Nevada Children's Behavioral Health Consortium

Meeting Minutes
July 22, 2021

All Members Participated via Lifesize Technology (video or audio)

Members Present:
Cara Paoli – *Washoe County Human Services Agency*
Char Frost – *Parent from Clark County*
Dena Schmidt (0588)– *Aging and Disabilities Services Division*
Jacquelyn Kleinedler – *Washoe County Children's Mental Health Consortium*
Jennifer Bevacqua (8640) – *Eagle Quest (Group Home Provider)*
Karen Taycher – *Nevada PEP (Advocacy Group)*
Lisa Linning – *Clark County Department of Family Services*
Melissa Washabaugh – *Rural Children's Mental Health Consortium*
Michelle Sandoval – *Division of Public and Behavioral Health*
Sarah Dearborn – *Division of Health Care Financing and Policy*
Susie Miller as Designee for Ross Armstrong – *Division of Child and Family Services*

Members Absent
Alexa Rodriguez – *Clark County Juvenile Services*
Dan Musgrove – *Clark County Children's Mental Health Consortium*
Ellen Richardson-Adams – *Division of Public and Behavioral Health*

Staff and Guests
Amna Khawaja – *Division of Child and Family Services*
Ann Polakowski – *Division of Child and Family Services*
Dana Walburn (0040) – *Office of Safe and Respectful Learning*
Jeanette Belz – *Nevada Psychiatric Association*
Jessica Flood – *Nevada Rural Hospital Partners*
Katherine Loudon – *Washoe County School District*
Katie Rosaschi – *Division of Child and Family Services*
Kristen Rivas – *Division of Child and Family Services*
Laura Adler – *Division of Child and Family Services*
Linda Anderson – *Nevada Public Health Foundation*
Lori Follett – *Division of Health Care Financing and Policy*
Megan Freeman – *Division of Child and Family Services*
Mindy Montoya – *Division of Child and Family Services*
Sandy Arguello – *Specialized Foster Care, Koinonia Family Services*
Shannon Hill – *Division of Child and Family Services*
Stephanie Dotson – *Division of Child and Family Services*
Tina Gerber-Winn – *Division of Public and Behavioral Health (Retired)*

1. **Call to Order, Roll Call, Introductions**
   Jacquelyn Kleinedler called the meeting to order at 2:06 p.m. on July 22, 2021. She stated she is filling in for Ellen Richardson-Adams in her absence and will work very hard to keep the meeting to two hours. She asked presenters to be diligent with their time and allow 5-10 minutes at most, and she will do her best to move them along.

Kristen Rivas conducted roll call and quorum was established (***11 members present***).

Kristen Rivas announced that this will be Laura Adler's last meeting as she will be retiring. Ms. Kleinedler congratulated Ms. Adler and said she will be missed. Laura Adler said it was a pleasure working with the consortium, and she will miss everyone.

2. **Public Comment**
Jessica Flood said she's been working with a lot of stakeholders in Nevada on a Mental Health Crisis Hold Brochure in response to AB387, which formalizes the Youth Mental Health Crisis Hold process for legal holds, targeting parents whose youth is on hold. It explains the process and resources available to assist prior to the next crisis or after the crisis passes. They've been focusing on content to bring to a publisher for clarity and graphics. The group is requesting feedback from the Consortia before moving forward. It was sent to Laura Adler to send out to the Chairs, so she hopes to get some feedback. Char Frost, Michelle Sandoval, and Megan Freeman have been big partners in the development of the document.

Jacquelyn Kleinedler asked Ms. Flood if this would be an item to formally put on their agenda, and she replied yes.

Jacquelyn Kleinedler reminded everyone they could not discuss anything during Public Comment.

3. **Update on Membership and Vote on New Members**
Jacquelyn Kleinedler stated Tabitha Johnson's term on the Commission on Behavioral Health has ended, so the Commission will need to select a new representative for the NCBHC. She hopes they will be able to put the new representative on their September agenda.

