that was where we had labeled the Clinical Team as part of the process. It was suggested by the System of Care that we change that to the title of "Family Team Meeting", I think is what it says. So that was a substantial change. And then, replacing the word "child" with "child and youth". But as far as other suggestions that came in none of them were really substantial. A lot of it was just smaller corrections to the process. I think the substantial would probably come from Cara's questions that she had about the process that I am sure we discussed at this meeting.

Tina- Thank you Michelle. I do believe we got, we did receive a comment or two about the Care Plan but those were simple corrections as well.

Tina- So, we can go through each document. I don't think they changed substantially from when we met before. I think the largest concern that came up was how do we get over a stalemate in the process. So, if there are other disagreements or perhaps structural within our own divisions operations, how are those overcome. That was the impression I got from the questions as far as this process. So, I hope we can talk those out today to see if there's anything else we need to add. Knowing that we can change this process as we evolve, that is always the intention.

Cara- So my concern is, I feel like in large part the state and the counties are already doing what we have outlined. And I feel like we have an example of a case right now that's parental custody and the family's really struggling. BTSS is involved. ABSD is involved. And this person has been found eligible. That this child, I should say. We've been working on it for five months now and no significant supports have come forward. And the School District is involved as well. So, or, let me just say that the support that the parents have been asking for haven't come to fruition. I think many of us have been involved in these over the years. This isn't the first. If we're truly committed to finding a solution we need to dig deeper, in my opinion. To come up with a resolution and a timeline for how it will be decided. Because this has lingered on for five months now. And the family's frustrated and there not getting what they need. It's not that people aren't invested in trying. I think the 30 plus team that's involved have really tried certain things. And every agency has their barriers that they bring to the table. As why that family or that youth is not eligible for their service. I'm not saying those are not genuine but we as a state need to figure it out what do we need to bring to the table so they become available for one of our services. And that's what I think the task of this group is. Because we've spun wheels forever. I don't know if we take it to the top and they just mandate who is going to do it. And this is how they'll do it. And we all contribute funding and make it happen or what. But I think we need to go to the next step.

Ross- I would just say my attention as administrator certainly would be with this group. Like, what the Care Team decides. What agency needs to step up. What is coming out of the director's office. I would consider that a directive and go forward from there. I think sometimes there are not the resources here so then it is helpful to have the director's office who could strategically figure out how either get those resources or how do we figure it out or get the best that we can. Speaking for DCFS, this team is envisioned in this procedure and I would consider that a directive to follow. I think when we have the kids and families that are going through this process it should already be off the ordinary course.

Tina- And I believe the same thing. In the sense that each agency or division creates the solution, and they limit their solution to what is in their protocol. No offense but that is what the discussion has been from the beginning and that is not sufficient. And I can say pushing the limit of any system is the intention and the purpose of this group. And that means reaching or expanding service provision for each case. People who are in

need for a period of time and then case management to oversee that each division meets the higher level of expectation. That is how, if that's what we need to state in here than that's what we need to state. That the person works directly with our director to say the only resolution is to provide this which is going to be outside the norm of what we do. And I believe in any situation an administrator can call an exception to the rule. And Ross you can correct me if I'm wrong but there are times when I've asked my boss to go off road to address something that's necessary for that resolution. And assuring that we are continuing to monitor, so it really is a workable solution. I don't know how to make that clear. That's the intention. Is that something we put in writing. Do we develop a more specific roll for Richard? We could do that. I mean

Lisa Linning- I agree with what you've said so far. The piece that I highlighted when I went through the edited documents, I think is not filled out as specifically as it needs to be. That the roll of the (inaudible). The administrative team is not filled out, cleared up and a final decision, an agreement on (inaudible). A decision has to be made. I agree with Cara. The way this is worded if there is not a timeline or there's not some declaration that there is somebody that's going to make decisions and solutions collaboratively to the table. It has to get more clear, if we're going to make a different (inaudible).

Tina- So what I hear Michelle and Jennifer is somewhere in the comments for the Implementation Team, the care plan needs to be anointed by someone of authority. I don't think we mean for the Administrative Team to be involved in every decision. With the idea that the faith would be in the Implementation Team. But it sounds like that is what people have been doing in their minds for a long time. With no one endorsing the Care Plan. I do think it would be valuable Ross. How do you see that working. Not to put you on the spot but as an administrator the Implementation Team is saying we need authority to do X,Y and Z to get this done. Would you then as the administrator want to give them approval for whatever portion affects DCFS.

