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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

Nevada Children's Behavioral Health Consortium Meeting Minutes April 18, 2023

All members participated via Lifesize technology (video or audio)

MEMBERS PRESENT:

Amanda Haboush-Deloye – Clark County Children's Mental Health Consortium
Cara Paoli – Washoe County Human Services Agency
Charlene Frost – Nevada PEP
Cindy Pitlock – Department of Child and Family Services
Dena Schmidt – Aging and Disabilities Services Division
Ellen Richardson-Adams – Division of Public and Behavioral Health
Karen Taycher – Nevada PEP
Lawanda Jones – Substance Abuse Prevention and Treatment Agency
Meambi Newberg-Johnson – Clark County Department of Family Services
Michelle Sandoval – Division of Public and Behavioral Health
Melissa Washabaugh – Rural Children's Mental Health Consortium
Sandy Arguello – Koinonia Family Services
Sarah Dearborn – Division of Health Care Financing and Policy

MEMBERS ABSENT:

Alexa Rodriguez – Clark County Department of Juvenile Justice
Braden Schrag – Commission on Behavioral Health
Jacquelyn Kleinedler – Washoe County Children's Mental Health Consortium
Jennifer Bevacua – Eagle Quest (Group Home Provider)
Katherine Loudon – Washoe County School District
Melissa Washabaugh – Rural Children's Mental Health Consortium

STAFF AND GUESTS:

Alejandro Ruiz
Amna Khawaja
Ann Polakowski
Anthony Lee
Beth Kurtz
Beverly Burton
Cherylyn Rahr-Wood
Christy McGill

Dorothy Edwards
Eileen Hough
Jacqueline Wade
Jude Oliver
Kary Wilder
Kathryn Mueller
Kathryn Rosachi
Kristen Rivas
LaNell Waring
Linda Anderson
Makinna Belvoir
Marcel Brown
Mignon Hoover
Nicole Mara
Shannon Hill
Shannon Scott
Tiffany Coury
Tina Gerber Winn
Valerie Wilcox
William Wyss
775-750-4632

1. **Call to Order, Roll Call, Introductions.** – Ellen Richardson-Adams, Chair
 - a. The meeting was called to order at 2:07 pm.
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.
 - a. There was no public comment.
3. **For Possible Action.** Approval of the February 23, 2022 Meeting Minutes – Ellen Richardson-Adams, Chair

MOTION: Amanda Haboush-Deloye made a motion to approve the February 23, 2022 Meeting Minutes.

SECOND: Dena Schmidt

VOTE: Motion passed unanimously with no opposition or abstention.

4. **For Information Only.** Announcements – All Members

Karen Taycher announced Nevada PEP is celebrating Children’s Mental Health Awareness Acceptance Day across the state and will be asking their partners to help by sending pictures of different activities being held as part of the event. Char Frost asked everyone to send photos directly to her and then she will post them throughout the day on the NV PEP website to

highlight everyone who is also raising awareness and acceptance for children's mental health. She encouraged everyone to share social media as well. Ms. Frost said the three regional consortia will be at the legislative building on May 11th and will share tables with information around children's mental health to help raise awareness at the State legislature. Everyone will be wearing green to support the event.

Amanda Haboush-Deloye said the Rural Children's Mental Health Consortium and the Washoe County Children's Mental Health Consortium will also be posting information and pictures on their websites and are going to be at the legislative outreach event May 11th. Nevada PEP will be posting the event information to their Facebook page.

Michelle Sandoval announced that Rural Mobile Crisis Response (MCRT) was awarded a grant for more media outreach for adults which will complement the one already received for children. They are excited to have this whole continuum, especially for family units. This will also help target those youth in transition, who may be transitioning out of an acute inpatient setting back into their communities. They have some amazing ideas and incentives to provide to young adults to help them follow through with mental health services after they are released from acute care in rural areas.

Michelle Sandoval also announced that with the help of American Rescue Plan Act (ARPA) funding, Rural MCRT has rolled-out an in-person pilot program for the first rural area for Children's Mobile Crisis in Elko County. Staff are hired and trained and they are in the process of getting the word out in Elko County to see how an in-person response looks like for rural counties for youth and families in a behavioral health crisis. The main focus of the program will be Elko and Spring Creek, which are the largest areas. The plan is to cover all of Elko County after evaluation of the program and volume of responses. They will be responding also in Wendover and Jackpot.

