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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*** February 3, 2022

All members participated via Lifesize technology (video or audio)

MEMBERS PRESENT:

Cara Paoli – Washoe County Human Services Agency
Charlene Frost – Family Member Receiving Services
Cindy Pitlock – Department of Child and Family Services
Dan Musgrove – Clark County Children's Mental Health Consortium
Dena Schmidt – Aging and Disabilities Services Division
Ellen Richardson-Adams – Division of Public and Behavioral Health
Jacquelyn Kleinedler – Washoe County Children's Mental Health Consortium
Jennifer Bevacqua – Eagle Quest (Group Home Provider)
Lawanda Jones – Substance Abuse Prevention and Treatment Agency
Lisa Linning – Clark County Department of Family Services
Melissa Washabaugh – Rural Children's Mental Health Consortium?
Michelle Sandoval – Division of Public and Behavioral Health
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
Karen Taycher – Nevada PEP
Katherine Louden – Washoe County School District

STAFF AND GUESTS:

Alissa Lucke – Guest
Allison Zednick – Guest
Andrew Freeman – Division of Child and Family Services
Chris Empey – Washoe County Human Services Agency
Dana Walburn – Office of Safe and Respectful Learning
Dominique Rice – Division of Child and Family Services
Jennifer Richards – Guest
Kary Wilder – Division of Child and Family Services
Kendra Gipson, NV PEP
Kristen Rivas – Division of Child and Family Services

Stephanie Dotson – Division of Child and Family Services
Susie Miller – Division of Child and Family Services
Salwa Philips – Division of Child and Family Services
Samantha Jayme – Guest
Tiffany Judd – Guest
Tiffany Tyler-Garner – Children’s Advocacy Alliance To-Three
William Wyss – Division of Child and Family Services
8150 – Telephone Attendee/No Response

Kary Review these Attendees

1. Call to Order, Roll Call, Introductions

Ellen Richardson-Adams, Commission on Behavioral Health Chair, called the meeting to order at 2:04 p.m. Kristen Rivas, Division of Child & Family Services, conducted roll call and quorum was established.

2. Public Comment

There was no public comment.

3. Approval of the July 22, 2021, Meeting Minutes

MOTION: Dr. Lisa Linning made a motion to accept the minutes from the July 22, 2021 meeting.

SECOND: Michelle Sandoval

VOTE: Motion passed unanimously with no opposition or abstention.

Agenda Items #12 and #15 were taken out of order.

15. For Possible Action. Approval of 2022 Meeting Schedule

MOTION: Dan Musgrove made a motion to vote to approve the 2022 Meeting Schedule.

SECOND: Charlene Frost seconded the motion.

VOTE: Motion passed unanimously with no opposition or abstention.

4. For Information Only. Update on the Mental Health Crisis in Washoe County due to West Hills Hospital Closing – *Chris Empey, Washoe County Human Services Agency*
Mr. Empey explained he previously gave an update for the Washoe County Mental Health Consortium and was invited to the meeting to provide the same information. Mr. Empey reported there is currently a crisis in Washoe County with a lack of acute care psychiatric facilities in the Reno/Sparks area (serving all of Washoe County) due to the closing of West Hills Hospital. Government child placement agencies (Washoe County Human Services Agency, Washoe County Department of Juvenile Services and DCFS Representing the Rural Counties) held a contingency planning meeting since children and youth in child welfare and juvenile justice often need acute psychiatric care. Ultimately, the decision was made to reach out to the community and involve more entities and stakeholders. During the holidays, meetings were held to problem-solve and develop contingency plants.

Key issues contributed to the closure: 1. Shortage of staff for nursing and front-line employees, and 2. Rates of pay. Providers are challenged to find acute mental health care techs and nursing staff. Part of that is due to reimbursement rates and wages related to acute services. Traveling nurses can find other jobs paying at much higher rates.

During that time, State of Nevada Department of Health and Human Services (Dr. Andrew Freeman and Dr. Cindy Pitlock) came up with funds to shore up Mobile Crisis Response teams and hire additional staff, as well as psychiatric therapists. Mr. Empey thanked both for making this happen.

The ad-hoc group ultimately landed on the issue of advocacy for workforce development. The goal is to have a competitive, reimbursable rate to attract and retain staff. The plan is to go to specific licensing boards and increase the number of allowable interns per supervisors (there is a shortage of intern supervisors). There is also a lack of intern sites and supervisors required for licenses which creates barriers for those new to the field. The Board of Social Work Examiners specifies a supervisor can supervise up to four interns while the Board of Marriage and Family Therapists allows supervision of up to six to eight interns at a time.