Ms. Kleinedler stated they had planned to vote in Lawanda Jones as Representative of the Substance Abuse Prevention and Treatment Agency (SAPTA) and Sandy Arguello as Representative of a Group Home Provider in the North, but noticed Lawanda Jones was not present. Ms. Kleinedler asked if they are allowed to vote in a member without them being present, and Kristen Rivas replied they have in the past. Ms. Kleinedler suggested voting on the positions one at a time and asked if there was a motion.

MOTION: Michelle Sandoval made a motion to accept Sandy Arguello as a member as Representative of a Group Home Provider in the North.
SECOND: Char Frost
VOTE: The motion passed unanimously.

Ms. Kleinedler asked if they want to table the voting of Lawanda Jones. Char Frost asked if voting in Ms. Jones would affect quorum, and Kristen Rivas replied they have enough to make quorum. Ms. Kleinedler said they would table the voting of Lawanda Jones and make sure she's available to attend the next meeting.

4. **Approval of the May 27, 2021 Meeting Minutes**
MOTION: Dena Schmidt made a motion to accept the minutes from the May 27, 2021 meeting.
SECOND: Dr. Lisa Linning
VOTE: Motion passed unanimously.

5. **Division of Child and Family Services (DCFS) Update**
Susie Miller, DCFS Deputy Administrator, filled in for Ross Armstrong as designee. Ms. Miller said they should have all gotten the legislative update from Salwa Philips via email. She looked up what

Ross provided last month, and the only other follow-up was that all of the cuts that had gone into place were restored at the very end of the session, which primarily had to do with positions at their JJ facilities. Mental health cuts that were proposed were not taken. Ms. Miller asked Dr. Freeman to share the update regarding masks.

Dr. Megan Freeman said they are moving towards requiring masks for all staff and visitors to state properties and counties where it's a high rate of COVID test positivity. They can share via email the specific counties where this is affected, and guaranteed Clark County is one of them. They are also discussing more Telehealth options to families for whom this was their preference, and it was clinically appropriate for the youth and family based on the decision the family with their clinicians provided.

Ms. Miller said the merger of Oasis into the Desert Willow facility was announced and discussed at the Clark County Infrastructure Consortium, but if they had any questions, she would be happy to share. The merger was to utilize full capacity of the Desert Willow Hospital which is a 58-bed facility operating at 32 beds. Legislatively, it's been approved, but they've never been able to co-locate another agency there due to a firewall that would need to be installed to allow two agencies to safely operate within the same building. Those 26 beds have gone un-utilized, which is the number of beds at Oasis. As they relocate the staff, they will be able to access and increase the capacity at Desert Willow. They're currently working with the nine youths they have at Oasis to determine the best shift for them. Once they make that move, the five group homes that's currently licensed for 26 beds will be available for repurposing if an agency or provider was interested in utilizing those homes. If they have any questions, they can send her an email, or she would be happy to have that discussion.

Dr. Linning asked Ms. Miller what was the full capacity of the cottages at the Oasis campus, and Ms. Miller replied there are 28 beds, but they were never at capacity because a lot of youths required their own rooms due to certain needs.

6. **AB387 Voluntary Relinquishment of Custody of Children to Obtain Services**

Tina Gerber-Winn provided an overview of AB387 which establishes a program to provide services to families and certain children with mental illness or emotional disturbance. She said the Department created a task force in 2019 consisting of the following members: Ross Armstrong (DCFS); Megan Wickland (ADSD); Tina Gerber-Winn (DPBH/Chair); Gladys Cook (DHCFP/Medicaid); William Jensen (DOE); Dr. Lisa Lining (CCDFS); Cara Paoli (WCCSD); and Elisa Cafferata (DWSS). They met multiple times to come up with ideas about what they were trying to achieve in assessing the needs of families and children when they were at risk for relinquishment. Under this law, it allows the Department to temporarily fund services until more permanent services are found. A process was suggested and then expounded due to similar processes occurring in requesting assistance for families that overlap the clinical team's concept.