Ross- Yes, I think if that team comes together and says this is the plan, they need to get it to the appropriate administrators and then I think we need to talk about a time frame. I think the administrator needs to get back to them like, within 72 hours with what the plan is, to execute what the team needs to do.

Tina- So if we added it to the Implementation Team process at the end, to say the Service Coordinator or the Case Manager would then finalize approval with the respective Division Administrator to proceed. And if there was any problems then it would go to the Administrative Team and then go in front of Richard. And he would have to ask why, why aren't you doing this.

Ross- Right.

Tina- Ok.

Ross- He is faced with that all the time. So, I think that yes. I mean, the administrator needs to get back within 72 hours, not with, yes, we are willing to do this, but how are you going to do it. With 72 hours what the plan of execution of the team's recommendation is. And maybe 72 hours is too long. I know there is two classifications of cases. So maybe it has got to be within 24 hours for those urgent cases and 72 for the less urgent cases.

Tina- Well, I think it strikes fear when your potential outcome is to have to explain to the director why you didn't do anything. I never want to go through those conversations. And so, that would be the impetus in my mind. To say we need a response. That makes sense.

Michelle- So, as I'm looking at the procedure. Under I, I don't know if you've got that pulled up or not. It talks about who could or may be involved in that team. But at 5.4 we kind of talk about what the Implementation Team will do and how they will help make sure that care plan is carried out. I'm thinking the suggestions that you guys have made is good under that 5.4 or 5.5 implementation team.

Lisa Linning- I would just say I agree we're doing some work on the Implementation Team. I think even where it is defined Implementation Team members are defined just saying it's fine where it is. Appointees from divisions, you know, it goes down the list. If it doesn't say something like "appointees with decision making authority" then we're going to spin the same way. Again, I think that's something where we can make it more clear. If this team can't come together and make those agreements so to speak. Well, this child doesn't fit neatly in our criteria for a child that we serve but we are agreeing that we will pick up this piece and if this other agency picks up this piece we can collaborate and share the, whatever element it is that a little bit outside the box. Because these kids that we

get stuck on are always those kids. That are, they're falling between the exclusion and so somebody's needing to say " I know this doesn't fit neatly in our exclusion criteria or our inclusion criteria but we're here as a team and we're going to pick up this piece. Can you guys do this piece and can so and so do this piece". But if you don't have people that are at that table in that team meeting, at that time, you don't get the decisions, you don't get the approval. It sits and so every 24 or 72 hours you add to it and the kid languishes and is unsafe and the family's unsafe. That's again where I kind of want to highlight that we've got to have the right people at the table. Or we just don't get there.

Tina- So Michelle pull this up. Under 5, this is where you would want to make the comment that the oh, ok, you've added that.

Michelle- Yes, that's what Dr Linning was talking about. So I added " the people with decision making authority". I think it just kind of clarifies it.

Tina- Do we want to expand on what that decision making authority means? Do people want to add verbiage there?

Cara- You could interpret decision making as a lot of different levels at our various agencies but the person who can convince funding is the person we want at that table.

Tina- Yes, agreed. I think Michelle, "with decision making authority including the ability to allocate funding or resources". Ok, is that strong enough?

Ross- Yes, that is a helpful clarification.

Tina- Ok. Michelle will you scroll down to the 5.4 area you were talking about. This is where Michelle is suggesting we can add additional language. Maybe it's the 5.5 Michelle.

Cara- Michelle, one idea and this is just an idea is the DMG (Decision Making Group) meeting. That is mostly I guess, DCFS and the county head directors. I don't know if we want to develop something like that. And include ADSD and Richard. If it got to the point where administrators were not in agreement on the course of action.

Tina- Cara what does the acronym stand for?

Cara- What is it Ross?

Ross- The DMG is the Decision Making Group. We mostly approve policies for the Child Welfare and talk about on going issues. I think what your talking about is if somebody wasn't cooperating that would trigger the relevant administrator and that would be Richard, to get together for that.

Tina- Michelle I think the idea is if the Implementation Team is not in agreement then the decision-making group will meet.

Ross- I think if the Implementation Team makes a decision and an administrator is not in agreement then that would trigger the DMG (Decision Making Group) meeting.

Michelle- Can you say that one more time Ross.

Ross- If there's not a timely response from the Division Administrator or a lack of cooperation (that could be finessed).

Tina- Just a point of clarification. What I understood you to say was that the Implementation Team would come up with a plan. If there is any services or resource allocation that is out of the norm of program regulation the respective agency/division administrator would be advised to approve and authorize the extension of services. And then, we are talking about if that is done and people aren't delivering then we go to the discussion with the director. Is that what we said?

Ross- That is how I understood it.