Outreach efforts are needed to licensed mental health professionals in the community to bring awareness of the needs of our population. A call to action needs to be made to private practitioners about taking on interns and asking if they can take clients from the fee-for-service population or take on more patients with Medicaid vs. private pay clients.

Mr. Empey stated he wanted to provide the Consortium with this information and make a request to the Consortia to consider taking action, possibility writing letters and taking on an advocacy role.

Dan Musgrove reported that in his role as a lobbyist and working with West Hills as a client, the situation was unsafe due to the lack of ability to hire staff, resulting in unsafe staffing levels. COVID-19 also had a negative impact. West Hills was a very old facility, and the physical plant needed a great deal of money to meet safety, licensing, and life-safety guidelines. Mr. Musgrove reported United Health Services (UHS) moved the licensure under Northern Nevada Medical Center, which will solve issues with Medicaid reimbursement, as well as provide access to a waiver that will help. He stated this was an important facility and advocacy of workforce development is crucial at all levels of the spectrum. He was supportive of all efforts to make improvements.

Mr. Empey will forward a letter to Kristen Rivas that was drafted with input from the group for the Consortium to use as a starting point.

Mr. Musgrove commented that issues with high costs of traveling nurses have had increasingly negative impacts since the start of the COVID pandemic. He stated companies are taking advantage of the situation, resulting in states and hospitals competing against themselves for a limited number of nurses. While all healthcare workers have been overworked during this time

and deserving of appropriate wages, costs have jumped from \$80/hr. to \$300/hr. which is hard to sustain.

Kendra Gibson, Nevada PEP Family Voice Facilitator, asked if there was an interim plan to prevent children and youth from needing higher levels of care since workforce development and Medicaid rate changes can take quite a bit of time. Mr. Empey responded that Health and Human Services in Washoe County has a clinical services team with three clinical supervisors and twelve mental health counselors who are focused on placement prevention. It is related to other issues including past legislation (AB387) which is parents coming forward with a child in need. It is families coming forward during crisis who are trying to prevent their child from entering the welfare system and instead obtain mental health services (where CPS is not involved). The goal is to help families navigate facilities and find short term services when a higher level of care is needed. It does not address the entire population.

Ms. Richardson made note of Ms. Gibson's question as an item for a future meeting in terms of collaboration statewide. She stated the current agenda topic was the closure of West Hills, and discussion needed to stay within Open Meeting Law parameters of what the Consortium is allowed to speak and meet on. She also made a side note of workforce retention as a possible future agenda item and asked for an ad-hoc vote of consensus from the group. The group agreed, without objections or abstentions. Ms. Richardson thanked Mr. Empey for his presentation and participation.

Cara Paola stated for the record, that Dr. Megan Freeman was the new Children's Behavioral Health Authority for the Department of Health and Human Services and it would be appropriate to invite her to speak to the matter.

Char Frost voiced a comment about her concern that Ms. Gibson's question was not part of the government child placement agencies' ad-hoc group focus, and she was happy that the Consortium was going to address the issue since families are really struggling.

12. For Information Only. Medicaid Update and Changes – *Sara Dearborn, Division of Health Care Financing and Policy (DHCFP).*

Sarah Dearborn provided updates for the Behavioral Health Unit of Nevada Medicaid. She reported there is one State Plan Amendment regarding the CHIP State Plan for youth that are receiving coverage through Nevada Checkup. This State Plan Amendment continues to be on pause as the Centers for Medicare and Medicaid Services (CMS) called for additional information. Nevada sent responses to CMS on December 7, 2021 and is still waiting for a response. The State Plan Amendment related to the removal of neuro biotherapy and bio feedback services for the treatment of a mental health diagnosis was recently withdrawn. CMS determined the biofeedback and neuro-therapy provisions of this State Plan Amendment would be considered a violation of the maintenance of effort violation of the requirements of Section 9817 of the American Rescue Plan Act (ARPA) and would put the State's 9817 Enhanced Home and Community Based Services funding at risk. These services will be reconsidered at the end of the Home & Community Based Services ARPA period in 2024. The State will revert Medicaid Services Manual (MSM) Policy for neuro therapy services during the February 22nd public

hearing. A recent State Plan Amendment approved as a result of Senate Bill 96 was submitted to CMS in October of 2021 for the approval of an increased registered behavioral health technician pay rate to \$52.00/hr. CMS approved the State Plan in December with an effective date of January 1st (Web Announcement #2673).

