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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
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Cindy Pitlock, DNP
Administrator

Nevada Children's Behavioral Health Consortium *Meeting Minutes* October 6, 2022

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
Katherine Loudon – Washoe County School District
Lawanda Jones – Substance Abuse Prevention and Treatment Agency
Lisa Linning – Clark County Department of Family Services
Michelle Sandoval – Division of Public and Behavioral Health
Sandy Arguello – Koinonia Family Services

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)
Melissa Washabaugh – Rural Children's Mental Health Consortium
Sarah Dearborn – Division of Health Care Financing and Policy

STAFF AND GUESTS:

Abigail Bailey
Amna Khawaja
Ann Polakowski
Anthony Lee
April Sears
Betsey Crumrine
Beverly Burton
Carin Hennessey
Christopher Merritt

Danielle Meares
Eileen Hough
Greyson Whitehorn
Gwendolyn Greene
Jacqueline Wade
Jose Clymens
Kary Wilder
Kathryn Rosachi
Kelcy Meyer
Kristen Rivas
Lea Case
Marcel Brown
Michelle
Nicole Mara
Rhonda Lawrence
Shannon Hill
Sharon Anderson
Unknown

1. **Call to Order, Roll Call, Introductions.** – Ellen Richardson-Adams, Chair

The meeting was called to order at 2:02 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.

There was no public comment.

3. **For Possible Action.** Approval of the August 4, 2022 Meeting Minutes – Ellen Richardson-Adams, Chair

MOTION: Char Frost made a motion to approve the August 8, 2022 Meeting Minutes.

SECOND: Lisa Linning

VOTE: Motion passed unanimously with no opposition or abstention.

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

Char Frost announced that October is Bullying Awareness Month and encouraged everyone to participate in the annual “I Care We Care” campaign. They are asking everyone to send in a picture with a message and information on how to do it is on the website. She will put her contact information and a link in the Chat.

5. **For Information Only.** Regional School-Based Health Centers Update – *Katherine Loudon (Washoe County Schools), Dana Walburn (Rural School Districts), Christopher Merritt (Clark County School County District)*

Washoe County Schools – Tabled. Katherine Louden was not present.

Christopher Merritt, Director of Clark County School District Wraparound Services (CCSD), reported the District is recruiting Safe School professionals and licensed social workers, and few applications were received. The District is also working to provide a pipeline to grow individuals from universities to work in Southern Nevada schools. Presently, the District is just trying to ensure schools have proper support.

Char Frost asked about the number of current vacancies and Mr. Merritt said there were over 100 vacancies. Mr. Merritt reported Clark County is contracting with agencies again this year for some positions and is working diligently to recruit qualified individuals, interview them, and make sure they are a good fit. Partnerships are in place to provide clinicians on campuses, giving Tier 3 supports for students.

Karen Taycher asked how many of those positions are filled? Mr. Merritt replied that as of the beginning of the school year, ten vacancies were filled, but there were situations with ties that were severed with those contractors. He said some are leaving because of certain circumstances. Recruitment efforts are very important for leadership within CCSD to hire qualified individuals and he and his team are meeting to determine next steps to develop that pipeline to obtain more support. Finding candidates with a master's degree is difficult and they are exploring options.

Char Frost asked how many schools were covered with a Safe School professional? Mr. Merritt said he didn't have that information and would report back. CCSD has a number of vacancies and over the summer were successful hiring more individuals which was an improvement from the end of last school year. Presently, there is still a big need, and for schools without coverage, CCSD is partnering with other agencies, so even if a school doesn't have a safe school professional or licensed social worker, there are other opportunities to provide supports for students. The goal is to have one Safe School professional in each school and 100 schools do not have a Safe School professional onsite. For schools with licensed social workers, CCSD is relocating that Safe School professional to another school with an opening.

Rural School Districts – Tabled. Dana Walburn was not present.