Tina- So Michelle, we will have a couple of steps under that.

Michelle- I can send it to you guys for approval too. I have some notes written as you all were talking to.

Tina- Thank you. We can work together to add that. Do people believe that's enough of an addition or does strengthening guidance need to be added.

Michelle- Maybe we should add a timeline. Like a timeframe of when this would happen. If there's dissension or difference of opinion between administrators or directors. However we want to phrase that.

Tina- So what is a respectable amount of time based on what other work you do.

Dr Linning- Because the child could be in crisis during all of this, I would say the shorter the better. I would say no more than 48 hours. I know that is hard with the schedules they have but.

Ross- That sounds reasonable to me. We've got a family waiting in crisis and I have plenty of meetings that can get rescheduled when we have a family in crisis. That is our job.

Lisa Linning- You guys work around the clock, truth be know. Maybe we can delineate between crisis or critical timeline versus, sometimes kids are in RTC and we have a 30-day notice that they're coming back. We don't have any other plans. Maybe that would be within a week. I don't know if we want to designate based on critical need or crisis level. Something along those lines.

Megan- I agree with that because I see this kind of being two fold where when we do have a youth in crisis this group comes together quickly and put forward recommendations on who's going to do what, when. But then also when we have situations where we are trying to be preventative and get supports in place within a period of time then it wouldn't necessarily be a crisis situation so maybe having a level system or something along those lines. Level one, level two, priority level. That might be helpful. Because certainly if you have somebody coming back in thirty days we still have to met and come up with that plan but we're not dealing with a family necessarily in crisis at that moment.

Michelle- My question would be we kind of identified earlier in this procedure urgent priority and high priority. Would that be enough of a definition. Could we say that that 48 hours would be for that urgent priority and that maybe that week would be for the high priority. Is that enough definition, do you think?

Megan- I think so.

Ross- I think it would make sense to use that same classification throughout.

Tina- My experience in trying to find providers and get them enrolled for payment and such takes a long time. So as much advanced notice as

possible is great. My mind sees them all as urgent, but I know it's less intense or maybe less stressful if we say we will categorize our response.

Dr Linning- I think in my mind, if I've got a kid that's got 30 days I've got time to work on things. I'm still working them. These cases that I would be bringing to this team are those cases where a child's in the RTC and we have been waiting for approvals or denials of every kind. And all different levels of care. Step down to Enterprise or Oasis and high level of care group homes. And we are now getting "this child needs to be out in two days or four days". And we are down to the wire and we have hit roadblocks at every level. That's why things are so urgent because again, especially for a family. They do not have the same ability to negotiate with facility administrators, that you've developed a relationship with. So, they are really in this place of doing this alone until they come to the attention of us usually. I work with a kid right now and it's so frustrating because I keep getting the answers of "our committee doesn't met this day and we're out on holiday this day" meanwhile, the kid's going to be on the street yesterday and I have to beg the administrator to keep them for a couple more days. It is that kind of stuff that is just, and this is a failed adoption so the parent is beside herself because she doesn't want this to happen but she doesn't know what else to do. I think those timelines should have distinct priorities. But I just wonder if their needs to be a little bit more description in those priorities (inaudible) to give examples of what (inaudible).

Cara- I agree Dr Linning. And what I was thinking of as you were speaking is not only that, but I know one thing that's been discussed in the past is when a child is sent out of state in an RTC, sometimes the state or county or whatever involvement just drops off and the case is closed and it's like a permanent divide. One thing we've talked about in the past is having either a wrap around. Maybe not stay involved but get involved in say the six week plan prior to them returning. Same with ADSD. I don't know what the policy is at each stage but there was always discussion around whether or not the service coordinators should stay involved with the child if they go out of state for a period of time. Or if they would close and then get re-involved. So, in my mind, all this has to do with Medicaid reimbursement to. I think it was like a 10 day period that they would reimburse intensive case managers for services to assist with transition. And I don't know if that's still the case. If its 10 days or if that was expanded. But, in my mind you need at least 6 weeks to work with the RTC to get a good transition placed. Usually even longer than that. So that is something we may want to address as well.

Tina- I absolutely agree.

Megan- Can I just speak on behalf of ADSD that we still keep the cases open and the Service Coordinators involved while that youth is in a RTC and is heavily involved in that transition piece. We don't go away.

Cara- Yes, it seems like anytime youth is sent out of state there should be someone attached at some level. And I know there is always the cases where it's like high interest to work with the family who's not involved with state or county and we don't even know that there in an RTC. That obviously exists but if there's not a way to flag this through Medicaid which that would cover everybody. Because some people just use private insurance. Then maybe train the facilities that youths that come in their direction and looks as though stepdown is going to be necessary for transition that they have somebody to contact. To get that transition service in place.