Ms. Winn said she has talked to a lot of people on this call today about what the system is lacking for families. There needs to be a policy and clinical lead that direct and manage resources to assist families within the Department's System of Care. The idea around expounding the process was to create a more thorough clinical team that included DCFS, behavioral health advisement, a psychiatric health caseworker, a developmental specialist, a mental health counselor, behavioral health analysis professional, a crisis interventionist, a parent/peer support specialist, and an administrative support. There was not any funding, so there was no staff or program designated in the statute. She suggested using current positions within the Department to create the team and specified this is for children who are not in the custody of Child Welfare.

AB387 Voluntary Relinquishment of Custody of Children to Obtain Services (continued)

Ms. Winn said in dealing with families that have had children relinquished, the family's been in crisis more than once. This is not well-studied on what's going to trigger the family to dissolve and the parent not able to continue to take care of their child. She only found one study on this involving three cases, which emulated many of the characteristics she saw in the cases she reviewed. This means parents are isolated, have more than one child, have more than one instance of an investigation from a welfare agency based on how well they're providing care, and trauma is involved. It also means most of the time it's a single parent, the child is getting older, who has behavioral health needs and is, potentially, physically acting out, and there are other children in the home and it's dangerous. All of these things are significant, but from a caregiver and systems standpoint, they can't get in front of it unless they offer families help sooner than two or three reports down the line. She suggested the clinical team work with counties and community service agencies to do more of a community help approach to educate families about care needs, mental illness, and services.

Ms. Winn said based on some of the principles of the WIN program, there are already principles of care that already exist within DCFS that support families and educate staff about the family systems and interventions necessary to assist families without bias. She suggested the clinical team follow the strategic education that's outlined for WIN and the case management principles in each community outreach as well as participate with residential treatment facilities to identify families and situations faster. The immediate way to address this law is to reappoint the task force to oversee the work of the program/clinical team and give advice and consultation to that team. The team would work to educate families, work collaboratively with Child Welfare and community agencies to identify families at the first or second point of crisis, so the family wouldn't need to consider relinquishment or an out-of-state RTC placement because they would've received assistance before the situation evolved into something bigger. If this treatment/clinical team is devised, they would then utilize identified staff from within the Department to find additional resources. The Department of Education, Office of Safe and Respectful Learning, was willing to assist with locating school resources and contacts to help support a treatment plan once it was created for a family through the clinical team so that it was in sync with what the school district was offering or in line with the child's rights under the state's law regarding education.

Ms. Winn said there are people on the call who are experts in crisis intervention or assessment services that would help children and be part of an implementation team. There is a consensus unit for process in the draft program she wrote up to allow the Department Director to mediate any roadblocks or conflicts when it comes to planning for care and provide a quicker remedy in determining who would render care to a family identified as qualified under the clinical team. She said if there were any questions, she would be glad to answer them.

Ms. Kleinedler asked who would be responsible for starting the task force, and Ms. Winn replied the Director would be the one to reappoint members to be on the task force, and the assignment of the work force would be a Department decision with collaboration of all the administrators from the various divisions.

Cara Paoli thanked Ms. Winn for outlining that. She said they currently have a child and family where they initiated this protocol and WIN has been very responsive through DCFS to get meetings together, and Susie Miller has also been great and responsive. The youth is at Desert Willow based on this team's recommendations, so she's anxious to see it move along and get all the people identified who are going to continue working on it.

AB387 Voluntary Relinquishment of Custody of Children to Obtain Services (continued)

Ms. Paoli said she's worried they're starting to fall back into the old way of doing things because they don't have the new protocols and procedures in place for this. She suggested moving quickly to get the task force identified with timelines and procedures that they can follow as a team.

Dr. Lisa Linning said she agrees with Ms. Paoli's comments. They have both worked diligently to try and keep families from having to end up in Child Welfare by getting them the resources they need. She agrees they have a sense of urgency to help these families that have reached a crisis level and said whatever they can do for earlier intervention and identification is critical. She asked Ms. Winn was there any legislative action that will allow this to move forward in a tangible way.

Ms. Winn said the initial legislation created the task force which needs to be appointed by July of 2021. She deferred to DCFS about any budget items.