6. For Possible Action. Discuss and Approve Legislative Support Workgroup to Support Bill Draft Requests – All Members

Char Frost said this was a good time for the Consortium to stay on top of bills related to children's mental health and be prepared to speak to the need and determine the level of support. Cara Paoli asked for discussion to review the workgroup's primary objectives and scope. Char Frost said goals will be to identify children's services and access to services that potentially will be key points coming up for the next session and to provide advocacy representation. She said there is a great deal of intersectionality so it is important to ensure NCBHC is speaking to the needs of the youth and families of Nevada and staying on top of what is happening to prevent surprises after the session ends. Dr. Cindy Pitlock said the workgroup was an excellent idea and in her position as the administrator and being a public servant and provider of information, she

would need to abstain from this vote because it was really not in her purview to support or not support certain bills. Dena Schmidt said there was a lot of value in having a workgroup that can sit down ahead of time and decide the priorities and issues where authority would be given for a representative to go and speak in a meeting on behalf of the Consortium. Ms. Schmidt said it would give value to get support moving quickly and would not preclude individuals from providing support or opposition if they chose. Amanda Haboush said that she was not allowed to lobby and the Clark County Children’s Mental Health Consortium (CCCMHC) maintains a list of approved priorities to allow for designated individuals to go testify and be able to move in time with current legislative activities. Karen Taycher said that each chair of the regional consortia or a member of each consortium, need to participate in the workgroup to collaborate and support identified priorities. Kristen Rivas said other members who attend the meetings and individuals on the NCBHC listserv can participate in the workgroup with Consortium approval.

MOTION: Char Frost made a motion to establish a legislative support workgroup to determine which Bill Draft Requests would be supported by the Consortium and to give the workgroup the authority to speak on behalf of this body during the legislative sessions

SECOND: Amanda Haboush

VOTE: Unanimous with no opposition. Dr. Cindy Pitlock abstained.

7. For Possible Approval for Support of Requested Policy Changes. Medicaid Formulary Discussion on Medicaid Formulary Policy Changes – *Jacquelyn Kleinedler, Washoe County Children’s Mental Health Consortium, Dr. Jose Cucalon, Pediatrician in Washoe County*

Tabled. Jacquelyn Kleinedler and Dr. Jose Cucalon were not in attendance.

8. For Possible Action. Approve Medicaid Formulary Workgroup with a named Chair – *All Members*

Kristen Rivas said she received email from Jacquelyn Kleinedler that she was willing to be Chairperson of this committee.

MOTION: Char Frost made a motion to name Jacquelyn Kleinedler as Chair of the Medicaid Formulary Workgroup.

SECOND: Michelle Sandoval

VOTE: Unanimous with no opposition or abstention.

9. For Possible Action. Approve Legislative Workgroup with a named Chair– *All Members*

MOTION: Cara Paoli nominated Char Frost as Chair of the Legislative Workgroup.

SECOND: Michelle Sandoval

VOTE: Unanimous with no opposition or abstention.

10. For Recommendations for Program and Community Needs. Mobile Crisis Update and Community Response Needs – *Anthony Lee, Clinical Program Manager I, Mobile Crisis Response Team (MCRT), Division of Child and Family Service (DCFS), and Michelle Sandoval, Youth Program Coordinator and Crisis Teams Manager, Nevada Division of Public and Behavioral Health (DPBH)*

Michelle Sandoval gave a PowerPoint presentation, reporting staffing remains stable in spite of higher wages private and community providers offer contractors. A \$250K award was received from the National Association of Mental Health Program Directors with \$125K allocated to the rural Mobile Crisis media campaign. Clark and Washoe counties were incorporated into the campaign to ensure statewide coverage. Rural MCRT worked with Nevada PEP and the Nevada Broadcasting Company to publish social media blasts two to three times per week. Television public service announcement ads were created and aired. Print materials (including a brochure) were updated and billboards were produced and positioned across rural communities and outside Clark County. The MCRT website was updated and interactive features are being to include a place for families to obtain and complete treatment consent forms. This will help reduce paperwork and signatures as barriers to obtaining treatment.

Ms. Sandoval reported the number one referral source was from caregivers and parents, with schools as the second source. This was a big switch since pre-COVID, schools were the number one referral source, but since then it is parents and caretakers, which they are excited about. Numbers for the program doubled from August to September as a result of the August media campaign. Incoming calls are categorized for data collection and education and support calls are coming from clinicians or case managers working with families, providing them psychoeducation, and helping them connect to services. Response times remain under 15 minutes and the rural team responding as soon as a referral comes from the hotline.