Tina- I think what your talking about is more extensive than this group however, one of the things that I would say is that if we want to start advertising this service then we could work together to send out information to these facilities so they know we exist. When they are running across trouble with a discharge plan for a child. And I think we could provide that information as a group to the parents as well as the facility and we are involved, as case management at the beginning of placement. For some reason case management doesn't continue. Because I do understand policies. They are case managed but sometimes priorities do not allow that to consistently happen. We could do an outreach campaign and regular communication or guide facilities of our existence as a group to assist children and the families when they're out of state.

Dr Linning- I wasn't sure we've felt this out clearly enough. Tina, I agree that getting the word out is going to be important because, you know, this youth that I just referenced, you know, she was an adoption the mother placed. She did not come to the attention of Child Welfare. We didn't know anything about this child until we were in the eleventh hour when the facility's trying to kick her out. And so here again she's not ever going to get a report to us, the Child Welfare Agency per say, because there's not abuse and neglect from the caregiver. This is the other piece that we need to identify. How a family gets an agency to connect with them. If there is an intellectual or developmental disability. They might have had a

referral to ADSD but maybe not. Because maybe that family doesn't even know that that service exists. Maybe they've come to the attention of DCFS in some capacity but maybe not. And so there again that is where so often these families just happen into child welfare because of the relinquishment. Because maybe the RTC tells them "well, if you refuse to pick up your child then you can get some support". They are terrified now the kid can't come back into there home because whatever. So again, I'm not sure that we've identified the pipeline well enough to get the resources to the people who most need it. If the child has come to the attention and is in the service of one of these outlined agencies we still have difficulty making decisions. But if the child, if the family doesn't already have a connection with one of our agencies they are the ones that are really in that place. And so how do they learn about us. How do they find out about us. And then additionally, I would say that that is another barrier. Because we are not, if there is not abuse and neglect the counties are not going to bring them into care under our statutes unless there's a relinquishment. So, can we get them in through a different door. Because I'm not sure we've outlined the doors well enough.

Ross- A family can always enter into a long-term agreement for certain services for up to 6 months so you wouldn't need a full-blown relinquishment in that case. For a child welfare agency to get involved and open that door to access to care.

Dr Linning- I don't know that people know about that Ross. (inaudible)

Ross- (inaudible)The three jurisdictions might have a different practice. That might be something on the child welfare side to put some take a look at. (inaudible) When we were looking at this bill it originally was just full-blown relinquishment and then we added those. We inverted to a temporary agreement of that statute so we could capture that whole universe of families struggling.

Michelle- Would it make sense to add how do people access this as part of an outreach responsibility. That the Care Coordinator would be in charge of, which would be including outreaching to all the facilities in the state. Ones that are frequented outside of the state. To really get the word out there that this group is out there? Is my thought.

Ross- I think we want to be careful that this isn't just a, I think the group could easily get overwhelmed. So, to keep in mind that this group, this system is designed for those parents who are on the brink of relinquishing

their parental rights to their child or entering a temporary agreement and placement with Child Welfare. I would just be careful about opening that door to wide and let a request from parents, who may not need this level of creativity and going outside the normal bounds. Certainly, I think the reason to the RTC's in that situation. I think we see where the parents are saying I'm not going to pick them up. That is a similar enough situation, I think to help figure out. But really, I think it should be the local Child Welfare agency and if their unable to come to a solution, that triggers this particular group.

Tina- So are you saying Ross, that in the beginning when Michelle and Jennifer outlined that we would receive a referral from a child welfare agency and that is the appropriate way to address what this bill is saying.

Ross- Yes. Because I think they are going to be aware of that family that's on the brink of relinquishing or entering into a voluntary agreement.

Tina- And it could be a cursory training to the RTC that you need to have the parents contact the child welfare agency to talk about possible solutions. I mean, that is the only way the process works. Michelle do you want go back to the beginning of this. We talked about referring agency. Because our assumption was it had to come through one of the child welfare agencies.

Ross- Cara and Dr Linning, might have more experience dealing with this on a regular basis but if a parent is refusing to pick up their child from a facility then I would assume the facility gets in touch with the child welfare about abandonment of the child and then that would get the team, the child welfare agency, working with the families to figure out what's really going on. And might help them to change they're mind.

Cara- Yes, I would say that is accurate. There has also been a handful of situations where the parent indicates that there are other children at home, that are at high risk because of this youth's behavior. So, it's not so much an abuse or neglect situation as an inability to protect the other children. Therefore, becoming a safety issue. If that makes sense.