Dr. Megan Freeman said there is no funding, but they are discussing the need for discreet programming for this specific need as Ms. Winn described with a clinical team and someone to oversee it to ensure things don't fall through the cracks. They're aware this needs to remain discreet with oversight.

Ms. Kleinedler said unfortunately, this is an item they cannot take action on and asked if there was a way they could draft a letter or make a formal request. She said they can't do that today because this is an information only agenda item.

Ms. Paoli asked if they could keep it on the agenda, and Ms. Kleinedler replied yes and said she would like to change it from "For Information Only" to "For Possible Action," so they can decide if there's something this group could do to keep it moving and hears there's a need for urgency.

Ms. Kleinedler thanked Ms. Winn for the information she provided.

Karen Taycher asked Ms. Winn if this is the same activity that Megan is heading up with ADSD and DCFS for the IDD/Children's Mental Health kids.

Dr. Freeman said the approach is very similar, but they're different because there are different populations that will overlap in terms of their needs. They need some kind of special population unit or program with a supervisor overseeing clinical teams with subject-matter-experts to address the high-need youths in need of these specialized team. Some of them may be youths at risk of relinquishment, youths with co-occurring needs, IDD, SED, or SED medically fragile. It's confusing because they're similar but different and overlapping. It's emerging as a need that they need to address but something that's discreet and separate from how they're doing it right now.

Ms. Taycher asked if it makes sense to have these two things go into different directions.

Dr. Freeman said for the IDD/SED youths, in addition to expanding the service array, making sure they have in-state residential beds for when that's needed, she thinks they're always going to need that specialized care coordination by a team of experts. She thinks it's in addition to. Ms. Taycher said they can talk offline more about Dr. Freeman's thoughts.

Ms. Taycher addressed Ms. Winn and said she heard her talk a lot about care management, but she didn't hear a lot about actual services. She asked if Ms. Winn would identify actual services that need to be provided.

AB387 Voluntary Relinquishment of Custody of Children to Obtain Services (continued)

Ms. Winn said the purpose of the clinical team, independent of any program, is to work with the family and child to create a plan of care that is driven by what they family's experience has been and what they're asking for or medically needed, which is not dictated by a particular program but by what the family and child need to stabilize. The implementation of the plan is the team looking for those services within the service system or trying to figure out how to pay for them temporarily if they don't exist in the system.

Melissa Washabaugh said what Ms. Winn is describing sounds like what Wraparound is doing. She asked what's the difference between a Wraparound team and what they're talking about.

Ms. Winn said she doesn't see it as different except for the fact that the clinical team would have the expertise across domains to suggest a clinical plan. The plan of care and clinical interventions would be developed by a team of experts in those particular modalities of care. She had suggested to follow the WIN philosophy with health education and additional support from other divisions and programs to succeed in helping the family.

Ms. Washabaugh said it sounds like the same idea but adding a more higher level clinical line to management the treatment, and Ms. Winn confirmed yes, with the assumption that once things are stabilized, the family would move on to whatever else might be available.

Ms. Paoli added there's a sense of urgency because they're trying to keep the families from entering the Child Welfare system. If they've tried everything and getting no results, they need something immediate and access to decision-makers right away. Dr. Linning added decision-makers and funding, so they can better collaborate to get the family what they need.

Susie Miller said they need to also make sure all the resources that are available to kids in custody are available to parental custody, so they can prevent the transfer into custody. Some of their services are still being divvied up and looking at long-term living situations for their youth that may not be able to return home without having to go into custody, which they currently do not have that.

7. **DCFS Planning and Evaluation Unit (PEU) - Annual Satisfaction Survey Report**

Ms. Kleinedler said they are going to table Item# 7 for the next meeting, which is an Annual Satisfaction Survey Report. She said Dr. Freeman is still reviewing additional data and information.