The rural team is working diligently with psychiatric hospitals in and outside the state to connect with youth and families prior to discharge, helping to keep them stabilized with a clinician while the crisis case managers work on connections to outpatient services. System of Care (SOC) provided rural clinics funding to bridge medication gaps when youth are discharged from hospitals.

A funding request is going before the Interim Finance Committee in October for a pilot for in-person response in Elko County. A partnership with Safe Voice is in place for MCRT to receive Safe Voice tips involving suicidality and they are developing a warm connection for youth and families who call in to 988 to then be connected to MCRT without any kind of phone line disconnection.

Increasing numbers are a challenge and are being monitored to determine ability to meet the demand. Updates to the phone system are needed, along with dedicated staff to monitor the system to ensure no families are getting a closed door when they call. Rural MCRT continues to be challenged with the lack of stable funding and is relying on Healthy Nevada funds. There is a long wait for outpatient services in rural areas and MCRT clinicians are providing longer

stabilization services as a result. Case management needs are doubling due to increasing acuity needs of families. Two new prescribers were hired to help alleviate the long waiting list for services. They are qualified to serve young adults, youth, adolescents, and adults, and will provide quicker access to care.

Karen Taycher referred to discussion from the previous meeting about long response times and her request for MRCT response time data from Anthony Lee. She reported NV PEP is hearing from families that they are waiting three to four, and now up to six hours for a response from MCRT. Michelle Sandoval said that once a screen is received from the hotline, rural MCRT responds within 15 minutes via telehealth. Anthony Lee said unfortunately he did not have meaningful data until new data points are captured more efficiently (for example, if a family is looking to be seen within an hour and a team is not available for three hours).

Char Frost asked a follow-up question from the previous meeting about screening staff and best practices. She said best practice shows families often call when they feel like youth are out of control (for example, threatening to run away) which is often a precursor to more serious events. National best practice to send a team if a family calls. She asked Mr. Lee to further describe MCRT's screening process and if psychiatric case workers and clinicians are doing the screening? Mr. Lee said families define the crisis but with limited resources, MRCT has to triage calls. For example, if there is one available team and one youth who is actively suicidal and another with school anxiety whose family is able to keep them safe, that family is pushed to the next day. MCRT prioritizes calls based on their mission, which is preventing children and youth ending up in hospitals and psychiatric centers. Ms. Frost said she struggled with the fact that by the time a youth is actively suicidal, it seemed like it was too late and MCRT could have prevented suicidal events. There is already somewhere for youth who are actively suicidal to go if they're a danger to themselves or others and she questioned if the families that should be served are those families struggling with behaviors that are potential precursors to more intensive behaviors. Dr. Pitlock clarified incoming calls are handled based on a robust triage model and available resources are deployed to highest acuity cases. Lower acuity cases may be diverted, but MCRT must work with available resources. She said she did not want to overanalyze the program in a public forum in the middle of an emergent staffing crisis. Ms. Frost said she was involved in the original MCRT planning and it seemed that MCRT has moved away from what the model was supposed to look like. Dr. Pitlock confirmed that MCRT is doing the best they can with the resources they have and she cannot fix the current situation where there are more cases than teams in this meeting's public forum setting. She is committed to working with Anthony Lee and clinical staff to ensure they are following a triage model aligned with best practices and an appropriate evidence-based model of deployment. Michelle Sandoval said it had been many years since the MCRT model was developed and it might be helpful to include some of the original people who worked on the model in management meetings to discuss improvements.

Anthony Lee reported MCRT is launching a new call center quality phone system and working to increase hotline staffing due to increased calls. Staff safety planning launched in October and all staff have GPS-enabled devices equipped with an emergency alert system. Website updates

include electronic consents, ease of access to the telehealth platform, family resources, and links to the careers site. Two primary supervisors have been hired and six open psychiatric caseworker positions will be filled. A mobile crisis startup team from Alabama was hosted to help them develop their own program. Dr. Pitlock reported Narcan is now available for MCRT teams to carry as Nevada is in the middle of the opioid crisis. The medication is lifesaving and they are working to empower and train staff to save lives both at homes and in schools. Good Samaritan laws are in place to protect everyone.