Dr Linning- (inaudible) Working at Desert Regional Center it was often working with the families even with the caregivers, they no longer have the health or ability, physical ability to handle the child in a safe way. Or there are other kids in the home or other family members at risk. And so (inaudible)

Cara- Even DCFS back in the day when I was doing outpatient, those types of things would happen. A parent came in for a session and they were in crisis. There were a few times where they said, “I’m out”. “I’m not going to hurt this child, but I have no idea what to do to help him or her”. So that would usually result in a West Hills stay, an acute stay. And then the parent having no idea what to do. And sometimes they were appropriate for resources we had available and other times they were a little more complicated.

Dr Linning- And I agree. Sometimes the insurance is the barrier for the family to get access to. (inaudible) Where the parents were advised to drop the kid from the insurance so that Medicaid would have to pick them up. People have to get creative just to get the wrap in place. So that is another one of those elements to try and get support (inaudible). Trying to avoid the extreme measures and open up a reasonable pathway for families to (inaudible)

Tina- Ok so Michelle added something to the procedure. What additionally do we want to have added to make that statement clear up to “who can make a referral to this group”. Because I believe Ross is saying something not quite the same as what Cara and Dr Linning are saying.

Ross- I think this is going to be an interpretation set up by the NRS that set up these clinical teams. I think there is a procedure there that goes to the director’s office and an AA or someone else can help make that determination about what level case it is and if it needs that definition AB387. I guess it’s not just limited to child welfare agencies but they would have to be a situation where there approaching. Relinquishing their legal rights pursuant to the parental right relinquishment statute or entering into a voluntary agreement to (inaudible)

Tina- So what I hear you saying is people could put in the request. The AA who’s triaging or the staff triaging the request would clarify what the current situation is and insure that other resources haven’t been utilized first which Tawny has done all the time. I’m not saying it will be Tawny, but the director’s office does triage emails that say is this your area and we say yes or no. And then if it’s a no than it would go to this group of if there was certain benchmarks met in the conversation. A person’s interested in helping people by calling and talk to a mother who said I’m ready to give up, where’s the paperwork, then clearly we would go through this process.

Ross- I mean, we could go through the process I don't know, I would defer to Cara or Dr Linning in terms of, do you want to try to work it out first or if you can't work it out then it trigger this process. I don't know if that's more overwhelming for the parent or if it just makes sense (inaudible). I don't know if that would make it easier to triage. We would just want to make sure there is support for that person, doing the triaging. But understand the options we might go through before triggering the team.

Cara- I could say now when situations arise, we will make referrals to whomever we think is appropriate based on their assessment and the status. What's been provided in the past. What their needs are. And it is only when we get denials on those referrals that we would initiate this process.

Dr Linning- Agreed.

Tina- Ok just to clarify, if a parent or agency other than the child welfare agency made a request for the team would you want to see those and assess whether or not you have resources before it goes to the team.

Cara- Sorry if I am convoluting things. I'm thinking what the scenario would be where we wouldn't already do that. For instance, if something came through DCFS you would problem solve it between all the state agencies involved in the county when they would be involved in that. Because they wouldn't need to. It's not an issue of abuse or neglect or trying to prevent somebody coming into our system. It's a separate treatment issue or
ED issue or whatever. So, anytime somebody comes through the county or, we already have people involved trying to find resources to prevent people from coming in. Of course, they have to met regulation criteria to come in our door anyway. So yes, I think it is always going to be the case that we are trying to keep them out of our system at all cost. And then that would include reaching out to this group. Did I answer the question?

Tina- I'm getting the idea from what your saying. I think it's a matter of process so we don't know who might use this email. And the person who is triaging the request may need to contact each child welfare agency to make sure they don't already have a history with this family. And if they did we would negotiate whether or not that person needs to come back to the child welfare agency for assistant or if this group would then take it on. That's what I heard you say.