8. **Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS**

Stephanie Dotson said they are currently focused on rebuilding the team by filling a number of positions in the coming weeks and then getting their new staff onboarded and oriented to the project. They hope to spend more time with their enrolled pediatric primary care providers. They want to increase the utilization of their services by supporting access to each component of their services. They're excelling in their training and education component, but they would like providers to utilize the consultation and care coordination more. Once they have their team positions, they want to focus on in-person outreach as much as they can support and do safely. They recognize the importance of being in the community and building relationships, which is something they haven't been able to do, given the pandemic and recovery.

9. **Medicaid Update and Changes**

Sarah Dearborn stated Dwayne Young, their Deputy Administrator, is no longer with the Division of Healthcare, Financing and Policy. Dr. Capurro is now their Acting Deputy Administrator, overseeing all of their programs areas, so they are excited to have her support.

Ms. Dearborn said regarding some state plan amendments, they are still waiting on approval for the 1915i program, which is related to intensive in-home supports and services as well as crisis stabilization services. For youths in Specialized Foster Care, the state plan amendment was approved in June with an effective date of July 1 and did not involve the changes to the actual 1915i services. This amendment was to include an additional care coordination model that the counties utilize known as SAFE (Safe Assessment Family Evaluation) in order to support determining the appropriate youth eligible for 1915i services. They had a meeting earlier this week that included county agencies and prospective providers involving discussions on the implementation plan to get everyone ready for billing for these services.

Ms. Dearborn said the next state plan amendment was related to MAT services and approved on May 26th. She apologized if she had already announced it.

Ms. Dearborn said two of their state plan amendments related to behavioral health services were submitted at their June 29th public hearing. The first one is related to updates to their CHIP state plan to outline all behavioral health services that children covered through Nevada Checkup can access. They are currently in some discussions with CMS on the state plan amendment and have sent their first round of questions.

Ms. Dearborn said the next state plan amendment was submitted during the June public hearing in regard to the removal of biofeedback and neuro therapy services for the treatment of a mental health diagnosis. Neuro therapy is individual psychotherapy that incorporates biofeedback training and combines it with psychotherapy as a treatment for mental health disorders. The elimination of these services was made as a result of the approved Division of Healthcare, Financing, and Policy budget during the 2021 Legislative Session in an effort to reduce costs to the Medicaid program and address the Governor's mandated budget cuts. They have had some initial calls with CMS regarding this state plan amendment, so they will be working through their initial comments.

Char Frost asked if the 1915i is only on foster youths, and Ms. Dearborn replied the 1915i is a state plan authority that allows Medicaid to be able to target a specific population rather than other state plans that opens it up for everyone that's eligible under Medicaid. There are other eligible criteria that are needed, but it is basically for youths that are in Specialized Foster Care.

Ms. Frost said this appears to be the primary problem that they have in Nevada. She's personally working with several families who could utilize intensive in-home services and cannot get it. They're pushing families toward a Child Welfare remedy instead of providing services in the community to prevent them from ever having to consider that. This is one of the things in the System of Care toolkit that says this is one of those essential services in a healthy System of Care. She's concerned because it seems like they do things like respite and intensive in-home services for foster families but not for kids who are in their natural family homes.

Jacquelyn Kleinedler asked if these are services for kids who are in a foster home or for kids who have an open case that have been placed at home with their parents.

Ms. Dearborn replied these are services for youths that are in a Specialized Foster Care home setting. She said the 1915i is for home and community-based settings. There are other services that can be approved under that state plan as well. They have an eligibility checklist if anybody wants to look that's posted on their Nevada Medicaid website next to their Billing Guidelines for Provide Type 86.

Medicaid Update and Changes (continued)

Dr. Freeman said she shares Ms. Frost's concerns, and intensive in-home services is at the top of the priority list. They have some ideas on how to proceed with planning that will hopefully get them to implementation sooner rather than later.

Ms. Frost said she understands what Ms. Winn was saying earlier and appreciates there's a focus to prevent kids from going into foster care, but once they know what services families need, there should be some sort of commitment and work going on to make sure those services can be provided on the front-end so that they don't have to go to this critical need spot. It's healthier for families if they never get to the point where they have to get this type of involvement. If they can prevent as much system involvement at this high level, the better off the families are going to be.