Michelle Sandoval announced they have also received some additional funding through the National Association of State Health program. They are working with Nevada PEP, Amanda Haboush at UNLV, and Ann Polakowski to look at some crisis services, the quality of services for youth and families all across Nevada, as well as identifying gaps

Amanda Haboush said the agency at Nevada Institute for Children Prevent Child Abuse, Nevada, is holding their annual conference in Las Vegas on June 13th. She will put the webpage in the chat.

5. For Information Only. Division of Child and Family Services Update – Dr. Cindy Pitlock, Administrator, Division of Child and Family Services (DCFS)

Dr. Cindy Pitlock announced DCFS is looking towards completion of a \$21 million dollar contract, hopefully July 11th after Board of Examiner's reviews, which will wrap up the big community-based response and she was excited about seeing that rollout in the Request For Proposal (RFP). DCFS has tasked the selected company to help with data collection and provider network adequacy. She knows the company will be ready to help build out that capacity and expects there will be a 90-day period needed to ramp up to enter into contracts with the providers

who will be providing the community-based services. Dr. Pitlock clarified that these services will be in addition to the current Wrap Around in Nevada (WIN) services. DCFS is working with universities to bring on interns who are graduating and will continue to hire as much as possible to be able offer fidelity wraparound services.

DCFS is working to close budgets and the child welfare section of budgets has closed. They are closing children's mental health budgets next week and will be moving on to any one-time requests. There is much work being done in that space with the legislature and bills. DCFS is following approximately 50 to 60 bills which either directly or indirectly impact the organization. Each bill requires analysis of how DCFS programs and fiscal issues will be impacted. As bills are amended, the analysis is redone and impact summaries are developed.

DCFS continues to struggle statewide with very high staff vacancy rates which is not unusual to note or new or unique just to DCFS. Recruiting is a high priority and DCFS is leaning on contract staff to provide direct clinical services. They are working to convert those contractors over to state FTE and are hopeful that with cost-of-living pay increases that the state legislature is working on, recruiting efforts will gain more momentum.

Problems exist presently with youth in hotel rooms and with social workers in rural areas. DCFS has a lack of foster placement statewide and particularly in rural areas, social workers are staying in hotel with youth 24/7, which creates not only a problem for the workers, but also for families and youth. This is not the best placement for several reasons including the fact that social workers also have full time jobs they cannot do while staying in hotel rooms with youth. DCFS is hoping this predicament will be eased with the increase in foster care rates and additional recruitment efforts. DCFS is considering opening up the Psychiatric Residential Treatment Facilities (PRTF) at Enterprise in Reno to provide PRTF services as this is a safe placement option with four cottages. DCFS is not opening up programming and PRTF services, this would be a temporary solution since Bamboo Sunrise is contracted to take over that space permanently for PRTF services.

Dr. Pitlock has been looking at statistics of rural placements prior to the COVID-19 pandemic and over a third of rural placements have been lost since then. Clark County just completed a specialized recruitment for 20 babies at Child Haven and worked a fast track for training, recruitment and licensing of foster cares which was a successful program.

Dr. Pitlock is seeing a significantly increased need for high level mental health services for youth and juvenile justice programs; those youth with high-end intensive therapeutic mental health needs which are not appropriate for Summit View, Nevada Youth Training Center (NYC), or Caliente. DCFS is looking to build out a program utilizing empty space at Summit View for assessment and stabilization type services. The goal would be to get high-needs mental health youth stabilized in order to be received into appropriate level of care programs. There are youth sitting in detention awaiting placement with DCFS and they are working to match placements with the needs of youth with higher acuity care needs that cannot be managed at juvenile justice facilities.

The Mobile Crisis Response Team project is underway with Washoe and Clark County School Districts. They meet every two weeks, writing memos of understanding, developing policies and procedures and doing ride-alongs.