Dr Linning- (inaudible) that agency needs to have access to UNITY. You need to look in UNITY to see if there was a previous referral. Now, that is assuming that you have the names right. Again, this child we are trying to get resources for right now, because she was adopted, she was known by

different names with RTC and other places so we are trying to put all these pieces together. That is more complicated than usual. But I would say much like what Cara's describing. In my mind we want other agencies, you know, DCFS, ADSD. So many of these kids who are in this situation are kids with intellectual and developmental disabilities. Almost exclusively the only kids. And I am coming to everyone I know and pulling in every friendship and favor I have access to, to say look work with me here. We are really in a bind here. So, I agree with Cara. We do not want kids to come into child welfare custody or care, if the whole point is this family is at a loss of resources. I thought that that was part of what this bill was trying to avoid was for kids to come into child welfare custody. That we are identifying the other agencies that have supportive services or resource access that we can get them connected with that prevents them from coming into child welfare. That's why I'm a little confused Ross, when you say that it should be coming to the child welfare agencies because my understanding was we were trying to avoid them coming into our custody. Not that we don't want to provide services but the minute that they come into our door we've got state, federal, all kinds of things that are different and get in the way of helping them get access to care. So, but maybe they will do some of those pieces. The temporary agreement thing is completely new to me so maybe I just need to find that and understand it better. I guess, if what the family needs is a funding source to access one of our step-down facilities or one of our higher level of care supportive living or group home settings, so that they can reintegrate into the community while helping provide family with therapy to overcome the barriers that have prevented them from being successful in their home. I mean, that doesn't need to be a Child Welfare thing. We've got some of those resources in the community. But maybe the family does not have the payment source or that kind of thing so then they need somebody helping them. Whether it is WIN or someone helping them access, you know whether it's VOCA dollar or other grant options. Because a lot times that is what it is when families are throwing up their hands. They don't qualify for the kind of resources they would have access to with Medicaid. I'm just kind of throwing out some additional scenarios so that I can see this playing out for this team.

Cara- Yes, I agree Dr Linning. In the recent consult we had with our DA, the six month voluntary is a slippery slope. You provide that service to a youth and the parents are comfortable with the arrangement. If they are not visiting, if they are not working to improve the situation, what's the next step. We take custody. It's almost like a little breezeway to the county's taking custody, in my opinion. That does not mean the county shouldn't assist or provide funding or a variety of things. But I don't want to make it easier for, instead of providing a solution for treatment, I don't want to say, "oh here, we will house your child for six months". And see what happens. I just think we can do better than that as a state.

Tina- So, I think we are at a point of impasse until someone explains what you want the team to handle. And when we should contact to verify. I hear UNITY. If someone needs to check the history of a child we can do that. I don't know how to qualify a child for the service when the NRS is saying the child has to be a risk for relinquishment. I suppose Ross, we could talk to our AG to interpret what that scope is. And that would be the scope the state would provide. Which may or may not meet the requirements of each county because I understand you have your own legal advisors. We can do that. I'm certainly able to talk to our attorney general to ask how she would interpret the statute. And how widely she would see that working. If we don't have to have Washoe or Clark County involved, which is what I'm hearing then we would be able to manage it from a direct referral. Hopefully obtain some history when needed. And then go from there. But Ross, part of it would be to enlist DCFS then, as the child welfare entity representation. We talked about the team looking at the Risk and Care Plan and planning. So then that would be DCFS having a heavier role in our care planning.

Ross- In the rural counties, yes.

Tina- Ok.

Ross- But I think, my bottom line is there are no resources that came along with this bill. There is no dedicated team to handle these cases. I think we have a pretty good understanding of how these cases come to be and I do not see them coming outside the attention of a child welfare agency that often. I would just say I don't think this is a service that we should probably advertise or make incredibly public because there's no capacity to, whoever the AA is who's assigned by the director's office isn't going to have the capacity to actually effectuate the policy. But I do think

in terms of next steps would be to check with the attorney general's office in terms of ok, based on the statute which families would actually qualify for this type of extra assistance. If the determination is that they don't met the qualifying requirements what would the next steps be (inaudible) training in the director's office.

Cara- Ross, I'm wondering too, we need a navigator when people don't know who to turn to. I mean, I don't believe we need to advertise it either but it's just making sure that people are getting to somebody within this group if they are struggling or they don't know who to reach out to. But I don't want to overcomplicate things either.

Tina- So for a point of clarity Ross, would it be better for you to ask the attorney general who works with DCFS because we use a different person, I think.

Ross- Yes, we have a team of three, for us, so I'll ping them and the chief, with a question of the best way to determine the qualifying for this program.

Tina- That is much appreciated. Then we will add that language to this procedure to clarify.

Ross- Perfect.

Tina- So, I think we talked about a multitude of things. Michelle has worked most of that in as we were talking. with a need for us to change a little bit of the language. We were scheduled for an hour. I think some people didn't have more than an hour but it doesn't look like, Will had to drop off for another meeting but it looks like everybody else is still participating. To be conscious of people's schedule what more do we need to consider for this procedure. Is there anything else that people are worried about. Or areas that require clarification.

