

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Cindy Pitlock, DNP
Administrator

RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

MEETING MINUTES

NOVEMBER 17, 2022

All members participated via Microsoft Teams technology (video or audio).

VOTING MEMBERS PRESENT:

Heather Plager
Jan Marson
Jaymee Oxborrow
Lana Robards
Melissa Washabaugh
Michelle Sandoval
Rebecca McGough
Sarah Dearborn
Sarah Hannonen

VOTING MEMBERS ABSENT:

Mala Wheatley

STAFF AND GUESTS:

Cherylyn Rahr-Wood
Jacqueline wade
Jose Clymens
Kary Wilder
Kristen Rivas
Linda Anderson
Kelcy Meyer
Jamelie Nance
Nicole Mara
Valerie Cauhape-Haskins
Vanessa Dunn
William Wyss

1. Call to Order, Roll Call, Introductions – *Melissa Washabaugh, Rural Children's Mental Health Consortium Chair*

Melissa Washabaugh called the meeting to order at 3:02 p.m. Kary Wilder, Administrative Assistant, Division of Child and Family Services (DCFS), conducted roll call and a quorum was established.

2. **Public Comment.** *No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.*

Valerie Haskin, Rural Regional Behavioral Health Coordinator, said Regional Behavioral Health Policy Board Bill was assigned #37 and its purpose is to build out a behavioral health workforce development pipeline. She will put her email address in the Chat.

Michelle Sandoval announced that the Rural Mobile Crisis Response Team (MCRT) received American Rescue Plan Act (ARPA) funding at the last Interim Finance Committee (IFC) meeting to fund and pilot MCRT services in Elko County and other frontier communities.

3. **For Possible Action.** Approval of the September 15, 2022 Meeting Minutes – *Melissa Washabaugh*

MOTION: Sarah Dearborn made a motion to approve the September 15, 2022 Meeting Minutes as presented.

SECOND: Lana Robards

VOTE: Unanimous, with no opposition or abstention.

4. **For Possible Action.** Review, Discussion and Approval of Recommendation of Rural Children’s Mental Health Consortium (RCMHC) Vacancy – RCMHC Members

a. Provider from primary health care services for children and adolescents; nomination of Cheryln Rahr-Wood – *Melissa Washabaugh*

MOTION: Michelle Sandoval made a motion to approve Cheryln Rahr-Wood as a voting member (Provider from primary health care services for children and adolescents representative).

SECOND: Heather Plager

VOTE: Unanimous, with no opposition or abstention.

5. **For Information Only.** Update on System of Care (SOC) Grant – *Bill Wyss, Division of Child and Family Services (DCFS)*

Bill Wyss reported the SOC Grant expires in September 2023 and they are working to submit required information for a no-cost extension. Mr. Wyss promoted the SOC training and framework which benefits all child-serving agencies as the blueprint for building a quality and accessible children’s behavioral system of care. He said Medicaid uses MITA (Medicaid Information Technology Architecture) as a national framework to support improved systems

development and health care management. The three core SOC values are: 1. Child-centered, family-focused systemic care with the family dictating the types of care provided, 2. System care should be community-based, and 3. System of care should be culturally competent (culturally responsive). He encouraged everyone to attend SOC training offerings. Michelle Sandoval asked if the trainings were recorded and Mr. Wyss said he would check and get the information from Beverly Burton. Mr. Wyss said they are working to nail down options for SOC service sustainability plans and are collaborating with Sarah Dearborn and Medicaid to determine use of ARPA funds and how Medicaid could be sustainable for some services.

6. For Information Only. Update on Pediatric Mental Health Access Care Grant (NVPeds) – *Nicole Mara, Psychiatric Caseworker II, Division of Child and Family Services (DCFS)*

Nicole Mara gave updates on program accomplishments over the past year. NVPeds continues to work on training and professional development projects, maintaining a robust publication schedule of educational materials, and providing technical support and data collection for existing sponsored trainings (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Zero to 5 clinical training and Child/Parent Psychotherapy training cohorts with continuing educational credits (CEUs). These are accessible on the Center for the Application of Substance Abuse Technologies (CASAT) landing page with links to on-demand videos and free continuing medical education. Applications were submitted for four to six additional enduring content trainings which will be accredited with CME (continuing medical education) hours and housed on the UNR CME library. NVPeds is coordinating with the REACH Institute to sponsor the Patient-centered mental health in Pediatric Primary care program (PPP) that will be available to pediatric primary care providers. Circle of Security Parenting Facilitator training is being sponsored for 75 clinicians and providers (with CEUs). Two sessions of the Ripple Effect virtual training workshops are being offered with a capacity of 300 participants. Sponsorship of the CAMS Care, the Collaborative Assessment and Management of Suicide training, with follow-up consultations is also in progress. Publications included 5 issue Briefs, 10 Telegrams (E-newsletters), 17 Infographics have been disseminated to approximately 8,000 recipients, and the listserv continues to expand. NVPeds sponsored 144 attendees through 52 training opportunities (both live and recorded). Melissa Washabaugh asked if the CME training was approved by the Nursing Board? Ms. Mara said she would check and verify if all the trainings currently on the CME website were also on the CASAT site which is where Nursing Board offerings can also be accessed. She encouraged everyone interested in being added to the listserv to send her an email and she put her information in the Chat.