Lawanda Jones asked if MCRT was implementing mobile crisis programs in tribal jurisdictions? Michelle Sandoval responded that work continues to build tribal partnerships. MCRT is giving a presentation at Fort McDermitt and they welcome all ideas and feedback. Amanda Haboush said she is working through the Nevada Minority Health and Safety Coalition and rural region tribes, including Fort McPherson. She received feedback that telehealth is not working for the tribes and they want in-person services which is challenging and expensive in rural areas.

11. For Possible Action for a Proposed Bill Draft Request to Memorialize the Nevada Children’s Behavioral Health Consortium into Legislation. Bill Draft Request to Formalize the Nevada Children’s Behavioral Health Consortium into Legislation – *All Members*

Char Frost reported the BDR was submitted and work is continuing with Nevada Assemblywoman Michelle Gorelow who values all of the consortia and their diverse, statewide members and stakeholders. Some Commission on Behavioral Health duties may be transferred, but not until discussions are held with the Commission Chair prior to the bill being released publicly.

12. For Possible Action. 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, Administrative Clinical Director, 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 was birthed out of Senate Bill 387 and came to DCFS unfunded, with no positions or funds to secure any positions needed to stand up and maintain the program. The program was originally placed with the DCFS Wraparound in Nevada program which worked to try to stand up a viable program and pour resources into those much-needed families. However, with an over 50% staff vacancy rate, DCFS had to place the program on hold because services could not be extended. Dr. Pitlock reported 98 referrals have been made since June 2020, with 87% coming from Clark County. In August, the Interim Finance Committee (IFC) granted \$14M for intensive wraparound services and care coordination services and the plan moving forward is to fully utilize that opportunity to engage with a care management entity to assume those services.

Dr. Linning said she was encouraged and reported Child Protective Services (CPS) receives calls from these families where there is no abuse or neglect evident, simply families in crisis needing options. CPS has no jurisdiction to talk with families in crisis and gives out contact information

for Nevada PEP, Harbor Behavioral Health, and other resources. CPS tracks the calls, shares the information with Kathryn Rosachi, and recently met with Anthony Lee. She said Mr. Lee clarified MCRT cannot make cold calls and CPS does not have the jurisdiction to do so. In addition, families would be offended if they received a cold call from CPS because they are not hurting their child, they are asking for crisis support. Children may end up in Child welfare as a default when they should not, and a family may be charged which is not appropriate. Dr. Linning wanted to make everyone aware of the issue and asked for an administrative support option to give the families a connection and pathway.

Cara Paoli expressed her thanks to Dr. Pitlock and her team. She reiterated what Dr. Linning expressed about the need for immediate response when those calls come in because 98% of the time, families are in a crisis and need an immediate response. She asked if a mobile crisis response worker who was on call could provide the response? Ms. Paoli was encouraged and hopeful everyone can all work together to get something that really works well for families off the ground.

Dr. Pitlock said that while DCFS is envisioning an influx of resources, there is a bridge of time to be addressed as a parallel process in order to provide services in the interim. State procurement processes for contracting with providers can take time and she would like to bring a team of interested parties together to develop solutions in the transition time period. Several attendees indicated they would like to participate and Dr. Pitlock encouraged everyone interested to contact her directly.

Karen Taycher asked if there were existing models just short of CPS making crisis calls out to families. She said this need sounded like what Michelle Sandoval discussed related to information and educational calls done by rural MCRT. Kathryn Rosachi said she has been discussing with Anthony and Dr. Linning and her team about needing an intermediary support to be a no-wrong door policy for families to call a single number and get directed to appropriate services. She has been working with the National Wraparound Implementation Center to see what exists to maintain fidelity to Wraparound and focus models, while also trying to determine a way to get family support. Amanda Haboush suggested looking at possible ways for families to contact CPS as a prevention without requiring an open case. Ms. Haboush said a needs assessment for child abuse prevention outreach for maltreatment prevention around the state was recently done in discussion with families who had open cases or had just closed their cases. Common feedback was that a case is closed too quickly. Families are flooded with services initially but there is no transition time or period with an array of services to get support after the initial support period. Cara Paoli said that while every possibility should be investigated, Washoe County would still be providing services and there are strict guidelines about when they take custody and the flexibility they have to provide support without taking custody. Amana Haboush recommended looking at ideas on how that could be adapted to pull together a different response that doesn't take custody. Michelle Sandoval said MCRT is seeing increasing intensity of case management and complexity of family's needs to be able to stabilize youth and keep them in their home and community. Dr. Linning said there was a high percentage of adoptive families with children now reaching the preteen age range with prodromal symptoms, starting with bipolar disorder. In these cases, the family history is unknown so adoptive families do not know what may potentially be developing. She suggested looking at ways to brainstorm bringing more supports to adoptive families post-