Dr Linning- Getting back to the flow chart and just kind of looking and again to clarify a few things. I wondered a couple of time at the child and family team meetings you included a child psychiatrist and I wonder if it doesn't make sense to say "or psychologist". A lot of times we run into such a barrier accessing a psychiatrist. Giving that option, I think that might be a useful element for the team.

Michelle- Dr Linning, I think your spot on. I think it was Gladys who made that same suggestion and I think we did make that on the updated flow chart but I'll double check.

Dr Linning- Oh great. And then I also wondering under the Implementation Team, where it says GPPH (inaudible) and then on the other side it says GPPH Mental Health authority. I wasn't sure if those were a duplication or distinctly enough to have to separate people. So just was curious about that.

Michelle- We could change it, but in my opinion in previous placement concerns we needed the Policy Specialist. Which would be a Behavioral Health Specialist. We needed Provider Enrollment Specialists to create single source agreements or provider eligibility so it's different people.

Dr Linning- Maybe somewhere, maybe clarifying that because I just didn't understand the distinction there. And then my other question in terms of, I mean I was just going through the flow chart to think about the process. And then again as we've kind of identified the Administrative Team and their roll. Who they are, what they do, what their roll is. It is outlined that they met bi-annually to review and report data annually. Are we not thinking that they are that next level of authority when it is needed. And I wondered if we were sort of missing that piece. Because again sometimes it's been that a group, even a group of decision makers has said "well, this has reached an impasse" or there's some funding decisions that maybe are unusual enough that, or that everybody disagrees that they can take apart and we're left stuck. I was just curious if that is the next final decision -making group because it is not defined that way.

Tina- It is always possible to add another team which was what Cara talked about with the DMG. Like a, "let's quit fighting team". We could add that as another piece in between. The administrative team was really just to review the process and give an update to the administrators. But we could add a different team if the group decided what they wanted it to be called. It was Decision Management Group or something along those lines.

Dr Linning- Yes, I just wanted to make sure that there's a buck's stops decision making group of some kind and that it is clearly outlined.

Tina- So it sounds like it would need to be in the flow chart. Do you agree Michelle. You'll put that there. Will it all fit?

Michelle- Absolutely.

Tina- Ok, so we will add a decision making group and add it to the definitions

Michelle- And if I'm correct. Kind of what we talked about in the beginning where that Decision Making Group is really the director and that division administrator getting together so we can add that to the flow chart and then we will just define that again in that 5.5 section procedure.

Dr Linning- And I would say when you define it, often times it is not just one administrator because that's sometimes where the problem becomes. You don't have more than one of those administrators at the table sort of saying ok here's what we need and everybody's going to take a hit. Whether it's a financial hit or assigning a resource option. Everybody's going to take a hit from the team kill. Whatever administrative people are relevant to say whatever that kid needs. Like if there's an ADSD need they should be at that table in addition to whether it's DCFS or one of the counties. Does that make sense?

Tina- Yes and we much appreciate if there is a definition since this group already exists in some format. If there is something written. Otherwise we will just create our own definition. I don't know if the process is written out somewhere else just because it's used already. If not, then we will write up our best guess.

Ross- It's not. The DMG group is a case decision making type stuff so it would be a new type of process.

Tina- Ok so is it confusing if we call it the same thing or do we need to call it something else?

Dr Linning- I would call it something slightly different.

Tina- Ok. Jennifer's great at naming things so I will ask her later. Unless there is a suggestion today.

Tina- Ok, so the flow chart we will change to add additional reference group to allow the stalemate group. To allow them to meet to break the stalemate. We will call it something else, but we will define it. What do people believe we need to add to make the process stronger.

Dr Linning- I had one more area that I think needs to be defined and maybe I don't have the most updated copy, but I didn't see a definition for Care Coordinator. As in, who it is and what tasks they do. It is talked about in the flow but it wasn't in the definitions so maybe it doesn't need to be but that was just another piece that I noticed was a little bit unclear.

Tina- Great. We will make sure to add that in. We will get a definition.

Cara- Did we give you enough as far as timeline and critical decision making. Need versus having a little more time to pull together the buck stops here meeting for administrators and directors?

Michelle- I think so. I have written down two pages of what you guys were saying so I think I got it (inaudible) you guys can have the final touch.

Cara- Ok, thank you.

Tina- So we will have another meeting to talk about the finalized or second to last draft. Whatever we are talking were going to call it. Because we do have a meeting scheduled and I do know that Cara and Lisa, you were both invited. And that meeting will be with our Division Administration including the director. I think it is the 23rd of November. To allow for a discussion of this process. And my assumption will be that if there's any concerns or confusion or additions/subtraction, it's November 23rd at 1:00 pm. The teams meeting. Then those comments or suggestions would be identified and we as a group, would come back together after that to make sure we considered what division administration is encouraging or needing clarification and we'll add it to this process. I think we will have that meeting, get the feedback from a different set of people, except for Ross. And then he will be more aware than the others and then we'll come back and talk about what, if any changes we would make to this procedure.