Bill Wyss announced the NVPeds program, which is sponsored through the Health Resources and Services Administration (HRSA) Grant, has been pulled into the SOC program and they are grateful to have Nicole Mara on the team. HRSA granted another \$300,000 to each state and SOC is looking at how to best use the funds in collaboration with Dr. Cindy Pitlock. Cherylyn Rahr-Wood asked if the CAMS collaboration would include the Teen CAMS and if it was possible for already trained therapists to join the calls. Nicole Mara said she would work with the CAMS contact to find out.

7. **For Possible Action.** Update on Youth M.O.V.E. (Motivating Others through Voices of Experience) and discussion and possible action regarding collaborative initiatives – *Grayson Whitehorn, Youth M.O.V.E. Facilitator*

Tabled. Grayson Whitehorn was not present.

8. **For Possible Action.** Updates from Nevada PEP and discussion and possible action regarding collaborative initiatives – *Charlene Frost, Nevada PEP*

Tabled. Charlene Frost was not present.

9. **For Information Only.** Nevada Northern Policy Board Bill Draft Request 385 – *Cherylyn Rahr-Wood, Northern Regional Behavioral Health Coordinator*

Cherylyn Rahr-Wood reported BDR 385 is now Assembly Bill #9. The PowerPoint presentation covered the structure and membership of the Northern Regional Health Policy Board which was formed in Assembly Bill 366 in 2017 to advise the Commission on Behavioral Health, the Department of Health and Human Services, and the Division of Public and Behavioral Health of public and behavioral health issues experienced in each region's communities. The five Policy Board regions are Clark, Washoe, Rural, Northern Rural, and Southern Rural. 2022 Board priorities were: 1. Regional board infrastructure, 2. Affordable and supportive housing and other social determinants of health, 3. Behavioral health workforce with capacity to treat youth and adults, 4. Development of a sustainable regional crisis response system that integrates existing local crisis stabilization, jail diversion and reentry resources (i.e., MOST, FASTT, CIT, and Carton Tahoe Mallory Crisis Center), 5. Increase access to treatment at all levels of care, and 6. Develop services to support continuity of care (i.e., continuation of medication/community health worker model). 2022 regional infrastructure strategies and recommendations were presented along with a summary finding that the Northern Board identified that a system infrastructure was premature. Infrastructure and capacity challenges can be addressed now with the proposed language to formalize community and statewide behavioral health systems and sustain essential regional behavioral health coordinators.

BDRs selected for 2023 legislative session:

- Clark: BDR303 – Supportive housing through real property Transfer Tax
- Rural: BDR 361 – AB387 Authorizes establishment of the Behavioral Workforce Development Center of Nevada
- Washoe: BDR399 – Expands the loan repayment program administered by the Nevada Health Service Corps to include certain providers of behavioral health care.
- Southern Rural: BDR 400 – withdrawn.

For more information, contact Ms. Wood at cheryln@nrhp.org. The presentation is available at <https://dcfs.nv.gov/Meetings/RNCMHC/2022MeetingsAndAgendas/>.

10. For Possible Action. Make Recommendations for New Legislative Updates –
RCMHC Members

Melissa Washabaugh suggested supporting Assembly Bill 9 with a letter of support. Kristen Rivas said she would send a template with the RCMHC logo to Melissa Washabaugh to use as a guide to draft the letter. Cherylyn Rahr-Wood recently wrote a similar type of letter and will send the templates to Melissa. Jan Marson said she may have a template which could be used as a starting point for supporting different bills. Michelle Sandoval asked if there was someone who could monitor the youth and family legislation and keep the Consortium updated? Kristen Rivas said she would research and find out who at DCFS was assigned this task as part of their job duties. Sarah Dearborn said the Clark County Children’s Mental Health Consortium (CCCMHC) maintains a legislation spreadsheet and it might be helpful for all the regional consortia to join together. Melissa Washabaugh said she would send out email to find who is coordinating this effort for different counties with the goal of developing partnerships with coordinators and regional consortia chairs.