Ms. Frost asked how much money is Medicaid anticipating saving by removing the biofeedback and neuro therapies. She said as they go into the fall, they're hearing nationally that health systems across the country are not prepared for what kids are going to be needing from extended periods of not being in school and being at home. It's concerning that they're getting rid of services instead of adding them, especially since they're still 51 in providing children's mental health in the state.

Ms. Dearborn said the information is posted on their website. For this state fiscal year, the estimated decrease in annual aggregate is $28,024,136. For state fiscal year 2023, it's $28,299,314. Providers are still able to utilize psychotherapy services. If it is established in an individual's plan, the state may benefit in neurotherapy types of services, and there may be psychotherapy services available for providers to use.

Dena Schmidt asked if IDD primary diagnoses are excluded from 1915i, and Ms. Dearborn replied she needs to check the eligibility checklist.

Dr. Megan Freeman said she thinks they can't be only IDD. Ms. Dearborn confirmed yes, as long as they have an SED diagnosis, they're Medicaid eligible and reside in a Specialized Foster Care setting. There are a couple of other alternative criteria that they would have to meet as well.

Dr. Freeman said long-term, the goal should be for the state as a system to have Specialized Foster Care homes for youths and other specialized needs as is the case in other states.

Ms. Dearborn continued with her update and stated Senate Bill 154 was approved which requires Medicaid to submit an application for an 1115 Substance Use Disorder Demonstration Waiver. They have been diligently working on an application for this. The 1115 Waiver would be approved from CMS and gives authority for five years Demonstration 1115 Waiver. They're hoping to provide some enhanced substance use disorder benefits and are asking for a limited waiver of the federal Medicaid institutions for a mental disease exclusion rule, which is defined as a hospital or nursing facility or other institutions of more than 16 beds that is primarily engaged in providing diagnosis treatment for care of persons with mental diseases and provides for medical attention, nursing care and related services.

Ms. Dearborn said, currently, federal law prohibits states from using Medicaid funds to pay for services provided by an IMD to individuals between the ages of 21 and 64. This waiver would be able to waive that federal law and reimburse for these substance use services most specifically related to clinically managed residential and withdrawal management. In development of the application, they engaged current providers to identify the specific needs, and many have expressed the need to support the pregnant and parenting populations as well as their adolescents.

Medicaid Update and Changes (continued)

Ms. Dearborn spoke on Senate Bill 156 that was also approved. This bill is related to Crisis Stabilization Centers and will expand from free-standing psychiatric hospitals to allow general and critical access hospitals to provide crisis stabilization centers and be reimbursed. They are working on finalizing a rate for that. They recognized that many times people that are in crisis do not need to be admitted into in-patient psychiatric facilities, and anyone experiencing a mental crisis has that mid-step rather than having to be admitted to an in-patient facility. They will be working on updating their Chapter 400 policy.

Ms. Dearborn provided an update on some upcoming chapter changes for their Medicaid Services Manual they will be taking to their public hearing next week on July 27. One of their newer chapters, Medicaid Services Manual, Chapter 3800, is in regard to Medication-Assisted Treatment Services. They are aligning with best practice guidelines put out by DHHS, which removes long-standing barrier that practitioners have reported to becoming a Data 2000 Waiver Practitioner to not have to get the related training and counseling that are serving 30 patients or less. They also will have changes to Chapter 3700, Applied Behavioral Analysis, related to Provider Type 85 and/or 60, that will be allowed to bill for ABA codes and will be requiring providers have a unique MPI number. They will be incorporating some more specific language in this chapter related to progress and documentation for these services.

10. **Certified Community Behavioral Health Centers (CCBHC) Services for Youth**

Lori Follett presented information on Children with Mental Health Diagnosis, ages 0-17 years, being served in Certified Community Behavioral Health Clinic (CCBHC) by County. She was given the minutes from the CCBHC meeting and have extracted questions from those minutes and said the lines with dashes are suppressed information.