DCFS is waiting to see what will happen with the Children's Behavioral Health Authority Bill which was gutted. This is Sarah Peter's Bill and looks like it is moving forward with the first step being a study regarding cost savings and how to reinvest that back into the system. DCFS is unable to determine the status of the rest of the build-out of the Children's Behavioral Health Authority project because the legislature needs to determine what is done first. Dr. Pitlock expects it will be about seven more weeks before DCFS will get more direction from the legislature. Dr. Pitlock has a side-by-side comparison of AB201 (Revises provisions relating to planning for the provision of behavioral health care) and AB265 (Revisions relating to mental health) and will share it with anyone interested.

6. For Possible Action. Discussion and possible vote for potential support for the Division of Child and Family Service's (DCFS) Collaborative Pathways Program as it relates to AB387, Voluntary Relinquishment of Custody of Children – *Dr. Cindy Pitlock, Administrator, Division of Child and Family Services(DCFS), Dena Schmidt, Administrator, Aging and Disability Services (ADSD), and Kathryn Rosachi, Clinical Program Manger II, Wraparound in Nevada (DCFS)*

Dr. Pitlock said the Collaborative Pathways Program experienced previous difficulties with staffing, resources, and management. It was an unfunded program which ended up in the WIN program, which at the time had a 50% staff vacancy rate. She announced that the program will now be wrapped into a new care management entity which also has funds attached. This will help prevent relinquishment of children and wrap families with needed community services. Char Frost commented that she worked with several families who were able to participate in the Collaborative Pathways Program and expressed kudos and thanks for the positive outcomes for children and youth who did not have to leave their homes permanently or be relinquished to Child Welfare. She was grateful for the families that were able to be served and thanked Administrator Dena Schmidt and her staff for their assistance, hard work and dedication.

Dena Schmidt described the program's initiative to expand the youth intensive support program so case service coordinators will have smaller caseloads due to the intensity of their needs. The program is being expanded statewide and she is hoping to have more staff with lower-level needs caseloads trained and working closely with DCFS and County Teams to build collaborative efforts on behalf of families. Karen Taycher said it would be helpful to receive communications about the company that is doing the RFP regarding how they are going to serve families? What is their priority going to be in relinquishment situations? Will they involve Child Welfare, youth or juvenile justice or is there a certain level of care required for entry into the new care management entity? Ms. Taycher said the community will want more information. Dr. Pitlock said DCFS will want to take the data and outcomes in order to show the impacts for sustainability and continuation of funding. The RFP specifically includes data requirements to show that efforts are being focused in the highest risk areas and more information will be forthcoming. Karen Taycher asked about the potential for youth with co-occurring diagnosis to get bounced from Aging and

Disability Services (ADSD) to DCFS, to Child Welfare and said there is a need for clear pathways so communities and families can get to the most appropriate places for needed care. Without clear communication, the situation will return to not knowing which organizations assist children. Dena Schmidt said a formal process between DCFS and the new entity is being developed and DCFS, ADSD, and county teams will be cross trained in the various different services to build understanding of what the services are and what they are not. Declined referrals in the past have been a big frustration and the team and new manager will evolve clarified criteria and services. New processes and documents will be developed and shared with clear delineations on who the program can serve and how a team can be pulled together to add wraparound services for a child and family who meets the criteria.

7. For Possible Action. Legislative Workgroup update: discussion and possible approval of legislative activities and support – *Charlene Frost, Workgroup Chair, Statewide Family Network Director, Nevada PEP*

a. AB9 – Formalizes the Nevada Children’s Behavioral Health Consortium into statute and prescribes duties

Char Frost reported the Legislative Workgroup is meeting on April 25th. She said AB201 and AB265 were amended and will be discussed at the meeting. Several bills died due to the most recent deadline and she is developing a list of bills for discussion at the meeting, including AB52, relating to Nevada Open Meeting Law. Karen Taycher said are also bills (including AB194) relating to school discipline which would have a detrimental impact on children by allowing schools to permanently expel youth for weapons, drugs, serious bodily injury and disruptive behavior. She explained that children on Individual Education Programs (IEPs) and children with mental health care needs can have disruptive behaviors, possibly causing them to be expelled as well. Char Frost said AB285 and AB330 are still active and both are concerning to her in regard to school discipline, especially since the term disruption is used throughout both bills and does not include a definition of what disruption is, which is very subjective. Dena Schmidt said a bill that started as an autism spectrum disorder bill has been amended and passed out of committee. The bill provides for ADSD to offer a pilot evidence-based program for children with ASD. They are looking at programs and ways to offer those services because there are many children with Autism Spectrum Disorder (ASD) who don’t meet criteria for developmental services but still need services. ADSD would like to develop a pilot program to help figure out what the service is so they can work with Medicaid to create that service in the future.