Ms. Dearborn reported that going to public hearing on February 22nd is the most recent change in regard to the development of crisis stabilization centers and development of a rate methodology for reimbursement. The proposal includes edits to Medicaid Services Manual (MSM) Chapter 400 to be able to outline crisis center policy. Associated with this MSM change, another State Plan Amendment will be submitted to CMS to approve rate methodology for a daily rate for crisis stabilization centers.

Ms. Dearborn gave an update on the one-year Mobile Crisis Planning Grant which was awarded to Nevada Medicaid in September. Core and weekly project team meetings have been established. CMS requirements and information for Mobile Crisis are being received so the Planning Grant can implement services. Nevada does implement crisis intervention services, but they are hoping to specifically outline Mobile Crisis services. The state grant will also receive an enhanced 85% Federal Medical Assistance Percentage (FMAP) on those qualifying services. The goal is to make edits to the current crisis intervention services and better outline those services for providers.

The first phase of the Support Act Planning grant was completed, and work is being done in the post-planning phase. Work is underway to move from the planning grant to the post-planning session as well. The 1115 Substance Abuse Waiver will waive institution-for-mental-disease rule and allow Medicaid to reimburse for substance abuse order treatments in substance abuse treatment center levels of care. The goal is to first get that approved relative to substance abuse treatment services and then apply it to serious mental illness as well. This application was submitted to CMS on November 15th. The first initial call with CMS was held last week and they are requesting more detail around the budget neutrality calculations, as well as transparency detail, with additional presentations that happened with 1115 prior to submission. Ms. Dearborn noted that with the Support Act, they have been developing what is known as a Nevada Substance Abuse Databook which will monitor future substance abuse disorder trends, utilization, and capacity. Work also continues on the Strategic Plan and Sustainability Plan to identify strategies to be leveraged, along with updating status on tasks which have been started and completed. These documents will be posted on the Support Act home page on the Division of Health Care Financing and Policy website.

Services are being performed under the 1915(i) Model, specific to specialized foster care services. Biweekly meetings are being held with county child welfare agencies, juvenile justice agencies, Division of Child and Family Services, and Medicaid's fiscal agent to finalize and discuss 1915(i) services. These services are intensive in-home supports and services, as well as crisis stabilization services. There are currently ten providers enrolled under this new provider type (four in Washoe County and six in Clark County).

Kendra Gipson asked if families could access neuro-biofeedback services now since the State pulled back the State Plan Amendment. Ms. Dearborn responded that families could access these services and that the public website contains the draft of the MSM 400 being reverted back into policy.

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

There were no announcements.

6. For Possible Action. Division of Child and Family Services Update – *Dr. Cindy Pitlock (Administrator, Division of Child and Family Services (DCFS))*

DCFS continued to strengthen Mobile Crisis Response Teams in the North and South in this time of crisis. Dr. Andrew Freeman increased staff by 50% (a combination of State employees and contractors). A psychiatric mental health APRN (Advanced Practice Registered Nurse) is being hired to help with telehealth, conduction evaluations, work with youth at the medication clinic, and develop stabilization programs. This new program utilizing the APRN model for services in Mobile Crisis Response teams has not been done before. APRNs are autonomous providers and can provide a wide array of services in times of crisis response. The APRN program is being initiated in the South and will expand to the North. Work is still being done with the staffing company to hire more staff in both areas. Difficulties continue in competing with private companies because the State is not able to provide an incentive or signing bonus. Competitive offers exist with \$10K-\$15K signing bonuses for 15-week assignments which compare poorly with what the State offers. There are still people who want to work in our areas, and they are on-boarded as fast as possible, while DCFS as a whole, has a 30% staff vacancy rate. Hiring practices have been changed to promote part-time options, hybrid in-office/telecommuting options, and moving positions to areas where its easier to hire. Behind-the-scenes work is being done to juggle positions where they can be best utilized. Work is continuing with staffing agencies to hire more staff at Psychiatric Residential Treatment Centers. The Public Services Intern Model and Health and Human Services Professional Trainee Position Model are being utilized to bring in people who are interested in getting their clinical educational intern requirements fulfilled. There is no incentive in terms of paying a stipend and we are competing with many companies for clinical students. The goal is to bring students in and grow them into open full-time positions to strengthen the workforce.