adoption since there is a need for families to know there are still case management services, coordination of services, and resources to help mitigate and prevent crisis level situations. She asked if there were grants or programs that might be built into the Collaborative Pathways programming? Michelle Sandoval agreed and said the Elko child death review recently found two of the child deaths in Elko County over the last quarter had to do with adoptive youth or young adults and there is a need to wrap more services around adoptions.

Dr. Pitlock agreed and said not only has DCFS received American Rescue Plan Act (ARPA) funding for the Wraparound program, but there are also additional funds for intensive in-home and other services. She said this bridge period of time is difficult because we can see the light at the end of the tunnel, but it is going to take a certain amount of time to get providers on board and get them up and running. Cara Paoli agreed and commented that the County has adoption savings funding and allocates spending to offer counseling for post adoptive families however, the real need is for clinicians or peer support staff trained in best practices for working with adoptive families. Betsy Crumrine said they are in discussion with the North American Council on adoptive children and are in the process of creating pre-adoption preparations for families in the six-month waiting period before finalization and are also constructing some post-adoption support services. An adoptive parent is leading parent training support groups and they are looking at contracting with her to develop other parents skilled in this area. Char Frost said Nevada PEP also has an adoptive support group and recommended everyone let families know of the weekly sessions that are currently availability during the bridge period. Michelle Sandoval recommended looking at ways, possibly through Collaborative Pathways to provide longer-term supports, services, and check-ins for families for 10-15 years after adoptions.

Ellen Richardson asked if there was a motion needed and asked if there were any other discussion points? Cara Paoli made a recommendation for everyone interested come together for a meeting to continue discussion on how to develop supports for families through the development of the Collaborative Pathways programming (especially for the bridge period). Dr. Pitlock agreed and said she would take the lead. She asked everyone interested in participating to send her an email and she will coordinate a meeting to discuss how to take care of families experiencing trauma and crisis during the interim period of time, while DCFS is trying to rollout these services.

13. For Information Only. Division of Child and Family Services Update – *Dr. Cindy Pitlock, Administrative Clinical Director, Division of Child and Family Services (DCFS)*

Dr. Pitlock reported the Department of Justice (DOJ) investigative report of Nevada's use of institutions to serve children with behavioral health disabilities was released this week. The report found Nevada lacking in community-based options to serve children with behavioral health disabilities and that the state over-relies on residential treatment facilities to provide these services. DCFS was proactive and worked with stakeholder groups to push forward American Rescue Plan Act (ARPA) requests to multiple Interim Finance Committees to build out the children's system of care particularly in community-based center settings. DCFS is looking forward to continuing this work and engage partners to stand up the programs and needed systems evolution. The DOJ investigation is ongoing and has not been closed. DCFS will proceed forward with a corrective action plan and is working very closely with stakeholders. Dr. Pitlock is

committed to a transparent process so that Nevada's children can be in the right and least restrictive environment.

Karen Taycher said it was clear that the community-based service array is Nevada is going to fix the problem and commented there is a mindset problem in Nevada of thinking placements are the answer, which needs to be changed. Dr. Pitlock agreed and said it was a good time to double down on communication and education about what community-based service settings have to offer. Michelle Sandoval gave a reminder to include rural families and support in the planning of supports and services.