11. For Information Only. Updates from Medicaid – *Sarah Dearborn, Division of Health Care Financing and Policy (DHCFP)*

Sarah Dearborn reported the following:

State Plan Amendments

- NV SPA 22-0005 – Reimbursement Methodology for Crisis Stabilization Centers
 - This SPA is on Request for Additional Information (RAI), which essentially pauses the 90-day clock under CMS review. The latest discussions involve adding the methodology to different pages within the state plan since the services provided under a crisis stabilization center are outpatient based and may fit better under the rehabilitative services area rather than the hospital reimbursement pages where we originally placed them. Additionally, Nevada will be adding coverage pages defining Crisis Stabilization services.
- NV SPA 22-0023 – Disaster Relief SPA - Certified Community Behavioral Health Centers (CCBHCs) Prospective Payment System (PPS) pay at the anticipated rates due to effects of COVID pandemics effect on the cost reports
 - Nevada is requesting waivers to the Nevada Medicaid State Plan under section 1135 of the Social Security Act using Section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency. This amendment proposes to implement temporary policies and procedures otherwise applied under Nevada Medicaid state plan. Nevada is requesting to allow for State Plan Certified Community Behavioral Health Centers (CCBHCs) to continue with anticipated Prospective Payment System (PPS).
 - Currently under review with CMS, discussion between CMS and Nevada are continuing.

- Children’s Health Insurance Plan (CHIP) Health Services Initiative (HSI)
 - Allows the State of Nevada to use CHIP administrative funding available through a Health Services Initiative, as allowed under 42 CFR 457.10, to provide services and supports to low-income children and youth with behavioral health and other health needs who are involved in, exiting, or at risk of involvement in the child welfare system or other child-serving systems (e.g., juvenile justice). The funds for this Health Services Initiative will be deposited into a state-created child health and wellness fund (the “Fund”) that can be used by participating counties for the activities and services outlined in this Health Services Initiative. The Fund may also include contributions from the State of Nevada, local jurisdictions or other sources (e.g., philanthropic donations).
 - This has been submitted to CMS for informal feedback initially.
 - The services can be provided to qualifying low-income children/youth and/or their family of origin, adoptive family, guardians or long-term foster care placement. The services may include:
 - Housing supports for youth transitioning to independent living or to prevent homelessness and eviction for children/youth and their families;
 - Non-emergency medical transportation to key appointments/community events (e.g., job fairs, family therapy appointments, legal appointments, day programs) that support children/youth and family stability and connection. If more cost-effective and appropriate, this could include an attendant to accompany children/youth on other existing transportation options.
 - Emergency grants required to stabilize high-risk children/youth and/or their families who might otherwise face disruptions in core activities and mental health (e.g., cash payment for essential expenses);
 - Supportive services for LGBTQ+ youth included in the eligible population (e.g., peer support, connections to legal support, school-based group counseling);
 - Specialized medical-legal partnership services related to the child/youth’s health needs (e.g., supporting access to behavioral health services as part of or in coordination with an Individualized Education Program (IEP));
 - Therapeutic respite services for families of origin, adoptive families or long-term foster families; and,
 - Homemaking support in order to support parents/caretakers in the daily management of their households when it can improve a child’s health (e.g., educating parents on how to clean the home to maintain proper hygiene and reduce allergens for children; providing information on how to develop a meal plan on a budget to ensure adequate health and nutrition for children).

New Projects

- Consultant Health Management Associates (HMA) Children’s Behavioral Health Assistance
 - Health Management Associates (HMA) has conducted one-on-one interviews with dozens of key stakeholders to conduct an environmental scan and develop

recommendations to address the behavioral health needs of children and youth and their families. These one-on-one meetings helped to prepare for a meeting that brought stakeholders together in person and virtually to collaborate around goals, timelines, and desired outcomes for this effort to improve Medicaid services and for the overall system of care for children and youth with behavioral health needs and their families. This all-day meeting was held on September 19, 2022. Additional public and stakeholder engagement will be forthcoming with recommendations from HMA.

- Medicaid Services Manual (MSM) 2500 and MSM 2700
 - DHCFFP is proposing revisions at the December 27, 2022 Public Hearing to MSM Chapter 2500 – Case Management and MSM Chapter 2700 – Certified Community Behavioral Health Centers (CCBHC) to ensure that duplication of services is not occurring for a single Medicaid recipient who is enrolled in a Medicaid Managed Care Organization (MCO) and receiving case management services through a CCBHC. Language in MSM 2500 and 2700 is proposed to clarify the role of the Lead Case Manager. When a recipient is eligible for Medicaid through an MCO, it is the responsibility of the Lead Case Manager to ensure that the identified MCO is notified of the recipient's participation in Targeted Case Management (TCM), in addition to coordinating all care with the MCO.