Ms. Follett said in regard to the suicide screens that Dr. Freeman had previously asked, the CCBHC are required to do a suicide screen regardless if it's an adult or child. They have a contractor that they utilize to get the information on suicide screens, and the contract has since expired, so she doesn't have all the numbers on the suicide screens. She can get it and send it to Ms. Rivas' to send out to everyone. The suicide screen data is housed in a different location, and it comes from provider electronic health record data. They're circling back to pull the data internally until they can get a contractor onboard. They do a Quality Incentive Payment where they collect measures and calculate them, which is very complex. Within those measures, they have to pay attention to the percentages of discharge for which the patient received follow-up within 30 days and 7 days. She can send the link to Ms. Rivas' to their Quality Measures document, and they can read through all 21 measures that they collect, which are calculated at the end of each state fiscal year for incentive payments.

Ms. Taycher asked Ms. Follett what is the column with a percentage of and said from the Clark perspective, they would like to review the Quality Measures of the CCBHC.

Ms. Follett replied it's not a percentage but a total count, and she can get the information for her.

Ms. Kleinedler asked if this agenda item should be carried forward.

Ms. Follett replied she can provide the numbers to the suicide screens when she gets them, but she does not know when that will be since they're without a contractor at the moment, and they don't have the staff to recoup that right now. She can put a note to send to Kristen when she gets it.

12. **Update on System of Care (SOC) Grant**

Dr. Freeman stated Kathy Cavakis had some System of Care updates, but she is traveling, and her flight got delayed. Dr. Freeman has to leave the meeting but can text Ms. Cavakis' update to Ms. Rivas.

Ms. Kleinedler said they are going to table this item.

13. **Update on Collaboration with the Division of Public and Behavioral Health (DPBH) and the Regional Behavioral Health Policy Boards to Identify Gaps and Assets in the Existing Children's Crisis Continuum of Care**

Dr. Megan Freeman presented a PowerPoint presentation on "What is a "Crisis System of Care?" and spoke on crisis care assets and gaps mapping tool and methodology.

Char Frost said they have a Children's Mobile Crisis but not an Adult Mobile Crisis and asked if they're changing how Children's Mobile Crisis works.

Dr. Freeman replied they're in the planning process of merging Crisis Calling and Mobile Crisis Dispatching across the state and implementing 988 in order to be in compliant with federal law by July 15, 2022, which includes having Call Centers software with GPS technology that dispatches to the Mobile Crisis team. They're starting up Adult Mobile Crisis teams because that's a requirement, and they're trying to figure out how to integrate these systems and processes.

Ms. Frost asked if families will be able to still call Mobile Crisis directly, and Dr. Freeman replied they're having this discussion and families will always be able to access services anytime and self-define their crisis. She doesn't know the details on how exactly it will change.

Ms. Frost asked if they will be utilizing the previous reports to identify current gaps as well. Dr. Freeman replied yes, if it applies to the questions on the scoring tool. They need to update the scoring tool if there's something that needs to be added that's relevant to children and families that's not on there now.

Ms. Kleinedler asked if they could find someone who's been participating in 988 meetings to give them an update of their progress at the September or December meeting. Dr. Freeman replied if Dr. Woodard could attend, that would be ideal. Ms. Kleinedler said she will reach out to her.

Ms. Kleinedler thanked Dr. Freeman for her presentation and asked if she can have the slides, any minutes, and documents presented, so they can take them back to their consortia.

14. **Final Recap of 2021 Nevada Legislative Session Regarding Bills Related to Children's Mental**

Char Frost said they have the IFC coming up on August 18th, and they're all anxiously awaiting the recommendations for the ARPA funds.

Ms. Kleinedler asked if they want to table this item, and Ms. Frost replied it's important to leave it on the agenda because the interim committees are going to start and often times, things are going to move out of the interim committees to the regular Legislative Session, and the Interim Finance Committee is important to keep an eye on.

Ms. Kleinedler said they can keep it on the agenda and update the language to remove the words "Final Recap" and use "Current Update," or something to that effect.