Dr. Pitlock said DCFS goals are now to stand up all of these services and programs and she gave a summary of programs and services originally started in 2021. In December, DCFS received funding approval for the intermediate care facility at the Clark County Oasis Building which is now open. February saw a surge in demand for Mobile Crisis Response Team services and funding was received for both the North and South teams. April saw approval for hardening of the Desert Willow Treatment Center to make it safer and more accessible for Nevada's youth. Early Childhood Mental Health Endorsement was also received in April, along with funding for additional early childhood mental health clinicians and oversight. Funding was received in June for crisis stabilization centers and emergency funding for crisis care. In July, Nevada PEP was able to increase their family outreach. Supplemental funding for school based mental health providers for the Nevada Department of Education, additional staff for the Oasis residential treatment facility, Mobile Crisis Response Teams, and Washoe and Clark County School Districts was received in August. August funding also included new positions for behavioral workforce development in both Northern and Southern Child Adolescent Services (NNCAS/SNCAS), system of care for special populations through Clark County Department of Special Services, and the China Springs, and Aurora Springs youth campuses for mental health and substance use disorders. Funding was received for unified billing to support school-based care coordination to allow the Department of Education to bill for mental health services build out of children's behavioral health authority positions. Emergency and planned respite intensive in-home services, family to family peer support, and the Clark County Eighth Judicial District Court received funding to stand up programs for residential infusion of services. September funding provided expansion of Infant Toddler Court programs. October funds were provided for the Clark County independent living program, additional subsidy payments for transitional age youth, and Nevada PEP family peer support. NNCAS received funds for social emotional learning and counseling and the early childhood treatment program and the SNACS day treatment program was funded. Autism screening and diagnosis for fetal alcohol spectrum disorders received funding. Nevada Aging and Disability Services received a funding package. Dr. Pitlock asked everyone for their support and participation to get these programs started and deliver needed services to Nevada's families.

Amanda Haboush asked about the process for getting the approved dollars in place and ensure community programs are in place before they time-out. Dr. Pitlock said it is crucial for time limitations on disbursement to be monitored in parallel with program sustainability, development,

and expansion. Karen Taycher asked how program enhancements and timelines will be communicated and Dr. Pitlock said that communications plans will need to be developed.

14. For Information Only. Medicaid Update and Changes *Marcel Brown, Program Specialist, Nevada Medicaid Behavioral Health, Division of Health Care Financing and Policy (DHCFP)*

Marcel Brown reported Nevada Medicaid State Plan Amendment (SPA) #220005, regarding reimbursement methodology for crisis stabilization centers, is currently on a request for additional information (REI) which pauses the 90-day clock under Centers for Medicare (CMS) review. The latest discussions involve adding the methodology to different pages within the statement since the service is provided under a crisis stabilization center, is outpatient based, and may fit better under the Rehabilitative Services area rather than the hospital reimbursement pages. The consultant Health Management Associates (HMA) has conducted an interview and environmental scan with key stakeholders to develop recommendations to address the behavioral health needs of children, youth, and their families. One-on-one meetings were held to prepare for the meeting. Stakeholders were brought together in person and virtually to collaborate around goals, timelines, and identify desired outcomes for this effort to improve Medicaid services for the overall system of care for children and youth with behavioral needs and their families. This all-day meeting was held again on September 19th. Additional public and stakeholder engagement will be forthcoming with recommendations from HMA.

There were updates to Medicaid Services Manual (MSM) Chapter 400 for mental health, alcohol, and substance abuse services for the approved provider qualifications. MSM Chapter 400 language was updated to clarify roles of individual rehabilitative mental health providers. A public workshop was held in June and a public hearing was held September 27, 2022. Enrollment checklists have been updated and the MSM policy should be posting very shortly.

The Mobile Crisis Planning Grant project work continues to develop how Medicaid will bill mobile crisis teams that will be eligible under the Enhanced Federal Medical Assistance Percentage (FMAP) offered through Section 1947 of the Support Act. Medicaid has been working with the consultant on this project and their final recommendations report was delivered to the state. They are through these recommendations and making determinations regarding moving forward. It is likely Medicaid will pursue the State Plan Amendment (SPA) rather than a waiver to ensure already covered crisis intervention services include needed requirement and outline for qualifying mobile crisis teams to receive the FMAP. Medicaid has a tentative timeline to propose new MSM policy and determine how to delineate these teams from other mobile crisis or crisis intervention which do not qualify for the FMAP. A meeting was held in September with the Community Behavioral Health Centers (CBHCs) to outline provider standards for designated mobile crisis teams. Additional non-CBHC, mobile crisis teams, and stakeholder engagement meetings have been scheduled for October and November. Public workshops will be held to prior to moving forward with the SPA and MSM updates.