8. For Possible Action for Support of Requested Policy Changes. Medicaid Formulary Workgroup update: discussion and possible approval of Medicaid Formulary Policy changes – *Jacquelyn Kleinedler, Workgroup Chair, Washoe County Children’s Mental Health Consortium Chair, Dr. Jose Cucalon-Calderon, Pediatrician in Washoe County*

Tabled.

9. **Information.** Nevada Department of Education/Mobile Crisis Response (Washoe and Clark County Schools) – *Christy McGill, Deputy Superintendent of Student Achievement, Nevada Department of Education*

Christy McGill reported on a pilot crisis response program which is coordinating efforts between DCFS, Clark County School District (CCSD), Washoe County School District (WCSD), NDE and an evaluation company. The pilot's three main goals are: 1. Ensure sure all protocols and procedures are tested and notated, 2. Ensure family voice is included in the development process, and 3. Test the collaborative work by checking in with students and parents again to see if improvements were made over the period of time of the project. Unfortunately, many students still experience a law enforcement response when they are in crisis and the project is looking at how to improve the collaborative whole response and recovery process of crisis when it is linked with MCRT and schools. Anthony Lee is working to get more MCRT staff into schools and MCRT staff has done some ride-alongs with CCSD police who also employ social workers. They are looking at a dual response model and how to move from the point of crisis through to recovery, working with those three entities.

To date, the program has shown the value of shared training and they are looking at how to improve training and make sure school, MCRT and law enforcements are all part of the same training. Investigation of utilizing a sequential intercept model is being conducted to map out what the process is. Results show that families experience a different type of response depending on the hour of day the crisis occurs; during school or after school hours. Results show more families are experiencing a more law enforcement response and they are trying to map that and achieve more consistent therapeutic crisis responses moving forwarding. Call for service data shows the most critical response is needed during the after-school hours of 3:00 pm to 9:00 pm and plans are to increase those service hours to reduce the number of calls that are currently resulting in a pure law enforcement response only. Amanda Haboush-Deloye asked if the calls identified were going to Safe Voice? Ms. McGill responded that the issue is complex due to the current multi-pronged approach (Safe Voice, a parent or friend's concern, or someone calling 911). It doesn't matter how a concern comes in, the goal is to achieve a more whole-child response and get the three entities working together better. Ms. Haboush asked if the situation was more that the people obtaining the information are using different methods based on their judgement of who they're calling for help? She asked if a call goes to MCRT first, if there are barriers to the get the school to provide assistance or if it is more just what the person who gets the information knows that determines who they call or refer the crisis to? Ms. McGill confirmed that clarification and said if a caller contacts MCRT, they receive a direct one-to-one response and MCRT has a good track record. If a child comes to school and the school then calls MCRT, the response depends on the time and if MCRT is able to respond based on their capacity, the response depends on the system itself and who is available. She gave an example of CCSDS having a child in crisis at 9:00 pm at night which is when the CCSDS police social worker shifts end, causing the call to be transferred to either Metro or Las Vegas police enforcement agencies. Calls coming in before 9:00 pm receive a social worker response and calls after 9:00 pm receive

a law enforcement response. In addition, based on social worker capacity, calls before 9:00 pm may be bumped to law enforcement. The issue is that there is not enough capacity to respond consistently for every child. Schools and districts are also utilizing the 988 process which is currently a phone service only now versus a crisis response service. Many times, calls that schools, MCRT and law enforcement receive are life-safety issues and it would be ideal to have a step-down approach that follows best practices and provides consistency in the different models. This would help ensure that no matter where the calls come in, families would receive a consistent and appropriate crisis response flow. Ms. McGill said they are also working on creating an on-demand response team to support schools in districts in developing safety plans to support children who are suicidal, homicidal or who have threatened to hurt others. They are looking at this on-demand response to assist when there is an active threat against schools, peers, and teachers, such as a child bringing a firearm to school.