Mobile Crisis Planning Grant

- Stakeholder meetings with current mobile crisis team stakeholders including CCBHCs and non-CCBHCs have been completed. Great participation and discussion, significant interest in children and family mobile crisis response, also attention on IDD/DD populations and ensuring provider training standards are adequate. Also, significant interest in rate development to incentivize providers to enroll as DMCTs as well as catchment area development for DMCTs.
- Working with the Division of Public and Behavioral Health and CASAT to create a certification for Designated Mobile Crisis Teams to be utilized to create a provider standard of mobile crisis in compliance with Section 1947 and SB 390 aside from other crisis services being delivered.
- Public Workshop will be forthcoming for these provider standards to the public and interested stakeholders prior to moving forward with SPA and MSM updates.
- The process has begun to create new Crisis Provider Type with specialties to support various crisis service deliveries, i.e., Designated Mobile Crisis Teams, Crisis Stabilization Centers, Non-Emergency Secure Behavioral Health Transport, etc.
- Beginning discussions for initial fee development for an enhanced rate for mobile crisis services delivered by DMCTs, additional considerations being made to define CCBHC-DMCT rate to be reimbursed outside of PPS rate.
- No Cost Extension was approved by CMS on 10/3/22 for an additional 12-month period through 9/29/23, this will allow Nevada more time for full roll-out and ability to rollover unspent funds into this FY. Medicaid asked for a 12-month extension through 9/29/23.

Section 1003 SUPPORT Act Planning Grant and SUPPORT Act Post Planning Grant update:

- The majority of work being done through the SUPPORT Act Post Planning grant has been related to the 1115 Substance Use Disorder Demonstration Waiver and getting that resubmitted to CMS.
- Medicaid's focus, while simultaneously answering questions from CMS on the specific application, is the development of the Implementation Plan. The Implementation Plan is an adjoining document to the 1115 application, that details how states will meet the milestones and goals of the Demonstration. It outlines how the current and future state will function and identifies actions needed for the future state activities to be completed. CMS has indicated they are working on development of the Standard Terms and Conditions (STCs) which is great news indicating approval may be coming, but still no timeline for approval, still targeting a 1/1/23 implementation date.
- Working on system development, adding new codes for these levels of care and applying rates to these codes.

Public Health Emergency (PHE)

- Medicaid assumes the PHE will be renewed effective January 11, 2023, and last for a full 90 days, since Federal officials did not send the anticipated 60-day notice of the end of the national COVID-19 Public Health Emergency (PHE) by November 14, 2022.

12. For Possible Action. Consortium Retreat Planning and Possible Vote – *RCMHC Members*

Ideas and locations for the retreat were discussed (Carson City, Gardnerville, and Virginia City). Suggestions included holding the retreat as part of a regular meeting or in conjunction with an outreach or community event. Jan Marson held a past retreat at her home and Michelle Sandoval requested the retreat be held in a rural area. It was decided that Kary Wilder would send out a Doodle Poll with potential dates (first and last two Fridays of May and June, excepting holidays). Kristen Rivas informed everyone that all retreat expenses would need to be completely paid out before June 2023 and travel must be pre-approved by DCFS Fiscal one month in advance.

13. For Possible Action. Community Event Participation and Possible Vote – *RCMHC Members*

Jayne Oxborrow participated in a Halloween Trunk or Treat and distributed swag items. Rebeca McGough said Carson City will hold a Christmas tree lighting at the Capital on Friday, December 2nd, 4:30 pm to 7:30 pm. Kristen Rivas said a large amount of swag items were available at the Reno office.

14. For Possible Action. May 2023 Mental Health Month Planning and Possible Vote – *RCMHC Members*

Melissa Washabaugh said she would like to partner with Youth M.O.V.E on community events and a potential TikTok event. Other ideas included a social media focused event, a contest or raffle giving winners RCMHC swag items, and a potential legislative visit. Jan Marson said past

legislative events were held in Room 3500, Room 3100, and in the lobby tables were set up to distribute swag and information. Photos were taken with the Governor, his wife and the Consortium Chair. Ms. Washabaugh said she would participate and Vanessa Dunn posted a link to the legislative social event calendar in the Chat

15. For Possible Action. Make Recommendations for Agenda Items for the Next Meeting
– *RCMHC Members*

- Bill Draft AB37 Presentation, Valerie Cauhape Haskins
- FY 2023 Budget
- FY 2023 Strategic Report

16. Public Comment. *No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.*

There was no public comment.