Medicaid is working on system development to develop new provider types and specialties for crisis services and a no-cost extension was submitted to CMS, waiting on official award. However, CMS has indicated Nevada was approved which will allow Nevada more time for full rollout and a 12-month extension through September 29, 2023 was requested.

In regard to 1115 Substance Use Disorder Demonstration Waiver, the majority of the work being done through the Support Act Post Planning Grant has been related to the 1115 Substance Use Disorder Demonstration Waiver and getting that submitted to CMS. The focus, while simultaneously answering questions for CMS on the specific application, is to develop the implementation plan that details how states will meet the milestones and goals of the Demonstration. CMS indicated they are working on development of standard terms and conditions, which is great news, indicating approval may be coming. Medicaid is still targeting January 1, 2023 for this implementation date. Work is in progress on system development to add new codes for the levels of care and applying rates to these codes

A report was sent to the Legislative Council Bureau for specialized foster care which will be on the October Financing Committee meeting agenda.

Work continues with managed care and quality assurance teams, as well as with Kathryn Rosachi at DCFS to identify processes for collecting quality assurance items needed for the state plan.

Char Frost asked Mr. Brown if families were included in the stakeholder meetings held by HMA. Brown replied that families were not involved at this point and participants were Clark County, the governor's office, Director's Office, DCFS, and several other agencies as it was an initial meeting and not an official public meeting. Ms. Frost expressed her concern that the people and families being served are not included until the end of the process after all decisions have been made. She felt that families are allowed to speak, but since decisions are already made, family perspectives are not valid or included. Amanda Haboush agreed and said it was important to include families and those being served at earlier stages of the process. Ellen Richardson said that is a System of Care (SOC) principle and value to have family and youth voice at the table when development, implementing, and evaluating programs that are designed for them. Beverly Burton agreed this was a core SOC value across child servicing systems.

Char Frost said it was important and a national best practice for Medicaid to plan on reimbursing for crisis education and stabilization time in addition to response time. She said it was important for Medicaid to reimburse for follow-up and after-care appointment and supports for families while they are getting connected to community-based services. Brown said he would get clarification and provide the answer to Kristen Rivas for distribution to the group..

15. For information Only. Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS – *Nicole Mara, Psychiatric Caseworker II, Department of Child and Family Services (DCFS)*

Tabled.

16. For Information Only. Update on System of Care (SOC) Grant – *Shannon Hill, Health Program Manager II, Department of Child and Family Services (DCFS)*

Shannon Hill provided an update on SOC priorities focused on the final year of the grant. The SOC Expansion Grant which focuses on the rural and frontier communities, children, youth, and families in those communities will be coming to an end on September 29, 2023. In this final year of the grant SOC is ensuring those direct service programs receiving funding remain in place

through that period. Community-based services are very important to the children, youth and families they are serving and SOC is working closely with those organization and agencies to ensure they resubmitted for the 4th year of funding. SOC announced they have all continued on and some of the agencies that traditionally weren't providing clinical services have ventured down that path successfully. One of those is Nye Community Coalitions. Discussions included talking about sustainability, gathering not only the data for federal reporting, but also local data to utilize when looking for other funding sources. Focus has also been on Respite Care and SOC has partnered with Nevada PEP on a pilot project. Building tribal partnerships and relationships has progressed and SOC funded an award with the Fort McDermott Tribal Wellness Center to fund a clinical position providing substance abuse counseling. SOC has received an invitation to attend the Statewide Tribal Health Directors meeting and share information on SOC Respite and Flex Funds programs. Ms. Hill would like to include Mobile Crisis in those meetings.

Due to loss of quorum, Ellen Richardson paused the meeting and this topic was tabled until November.

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 4:52 p.m.