Jessica Goicoechea-Parise said she was looking forward to hearing more about the pilot and the potential to do the same in Washoe County. Anthony Lee and his team are dedicated to bringing a similar program to Washoe County and are working to get systems, protocols and relationships in place for everyone to work together.

Karen Taycher asked if parents were still going to be able to call MRCT or if MCRT was going to be a service to the school district? Ms. McGill clarified that parents are always the first contact but if there is an active crisis going on, the goal is to learn how to respond as a team inclusive of the parent and learn how to communicate and develop shared protocols between the three entities, while making sure that student and parent voice are part of the process. Ms. Taycher asked if, with all the attention going to the schools, MCRT will still have teams available to go to homes? Michelle Sandoval clarified that MCRT will continue to offer the same services as in the past and the pilot enhancements will be additional services. Anthony Lee is working to hire additional staff to assist in providing a more therapeutic response.

10. For Information. The Harbor Juvenile Assessment Center expansion and services – *Cheryl Wright, Assistant Director, Clark County Juvenile Justice Services*

Tabled.

11. For Information. Updates on youth and families served at certified community behavioral health clinics (CCBHs) – *Shannon Bennett, Bureau Chief, SAPTA Bureau of Behavioral Health, Wellness and Prevention*

Tabled.

12. For Information. Regional Children’s Mental Health Consortia updates – *Amanda Haboush-Deloye, Chair, Clark County Children’s Mental Health Consortium, Jacquelyn Kleinedler, Chair, Washoe County Children’s Mental Health Consortium, Melissa Washabaugh, Chair, Rural Nevada Children’s Mental Health Consortium*

Clark County Children’s Mental Health Consortium:

Amanda Haboush-Deloye reported that CCMHC developed a toolkit which includes social media posts and other items which is available to be sent to any groups statewide to help post and promote information about May’s Mental Health Acceptance Month. She will be attending the May 11th Mental Health Day at the state legislature along with other regional chairs to distribute information and engage with legislators. She encouraged everyone to join in the event and contact her for more information. A CCCMHC Summit is also planned for in-person and virtual attendance and the \$15.00 fee goes to help fund event speakers, swag and provided lunch. She put the link and her email address in the chat.

CCMHC developed a flyer to help promote Certified Community Behavioral Health Clinics (CCHBCs) services in Clark County with the intent of increasing efforts to make sure families know where they can go to receive services and what to expect.

Washoe County Children’s Mental Health Consortium: Tabled

Rural Nevada Children’s Mental Health Consortium: Tabled

13. For Information Only. Medicaid Update and Changes – *Sarah Dearborn, Social Services Chief II, Division of Health Care Financing and Policy (DHCFP)*

Presentation notes provided by Sarah Dearborn:

State Plan Amendments

- **NV SPA 22-0005 – Reimbursement Methodology for Crisis Stabilization Centers**
 - The proposed reimbursement methodology was added to Attachment 4.19-B, Pages 4a through 4c and Attachment 4.19-A, Pages 14-14c. As authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021), this SPA proposes the reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization Services are defined by legislation as “behavioral health services designed to: (1) de-escalate or stabilize a behavioral crisis; and (2) avoid admission of a patient to another inpatient mental health facility or hospital when appropriate.” SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. After a provider has a complete fiscal year of providing services, the provider will be allowed to complete a cost report to be used to determine an individual, provider-specific rate for crisis stabilization services.
 - 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 they were originally

placed. Additionally, Nevada will be adding coverage pages defining Intensive Crisis Stabilization services.

- [Web Announcement 2975](#) was created to inform on next steps with this process
- Also, Medicaid is requesting the inclusion of adding Designated Mobile Crisis Team updates to State Plan under this SPA since these coverage pages are open with CMS. Medicaid met with CMS on 3/1/23 to discuss and CMS is receptive of this inclusion and is working with us on language needed to delineate between mobile crisis response delivered by a Designated Mobile Crisis Team that meets Section 1947 requirement and general mobile crisis response or crisis intervention that is already covered under State Plan.
- **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 on RAI with CMS, discussions between CMS and Nevada are continuing.
- **NV SPA 23-0002 Certified Community Behavioral Health Centers (CCBHCs)**
 - Revising bundled rate and Quality Incentive Payment methodology language and data submission requirement language
 - Public Hearing January 31, 2023 and submitted to CMS
- **1915(i) Specialized Foster Care**
 - Synchronizing terminology for agencies' titles, address monitoring/ remediation responsibilities, and modify percentages of QA reviews to ensure QA units are able to meet program requirements.
 - Public Workshop coming late January 30th
 - Public Hearing was held March 28th, 2023