15. **Discussion of Specialized Foster Homes Provider Concerns and Possible Determination of Recommendations for Addressing those Concerns**

Jennifer Bevacqua said Sarah Dearborn had referenced the 1915i Waiver for Specialized Foster Care that has a specific targeted group for children. She said some may have heard about the instability of the service they have been providing for many years due to the way it was funded historically. 1915i/SPA has been in the works for a couple of years and coming close to implementation. They're trying to move away from a model that had basic skills training and getting closer to implementing SPA for their kids and families within the specialized foster care program and services. The approval was effective on July 1, and they now have to all work together to implement two processes and systems to make it as seamless as possible. Under the intensive in-home, it references an evidence-based model called, "Together Facing the Challenge," which is for foster care. It may be open-ended on how the SPA is written and permitted.

Ms. Bevacqua said they appreciate Medicaid's partnership in putting something in place that helped them sustain while waiting for the SPA to be implemented. They've requested a 3-month extension, so all the partners can work out the details on how they're going to implement which will ensure a smooth transition for their families, children, and staff. They're excited that it's close, but there's still a lot they have to do as a collective to get it implemented.

16. **Regional Consortia Prior Minutes Questions**

Jacquelyn Kleinedler said Michelle Sandoval had to step off the meeting and Dan Musgrove is not present, but she believes there are members from the Washoe County Children's Mental Health Consortium if anyone has questions for them.

Melissa Washabaugh stated she took over for Jan Marson a couple of months ago as the new Chair for the Rural Children's Mental Health Consortium. Ms. Kleinedler said she didn't realize and apologized for misspeaking.

There were no questions.

17. **Update on Regional School Based Health Centers and Recommendations for representatives from Clark County School District and Rural School Districts**

Ms. Kleinedler tabled this item for the September meeting. She asked for a clarification on the bullet for this item.

Laura Adler said they have not had a representative from the rural schools or Clark County School District, and they were looking to see if voting members had any recommendations of people who might be able to serve in those capacities.

Karen Taycher asked if Ms. Adler could send the membership list out again showing all the positions, and she replied yes.

Ms. Kleinedler asked the members to think about possible recommendations or talk with folks about it.

18. **Update on Dual Needs Population for Southern Nevada**

Dr. Freeman said the next step is to take this to the Regional Consortia and talk to them about getting feedback on the tool, but if they're not ready, they can have Dr. Woodard come talk to them first.

This item will carry forward to the next meeting.

20. **Announcements**

Dana Walburn stated there's a position that was posted for a Statewide Youth Behavioral Health Integration Coordinator. It's a shared position with the Department of Public and Behavioral Health, Department of Education and Division of Child and Family Services to actively develop interdepartmental policies and procedures to create youth access to comprehensive mental health systems. She will send it out to the listserv.

21. **Make Recommendations for Agenda Items for the Next Meeting**

- Membership vote for Katherine Loudon as Washoe County School District representative - Members
- Membership vote for Lawanda Jones as a Substance Use representative - Members
- Satisfaction Survey Report - Alex Ruiz
- SOC update - Kathy Cavakis
- Co-located services, or updates on school-based access to mental health supports - Katherine Loudon
- Update on Dual Needs Population for Southern Nevada - Dr. Megan Freeman
- Current Updates on Nevada Legislative Session Regarding Bills Related to Children's Mental Health - Dan Musgrove/Char Frost
- Nevada on a Mental Health Crisis Hold Brochure in response to AB387 - Jessica Flood
- AB387 Voluntary Relinquishment of Custody of Children to Obtain Services (Change from For Information Only to For Possible Action) – Tina Gerber-Winn
- Update on Collaboration with the Division of Public and Behavioral Health (DPBH) and the Regional Behavioral Health Policy Boards to Identify Gaps and Assets in the Existing Children's Crisis Continuum of Care with Focus on 988 - Dr. Megan Freeman/Dr. Stephanie Woodard

The next meeting will be September 23, 2021 at 2:00 p.m. via Lifesize.

22. **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.*

23. **Adjournment**

Jacquelyn Kleinedler adjourned the meeting at 4:09 p.m.