CHAT TRANSCRIPT:

[10/6 1:42 PM] Kary Wilder

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

[10/6 1:42 PM] Kary Wilder

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

[10/6 1:42 PM] Kary Wilder

This meeting is being recorded.

[10/6 1:42 PM] Kary Wilder

Thank you!

[10/6 1:43 PM] Kary Wilder

Kary Wilder, AA Planning & Evaluation Unit, DCFS

[10/6 1:43 PM] Kary Wilder

kwilder@dcfs.nv.gov

[10/6 2:05 PM] Lea Case

Lea Case, Belz & Case Government Affairs
[10/6 2:05 PM] Greyson Whitehorn
Greyson Whitehorn - Youth MOVE Nevada
[10/6 2:05 PM] Shannon Hill
Shannon Hill - DCFS System of Care Grant Unit
[10/6 2:05 PM] Betsey Crumrine
Betsey Crumrine, DCFS
[10/6 2:05 PM] Beverly Burton
Beverly Burton, DCFS, System of Care
[10/6 2:05 PM] Chris Merritt (Guest)
Chris Merritt - CCSD Wraparound Services
[10/6 2:05 PM] Nicole Mara
Nicole Mara - DCFS NVPeds
[10/6 2:05 PM] Anthony Lee
Anthony Lee, LMFT - Interim Clinical Program Manager II (Children's Mobile Crisis Response Team)
[10/6 2:05 PM] April Sears
April Sears, Behavioral Health
[10/6 2:05 PM] Kathryn Rosaschi
Katie Rosaschi, DCFS
[10/6 2:05 PM] Eileen Hough
Eileen Hough, Division of Public & Behavioral Health
[10/6 2:05 PM] Marcel Brown
Marcel Brown, DHC FP-BH Unit
[10/6 2:05 PM] Ann Polakowski
Ann Polakowski DCFS DPBH
[10/6 2:06 PM] Jacqueline Wade
Dr. Jackie Wade- DCFS
[10/6 2:06 PM] Amna Khawaja
Amna Khawaja - DCFS System of Care Grant Unit
[10/6 2:06 PM] Sharon Anderson
Sharon Anderson-DCFS
[10/6 2:07 PM] Carin Hennessey
Carin Hennessey, DHC FP, BHU
[10/6 2:08 PM] Char Frost
<https://nvpep.org/icwc2022/>
ICWC2022 - Nevada PEP
Mission Control Welcome to I Care, We Care 2022! This year we're taking kindness to new heights with Universe Sponsors Findlay Automotive Group and Fox 5 Take 5 To Care! Each October, Nevada PEP re...
[10/6 2:22 PM] Amanda (Guest)
my center does bill tracking
[10/6 2:37 PM] Lea Case
Hi Char, I volunteer myself and our team to help support your workgroup
[10/6 2:42 PM] Ellen Richardson-Adams
Thank you Lea.

[10/6 3:00 PM] Dena Schmidt

BRB

[10/6 3:30 PM] Dena Schmidt

ADSD would love to participate in that discussion

[10/6 3:30 PM] Michelle Sandoval

I would love to join the discussion to represent rural families, Dr. Pitlock!

[10/6 3:53 PM] Amanda (Guest)

From: Amanda - I am sorry I have to leave the meeting. I will connect on my phone for as long as I can. Thank you.

[10/6 3:55 PM] Lea Case

<https://www.justice.gov/opa/pr/justice-department-finds-nevada-unnecessarily-segregates-children-behavioral-health>

Justice Department Finds Nevada Unnecessarily Segregates Children

The Department of Justice announced today that it has concluded an investigation into whether the State of Nevada subjects children with behavioral health disabilities to unnecessary

[10/6 4:09 PM] Karen Taycher

The SOC newsletter may be one way to communicate.

[10/6 4:17 PM] Dena Schmidt

ADSD uses list serves to share info; 211 will also need the resources added to their database; we can also utilize our PIO's to issue press releases as well

[10/6 4:27 PM] Ellen Richardson-Adams

I am sorry Nicole. I accidently skipped item #15 that you were going to present on. My apologies.

[10/6 4:30 PM]

Meeting ended: at 10/6 4:30 PM after 2 hours 50 minutes 23 seconds