Upcoming State Plan Amendment

- **Targeted Case Management**
 - The Division will be proposing to amend Nevada State Plan Amendment (SPA) Supplement 1 to Attachment 3.1-A Targeted Case Management to add in Nevada local county agencies as qualified providers under Provider Type (PT) 54 to deliver targeted case management services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying Fee for Services recipients with SMI in need of case management services but are unable to be reimbursed for these services through Medicaid to assist. Current provider qualifications include state agencies and their employees or contractors or an organization affiliated with the University of Nevada School of Medicine.
 - Public Hearing will be held May 30th, 2023

- **Alternative Benefit Plan (ABP) Amendment to include Medication Assisted Treatment (MAT)**
 - The Division will be proposing an amendment to the Alternative Benefit Plan (ABP) to add Medication-Assisted Treatment (MAT) as required within section 1905(a)(29) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018. This is already covered within Medicaid State Plan.
 - Public Hearing will be held on May 30th, 2023

Upcoming Medicaid Service Manual Updates

- **Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services Attachment B, C, and D**
 - Once Nevada receives Implementation Plan approval for the 1115 waiver, Medicaid will propose edits to Medicaid Services Manual Chapter 400 Attachment B, C, and D as well as billing instructions to accommodate for newly approved authority for services within an Institution for Mental Disease (IMD).
- **Upcoming MSM 3800 – Medication Assisted Treatment (MAT)**
 - The Data-Waiver (X-Waiver) Program was eliminated when Congress signed the Consolidated Appropriations Act of 2023 into law on December 29, 2022. On January 12, 2023, the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the immediate elimination of the X-Waiver for prescribing buprenorphine. Medicaid will be amending Medicaid Service Manual Chapter 3800 to align with that guidance.
 - Goal Public Hearing for May 30th, 2023
- **Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services**
 - On March 31st, a public workshop will be held for the newest addition to Medicaid Service Manual Chapter 400, Mobile Crisis response delivered by a Designated Mobile Crisis Team.
 - With the completion of the public workshop, Medicaid is now on track to be able to present these additions during the May 30th public hearing.
- **Upcoming MSM 2500 – Case Management**
 - Medicaid will be amending Medicaid Service Manual Chapter 2500 – Case Management in conjunction with the state plan amendment mentioned earlier to add in Nevada local county agencies as qualified providers under Provider Type (PT) 54 to deliver targeted case management services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying recipients with SMI in need of case management services but are unable to be reimbursed for these services to assist. This will allow county agencies to continue to see and provide services to these recipients when the need arises at their prospective agencies.
 - Goal Public Hearing for May 30th, 2023

Projects

- **Consultant Health Management Associates (HMA) Children’s Behavioral Health Assistance**

- Medicaid is currently in the process of gathering analytical data, to assist in narrowing down options that will most effectively address the most critical concerns. HMA and Medicaid are also in development of a white paper, to provide an overview of the systematic problems and resolutions for future budgetary considerations.
- Ongoing with HMA helping Nevada research how other states are addressing children's behavioral health issues.

Mobile Crisis Planning Grant

- In December, Medicaid worked to finalize the policy standards as well as incorporated draft state plan amendment language for coverage to integrate into the current SPA that is on RAI for Intensive Crisis Stabilization Centers. Medicaid also initiated work on the provider rate fee for Designated Mobile Crisis Teams.
- Medicaid was able to submit informally through the current SPA for Intensive Crisis Stabilization Services, the draft coverage SPA language to CMS for informal review and initial feedback and have received positive comments.
- In the coming months Medicaid will focus attention to submit proposed SPA updates related to the enhanced rate for mobile crisis delivered by a Designated Mobile Crisis Team as well as Medicaid Service Manual policy at the May 30th public hearing for a requested effective date of July 1, 2023. Medicaid will also be working within their Core Team to continue to work through details related to Medicaid enrollment standards for a DMCT. To support this enrollment, Medicaid has been working with their fiscal agent, Gainwell, on development of a new Crisis Services Provider Type and several specialties, one being DMCTs that should be implemented in May.