17. Adjournment. – *Melissa Washabaugh, Chair*

The meeting adjourned at 4:57 pm.

CHAT TRANSCRIPT

[3:08 PM] Kristen Rivas

Please put your name and agency in the chat. Thank you

[3:08 PM] Kristen Rivas

This meeting is being recorded. Thank you

[3:08 PM] Valerie Cauhape

vcauhape@thefamilysupportcenter.org

[3:08 PM] Valerie Cauhape

<https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/9566/Overview>

[AB387 Overview](#)

[The Nevada Legislature's site for finding and tracking bills, bill draft requests, and budgets from 2011 forward.](#)

www.leg.state.nv.us

[3:08 PM] Kristen Rivas

Please put your name and agency in the chat. Thank you

[3:08 PM] Kristen Rivas

This meeting is being recorded. Thank you

[3:09 PM] Nicole Mara

Nicole Mara- DCFS Nevada Pediatric Psychiatry Solutions

[3:10 PM] Nicole Mara

Great news, Michelle! So exciting!

[3:10 PM] Dr. Jacqueline Wade

Dr. Jackie Wade- Deputy Administrator Residential/Community Services-DCFS

[3:14 PM] Melissa Washabaugh
Melissa Washabaugh, Pershing General Hospital

[3:14 PM] Vanessa Dunn
Vanessa Dunn, Belz & Case Government Affairs

[3:14 PM] Michelle Sandoval
Michelle Sandoval, Rural Clinics

[3:14 PM] Valerie Cauhape
Valerie Haskin, Rural Regional Behavioral Health Coordinator

[3:14 PM]
Heather Plager, Elko County Juvenile Probation/Detention

[3:15 PM] Jaymee Oxborrow
Jaymee Oxborrow, LSW from Division of Welfare and Supportive Services

[3:15 PM]
Sarah Dearborn, DHCFP aka Nevada Medicaid, Behavioral Health Unit, voting member

[3:15 PM] Kelcy Meyer
Kelcy Meyer, DCFS Safe Babies Court

[3:15 PM] Rebecca McGough
Rebecca McGough - Foster Parent Representative

[3:15 PM] Nance, Jamelle A. (Student) (External)
Jamelle Nance, Children's Advocacy Alliance

[3:15 PM] Josie Clymens
Josie Clymens CARE Team & RMCRT crisis case manager

[3:15 PM] Cherylyn Rahr-Wood
Cherylyn Rahr-Wood: Northern Regional Behavioral Health Coordinator - NRHP

[3:15 PM] Jan Marson
Jan Marson, representing business

[3:15 PM] Sarah Hannonen
Sarah Hannonen, PCSD MTSS Wholeness Coordinator/LSW, Vice Chair

[3:16 PM] Lana
Lana K. Robards, New Frontier, Fallon

[3:23 PM]
Linda Anderson (Guest) was invited to the meeting.

[3:27 PM] Michelle Sandoval
Great job, Nicole!!!

[3:29 PM] Cherylyn Rahr-Wood
A great report out Nicole!! So much good stuff going on!!

[3:40 PM] Nicole Mara
If you are not on the NVPeds Listserv but would like to be, please email NVPeds@dcfs.nv.gov to request to be added. Thank you!

[3:51 PM] Nicole Mara
@Madam Chair, board members, and guests- All four of the NVPeds-sponsored enduring content trainings on the UNR CME library include this language on their respective registration pages (with the specific hours available based on each particular training): "The University of Nevada, Reno School of Medicine approves this program for (#) hours of nursing continuing education credit."

[3:58 PM] Nicole Mara

If you are interested in viewing current NVPeds-sponsored on-demand professional development opportunities on the UNR CME Library, please visit the landing page:

<https://med.unr.edu/cme/childrens-behavioral-health>

Children's Behavioral Health Program Series | School of Medicine | University of Nevada, Reno

[4:40 PM] Meyer, Kelcy

The Christmas tree lighting at the Capitol is on December 2nd 4:30-7:30pm

[4:46 PM] Vanessa Dunn

<https://www.leg.state.nv.us/App/Calendar/A/socialevents>

LCB Events

[4:48 PM] Meyer, Kelcy

I see Children's week- March 12th

[4:48 PM] Meyer, Kelcy

13th*

[4:56 PM] Nicole Mara

Woo hoo!!

[Yesterday 4:57 PM] Michelle Sandoval

National Guidelines for Child and Youth Behavioral Health Crisis Care,

National Guidelines for Child and Youth Behavioral Health Crisis Care | SAMHSA Publications and Digital Products

[5:00 PM]

5:00 PM Meeting ended