DCFS has initiated a pilot project neuro-feedback treatment for a youth at Summit View. The pilot's data and outcomes will be incorporated into a plan to extend those services to other youth who might qualify. Capacity for female youth at the Nevada Youth Training Center (NYTC) is being increased within the next sixty to ninety days to get female youth out of detention earlier and into their programming.

DCFS is working with a contractor to take over providing services at Oasis in Las Vegas. This will increase the service array and allow for moving DCFS staff to Desert Willow to increase capacity. This contractor is interested in embracing the System of Care approach and build services from assessment to partial hospitalization, to out-patient services, to reintegration into the community. There is a packaged plan for the Psychiatric Residential Treatment Facility (PRTF) service area and the 'go-live' for the initial psychiatric treatment facility is March 1st.

Jeff Haugh (Aging and Disability Services Division) has been instrumental in knocking down walls to pave the way for success. He is working on special projects with the governor's offices and is spearheading a provider summit in late March, early April. Consortia reports which identify gaps in the service array throughout the life span have been shared with providers invited to this summit to help them identify services they might be able to provide to fill gaps and specify what incentives might be provided to work closely with them. The governor's team is intricately involved in making this summit a success and will be speaking at the event.

DCFS is hiring an actuary to evaluate foster rates (which hasn't been done since 2007-2007). DCFS wants to gain new foster families and encourage foster families to provide a wider service range. Existing rates are dismal, resulting in problems increasing foster family presence in Nevada. The goal is to take study results to the State Legislature and empower them with information they need to help make decisions.

DCFS moved a psychiatric case worker position to work with Clark County in the Dual Court Jurisdiction Program. This position will provide wrap around services and coordination in that Dual Court area and is on target for March 1st. A similar position will be moved to Washoe County once they determine where their greatest need exists.

A DCFS team is working on a pilot Safe Babies Court program in Carson City and Douglas County. This program has been very successful in Washoe County and a targeted area in Clark County will be also selected as a pilot.

Interim legislative committees have started. Ms. Pitlock encouraged everyone to attend and bring forth issues and policies. She believes the committees are queued up to bring valuable breadth and depth to the upcoming legislative session. Kristen Rivas will send out the links to the Interim Committees.

Cara Paoli thanked Deputy Pitlock for all of the work being done.

7. For Information Only. Update on AB366 – *Susie Miller, Division of Child and Family Services (DCFS)*

This bill relates to the competency of juveniles. A contractor has been selected to standardize the assessment tool to evaluate the competency of juveniles. The contractor is going to look at identifying the criteria and qualifications for providers approved to complete evaluations and restoration services (both in-facility and in the community). They will examine evidence-based curriculums for restoration services. The contractor will need to submit a report to the legislators by October 1, 2022 and from that, a process and system will be developed for juveniles determined as incompetent. There are a few youth who have come through the system that through SB366 were (through their actions) qualified for the residential facilities, but they have been deemed incompetent. They were committed to the State for mental health services. SB366 requires the State to be responsible to assist Courts to identify services and/or facilities to assist youth. This requires teamwork and Ms. Miller is looking to Desert Willow to provide programs for this population to make sure they are kept safe and have necessary services. The report and study will be complete and available October 1, 2022.

8. For Information Only. Psychiatric Residential Treatment Facility/Oasis Presentation – *Susie Miller, Division of Child and Family Services (DCFS)*

Ms. Miller provided an overview of the facilities' current status (Oasis, PRTF-Enterprise, PRTF-North) which included details on trends, statistics and future plans. She provided information on programs, beds, census, and staffing. Refer to the hand-out titled "DCFS-PEU Presentation for NCBHC Meeting 2-3-2022" for more information.

Charlene Frost asked if youth currently at Oasis were on the Charleston campus or located inside Desert Willow. Ms. Miller responded that they were located in Building 14 on the campus. Ms. Frost asked if the plan was to move that program to Desert Willow? Ms. Miller replied that there were two youth turning 18 in the next month so there would be a couple youth there, if they do not require a higher level of care. DCFS will be looking for the provider to resume care at their same level. They would then stay in the same program with new providers. They will continue working through the appropriate transition with the provider, parents, and people who provided referrals. The provider will be included in reviews for incoming youth so everyone is aware of who will be providing services on admission. The goal is to eliminate interruptions of admissions while the transition process is ongoing. Ms. Miller confirmed the ultimate goal is to move staff to provide services at Desert Willow. With the number of positions that Oasis currently has, full operational capacity of 58 beds at Desert Willow can be fully staffed.