1115 SUD Demonstration Waiver Update

- Medicaid received 1115 application and authority approval from CMS on 12/29/22.
- The waiver allows for SUD services within an IMD setting to be reimbursable through Medicaid, so the services are specific to these residential levels of care, ASAM 3.1, 3.2 Withdrawal management, 3.5, and 3.7 Withdrawal management.
- Although approval was received, Nevada still needs to submit an approved SUD Implementation Plan for these services to be reimbursable.
- In order to operationalize this waiver, Nevada is required to obtain approval of an SUD Implementation Plan. The SUD Implementation Plan provides a framework for the state to document its approach to implementing SUD policies and develop a strategic approach for meeting the milestones which reflect the key goals and objectives of the program. It also helps to determine appropriate information for the state to report to CMS in the quarterly and annual monitoring reports. Nevada must submit the SUD Implementation Plan within 90 calendar days after approval of this demonstration. Nevada must submit the revised SUD Implementation Plan within 60 days after receipt of CMS's comments. Nevada may not claim Federal Financial Participation (FFP) for services provided in IMDs to beneficiaries who are primarily receiving SUD treatment and withdrawal management services until CMS has approved the SUD Implementation Plan. Nevada will work with CMS to establish an estimated date of approval of the Implementation Plan as Medicaid works through this

process to communicate to providers. ***Providers are not able to be reimbursed through Nevada Medicaid for these services until Implementation Plan approval.***

- Medicaid has submitted the drafted SUD Implementation Plan to CMS for informal review and are working with them prior to submitting this formally.
- CMS approved an extension to formally submit the SUD Implementation plan for 4/28/23.

14. For Information Only. Regional school updates to include health and mental health wellness – *Katherine Loudon (Washoe County Schools), Jennifer Lords (Rural School Districts), Christopher Merritt (Clark County School District)*

Tabled.

15. For Information Only. Update on System of Care (SOC) Grant – *Bill Wyss, Health Program Manager III, Department of Child and Family Services (DCFS)*

Bill Wyss reported SOC is working with the DCFS care management entity to help develop an implementation team to provide monitoring and oversight. He reported that work is in progress to apply for the no-cost extension and access to funds remaining in the SOC Grant which expires in September 2023. They are working with the State Fiscal Department to determine the dollar amount and identify accomplishments made during the 4th year, activities which will be done during the extension, and the associated timeframes.

Beverly Burton announced the SOC Overview training is scheduled for next Thursday, with the Advancing Cultural Competency and Health Equity trainings coming up in May. The newsletter has more information with links on how to take the pretest and register for courses. Ms. Burton put her contact information in the Chat.

Beverly said the HRSA Grant is funding a partnership project with NAMI to allow 18 youth to be trained as youth peer-to-peer supports and have the opportunity to attend the Community Health Worker training. The goal is to help build mental health and medical field workforce by providing educational opportunities, internships and placements. They are working with Amanda Haboush and her team to evaluate the partnership and the impact on workforce development

16. For information Only. Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS – *Nicole Mara, Education and Information Officer, Department of Child and Family Services (DCFS)*

Tabled.

Ellen Richardson announced that voting member quorum had been lost.

17. For Possible Action. Make Recommendations for Agenda Items for the Next Meeting – All Members

Tabled.

18. **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.

Tabled

19. **Adjournment.** Ellen Richardson-Adams, Chair

Ellen Richardson-Adams adjourned the meeting at 3:51 pm.

DRAFT

CHAT TRANSCRIPT:

[1:25 PM] Meeting started

[1:26 PM] Kary Wilder

Hello and welcome to the Nevada Children's Behavioral Health Consortium Meeting.

[1:26 PM] Kary Wilder

This meeting is being recorded.