Ross- It sounds like a good plan going forward.

Tina- So if we're moving to six I think we said Ross would go ahead and have the law and the eligible entities identified by the attorney general's opinion. We will have the meeting with the Director and the Division Administrators. And then we will come back and incorporate whatever

changes they would suggest, if any, after that meeting on the 23rd. Is there other things we need to consider?

Dr Linning- So, I just want to clarify something. Once we have some information back from the AG's, won't that impact some of our edits and so wouldn't we want to get those edits in place as soon as possible before we have that meeting on the 23rd. I don't know if the timeline allows it but don't we want as much of a final product as we can have for that meeting. Or maybe I missed something you said. Let me just say that also.

Tina- I don't really believe, well, people can have their opinion, but I don't believe that whatever the eligibility determination from the AG's going to affect what each division has to throw into this process. I think each division has to be committed to timely response. To authorization, to additional services outside the normal scope when it is required. And that would be the responsibility regardless of how the eligibilities determined. That's just my opinion.

Dr Linning- I thought that some of the definitions of how we were writing in the who does what, and whom in what way, might slightly hinge on how that's written. I don't know because I haven't seen it but I just think at the very least we get an opportunity to kind of review the edits that get made and clarify any small things because I am very grateful for those that are making the edits. This is a complex thing and a lot of people talking and it is easy to miss stuff or to catch, or for someone who does the process and is involved in the process. Because Cara and I have had a lot of input because, I don't know, how many years have we been at this trying to get services for kids. When you do it every day it's a little different than when your trying to capture it on paper. And so, that's all, that's what I'm thinking.

Cara- Yes, I agree.

Tina- Michelle, I don't know what your schedule's like. What would be the timeline to modify the comments, or add the comments discussed today.

Michelle- I can have it done by Monday.

Tina- So we could do the close of business Monday. What we would be missing would be the AG's determination. I'm assuming, Ross. Based on whatever the priorities are.

Ross- Yes, they would probably need at least a week.

Tina- Well I guess I picked the recommendation for the group. We can have the meeting changed. I personally don't think the definitions are going to make that much difference. I think we were just trying to clarify whether we could take the referral directly without it going through a child welfare agency. Or if it needed to go through a child welfare agency.

Dr Linning- (inaudible)

Tina- I heard most of what you said, I think. So, we will go ahead and proceed on the 23rd with the administrative meeting. Hopefully, we will have clarity by then from the attorney general about the eligibility and we will explain it during the meeting. That will be what we shoot for. With the hope we might get it sooner and we can incorporate it into the draft based on that. I think we did a lot of work in an hour and a half and clarified and strengthened the document. I would like to move to public comment if there is any.

Tina- So when do we want to meet after the director's meeting. That's the 23rd, right before the holiday. Can people commit to a December meeting. Early December?

Dr Linning- I can. What do you have in mind.

Tina- So just selfishly looking at my own calendar because that's the only one I can see. I can do any time on the 30th. Any time on December 1st. Morning of the 2nd. Morning of the 3rd.

Ross- the 2nd and 3rd are out for me.

Cara- What about the 30th?

Ross- Yes, I'm going to need time after 2:00pm on the 30th.

Dr Linning- On the 30th, 2:00pm or later.

Tina- 2:00 or later. And Ross said 2:00 pm or earlier. Did you Ross, I can't remember.

Ross- No, 2:00 pm or later works for me.

Tina- Oh, ok. So, November 30th at 2:00 pm. We will then incorporate all the processes, plans, and comments and then review the document again as we did today. We can schedule it for an hour but my guess is we're going to go longer than that so.

6. For Possible Action: Confirm Next Meeting Date/Time

Next Meeting- November 30, 2020 at 2:00 pm.

Tina- Ok, now public comment. Did anybody have public comment.

Public Comment- None

Tina- Alright. So, I'll work with Lisa Dubois to get the minutes out and to get the agenda set and be looking in your email for an invite from Tawny Chapman for the 23rd meeting. I think we've progressed a lot today and clarified a lot of information so I'm hopeful about getting this done in a product that we can a least start working through to see what improvement it allows for children and their families. So, at this point I'm going to adjourn the meeting and hope everyone has a great afternoon.

Next Meeting- November 30, 2020 at 2:00 pm.

Adjourn Meeting