9. For Possible Action. Nevada on a Mental Health Crisis Hold Brochure in Response to AB387 Legislative Session 2019 – *Jessica Flood, Regional Behavioral Health Coordinator for Nevada Rural Hospital Partners (NRYP)*

Since Jessica Flood was not present, Charlene Frost (Nevada PEP) presented and shared a draft of the "Parent's Guide for Youth Mental Health", designed to help explain laws around Legal 2000 for youth. The publication was a parent's guide for youth and mental health in Nevada and incorporated content from Surgeon General's recently published report containing information and guides for parents. Immediate crisis resources (Mobile Crisis Response Team, Crisis Hotline, and SafeVoice) were included, as well as resources for trained peer support and advocacy services (Youth M.O.V.E, Nevada PEP and the National Alliance on Mental Illness Warmline). A "Frequently Asked Questions" page was provided. The publication is for broad distribution to schools and physician offices and printing is funded by the System of Care grant.

Ms. Frost shared a 2nd publication, "Hospital Guide for Youth Mental Health Crisis in Nevada". The content was designed to be easily digestible, parent-friendly, and provide information when a youth may be experiencing a mental health crisis that may lead to hospitalization. It explains that a mental health crisis hold is a legal law in the State of Nevada which allows certain professionals to protect a youth who is experiencing a mental health crisis so they don't hurt themselves or others. It explains voluntary vs. involuntary hospitalizations, expectations, patient rights, discharge, continuing care, and explains the law and process. Links to resources, services, and assistance were included, as well as a transition planning tool for discharge. The publications will be available in both Spanish and English and Ms. Frost will let everyone know when they are ready for distribution.

10. For Possible Action. Discussion of Specialized Foster Homes Provider Concerns and Possible Determination of Recommendations for Addressing those Concerns – *Sandy Arguello, Executive Director at Koinonia; Jennifer Bevacqua, Eagle Quest, and Nevada Youth Care Providers*

Jennifer Bevacqua reported that Sarah Dearborn gave an update on Specialized Foster Care. All agencies are in the process of transitioning youth from the rehab model to the waiver. Work continues with Sarah Dearborn, Medicaid, Gainwell Technologies, and State and County agencies to ensure a smooth transition. Billing issues are being resolved and the avenue for communications and follow-up through the meetings is instrumental in helping move the new model forward without negatively impacting children and families.

Sandy Arguello commented that Sarah Dearborn's work, competence and ability to bring people and the teams together is very much appreciated.

11. For Information Only. Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS – *Stephanie Dotson, Pediatric Mental Health Care Access Program Grant*
Stephanie Dotson reported the program is named "Nevada Pediatric Psychiatry Solutions" and is a statewide program situated in the Division of Child and Family Services, funded through the HRSA grant. They are working to integrate behavioral health care in primary settings using telehealth technologies. The focus is on rural and under-served communities. The three primary strategies for behavioral health integration include mental health consultation, resource and referrals, and training and education. In the last quarter, several community engagement activities were conducted. They have been involved in pediatric primary care settings in communities across Nevada to promote the program, including Carson City, Elko, Beatty, Pahrump, Amargosa Valley, Virginia City, Yerington, Smith Valley and others. They were invited to meet with behavioral health providers who are already on the spectrum of behavioral health integration to identify ways to support their programs. Inclement weather and the uptick of Covid negatively impacted the group's ability to travel and they were unable to travel to Tonopah because of serious weather conditions. Outreach will continue in the next couple months to Dayton, Winnemucca, Battle Mountain, and Lovelock. Tele-consultation and care-coordination services are open. They are receiving calls from the Provider Information Line and are accepting new registrations and requests for support.

The Behavioral Health Depository is a project to collect information about behavioral health clinicians across the state, learning about modalities, specialties and age ranges of services. A recent meeting was held with Nevada 211's Coordinator and Database Development to learn best practices for managing the database and how to complement vs. duplicate efforts. The program has clear-cut slice of the pie to focus on behavioral health clinicians at the provider level opposed to family support agencies. Development of the education and information website to hold the Behavioral Health Depository, telehealth resources, and mental health tools for providers (both health and behavioral health providers) started and will launch in April of 2022.