[1:27 PM] Kary Wilder

Please enter your name, title and organization name in the Chat for the record. Thank you

[1:27 PM] Kary Wilder

Kary Wilder, PEU/DCFS Admin Support, kwilder@dcfs.nv.gov

[1:54 PM] Shannon Scott

Shannon Scott, Crisis Response System Program Manager, BBHWP, DPBH

sscott@health.nv.gov

[1:55 PM] Kristen Rivas

Kristen Rivas DCFS PEU

[1:56 PM] Cindy Pitlock

Cindy Pitlock DCFS Administrator

[1:57 PM] Shannon Hill

Shannon Hill - DCFS System of Care Grant Unit

[1:59 PM] Nicole Mara

Nicole Mara, Education & Information Officer - DCFS Nevada Pediatric Psychiatry Solutions (NVPeds)

[1:59 PM] Ann Polakowski

Ann Polakowski DCFS Children's Mental Health

[2:00 PM] Dena Schmidt

Dena Schmidt, Aging and Disability Services

[2:02 PM] Amna Khawaja

Amna Khawaja - DCFS System of Care Grant Unit

[2:02 PM] Alejandro Ruiz

Alejandro Ruiz, DCFS PEU

[2:02 PM] Christy McGill

Christy McGill, Director, NV Dept. of Education

[2:03 PM] Tiffany Coury

Tiffany Coury, DCFS

[2:03 PM] Mignon Hoover

Mignon Hoover DCFS PEU

[2:03 PM] Sandy Arguello (Guest)

Sandy Arguello, Koinonia. Voting member.

[2:03 PM] Jacqueline Wade

Dr. Wade-DCFS

[2:04 PM] Beverly Burton

Bev Burton-DCFS SOC and NV Peds

[2:05 PM] Eileen Hough

Good afternoon from Eileen Hough, DPB

[2:05 PM] Anthony Lee

Anthony Lee, DCFS Mobile Crisis
[2:06 PM] Sarah Dearborn
Sarah Dearborn, DHCFP, Behavioral Health Unit Chief, voting member
[2:09 PM] Linda Anderson (Guest)
Linda Anderson, Nevada Public Health Foundation
[2:09 PM] Edwards, Dorothy A
Dorothy Edwards, Washoe Regional BH Coordinator
[2:10 PM] Marcel Brown
Marcel Brown, DHCFP, Behavioral Health Unit, Social Service Program Specialist III
[2:10 PM] La Nell Waring
LaNell Waring DCFS Mobile Crisis
[2:11 PM] Jude Oliver
Jude Oliver Youth move Nevada
[2:18 PM] Kristen Rivas
How exciting! Great Work Michelle
[2:19 PM] Amanda (Guest)
<https://www.preventchildabusenevada.org/events-trainings/nevada-child-abuse-prevention-safety-annual-conference/>
Nevada Child Abuse Prevention & Safety Annual Conference - Prevent Child Abuse Nevada
[2:23 PM] Cheryl Wright
Hello, i have been placed in this Chat room in error. Thank you very much.
Cheryl Z. Wright
Contributions Examiner II
State of Nevada
Employer Help Desk
ESSINTERNETHELP@DETR.NV.GOV
[2:34 PM] Edwards, Dorothy A
201 and 265
[2:37 PM] Karen Taycher
thank you
[2:51 PM] Amanda (Guest)
AB285 is one that passed committee
[2:53 PM] Karen Taycher
terrific Dena
[2:54 PM] Char Frost
cfrost@nvpep.org
[3:01 PM] Kathryn Mueller
I have another meeting. Thank you all for the meeting.
[3:18 PM] Amanda (Guest)
amanda.haboush@unlv.edu
[3:20 PM] Char Frost
2023 CCCMHC Summit <https://www.cccmhc.org/summit>
ANNUAL SUMMIT | cccmhc
[3:38 PM] Eileen Hough
Thank you for the slides Sarah - as they helped us listen and follow your tireless work better
[3:47 PM] Char Frost

Ellen Richardson-Adams I'm sorry Ellen, but I have another commitment at 4 pm.

[3:48 PM] Dena Schmidt

I have to jump off for another meeting

[3:48 PM] Ellen Richardson-Adams

Thanks Char and Dena!

[3:49 PM] Ellen Richardson-Adams

We have about 5'ish min. left of quorum, team.

[3:49 PM] Kristen Rivas

We have lost quorum.

[3:50 PM] Eileen Hough

Beverly - kudos for DCFS efforts on this youth peer training & career opportunities

[3:51 PM] Kristen Rivas

Thank you for all that attended.

[4:00 PM] Meeting ended

DRAFT