The bi-monthly Telegram and Infographics covering children's mental health topics has been released consistently and their hope is for everyone to share helpful resource information across networks. The next Telegram will focus on youth experiencing major depressive disorder

(MDD) with emphasis on strategies for families and connections for providers. Work continues to finalize the third Issue Brief which covers provider biases and training available to support and address provider bias. The fourth Issue Brief will focus on youth suicide prevention, working in conjunction with subject matter experts for review and feedback. Training requests are being accepted for the DC:05 Diagnostic Classification System for diagnosing children with mental health and developmental concerns, age 0-5. There are nine clinicians across the state who are trained in the TOT Model (training of the trainer). This training opportunity is offered statewide to other clinicians interested in learning more about early childhood mental health and the Diagnostic Classification System. Ms. Dotson posted her contact information in the Chat and encouraged everyone to reach out with their questions or concerns.

Cara Paoli asked if telehealth was happening with rural families with psychiatrists in non-rural area. Ms. Dotson responded that the grant focuses on the telehealth consultation between pediatric providers on behalf of families. Provider-to-provider consultation is done through the VisuWell telehealth platform, email and telephone. Community engagement activities will focus on increasing provider knowledge and usage of this service.

13. For Information Only. Update on System of Care (SOC) Grant – *William Wyss, Department of Child and Family Services (DCFS)*

William Wyss reported that SOC is a four-year grant from SAMSA which is in year three. The year four continuation application was just submitted, extending the grant until September 2023. The purpose of the grant and the architectural format of System of Care is to embed principles and values for family/youth engagement, responsiveness and community-based services. The focus is to expand high-fidelity wrap around, cross-agency services working with Clark County Juvenile Justice on the Focus Model, in addition to schools. Work is being done to bring multi-dimensional therapy to Lyon and Mineral counties, as well as other frontier and rural communities. Looking at cultural responsiveness, SOC is putting together a training on class standards which are designed to advance health equity, improve quality and eliminate healthcare disparity. A self-directed respite care model project is underway which will allow families to hire someone as their respite care provider. SOC is collaborating with Nevada PEP to implement appropriate business and operational processes for success. The grant focuses on high fidelity, wrap around services coordination for Mobile Crisis Response stepdown, Rural Mobile Crisis Response and the rural clinics. An agency has been contracted to manage the project's financing, timesheets, payroll and taxes. Historically, the Respite program was designed and used for youth with developmental disabilities and this program will focus on youth with behavioral mental health issues. SOC is working with other states using Medicaid for sustainability and will reach out to Sarah Dearborn for assistance. COVID has limited SOC's ability to do community outreach, which is planned.

Cara Paola asked about the length of care available for the Respite program and if it was based upon need. Mr. Wyss responded that the current pilot program is 90 days and families have access to \$400.00 per month. They are investigating a vendor offering a twelve-month program. Mr. Wyss clarified the program is family directed and families can choose who they prefer to provide the respite care (relatives such as aunt, uncle, etc.). The goal is to develop a list of

service providers available to these families as well. The pilot program received its first referral this week.

14. For Information Only. Regional Consortia Update – *Dan Musgrove (Clark County Children’s Mental Health Consortium), Jacquelyn Kleinedler (Washoe County Children’s Mental Health Consortium), Melissa Washabaugh (Rural Children’s Mental Health Consortium)*

Dan Musgrove, CCMHC: Work is underway to respond to the current mental health care crisis; lack of providers and space, lack of services, and critical staffing shortages. Issue continue with Clark County School Districts on how children with mental health issues are being treated. Online schooling was challenging for youth, and work continues to send letters.

Jacqueline Kleinedler, WCCMHC: The Annual Report and Ten-Year Strategic Plan are complete and will be discussed at the next meeting. Focus has been on connecting providers to each other and then connecting those providers to families in the community. They are encouraging learning about available resources and supports that might not be therapy services, during this time of crisis with the lack of services. Draft of a letter of support to the school district to encourage support of mental health in their budgeting and planning will be done this month. They are continuing to look at health insurance parity, the Medicaid Formulary, and are trying to advocate for families to have clearer access to providers, resources, and adequate reimbursement.

Melissa Washabaugh, RCMHC: Priorities include focus on the current crisis with limited psychiatric hospital beds (West Hills closure). Projects are underway to focus on a grass-roots level of awareness, mental health de-stigmatization, wellness promotion, and community training. A website update is planned to include an easy, accessible, one-stop source with resources, provider lists, support, training, higher-level-care options, and related services. In-person community events are planned (depending upon COVID precautions guidelines) such as going to board meetings, conferences, and legislatures. Ideas for events include carnivals, car shows, and festivals where handouts and general information can be given to the community in a friendly environment. Focus continues to use the Consortium’s influence for policy and advocacy, and they are discussing writing letters of support for different policies at the local level to the State Legislature to highlight needs of rural communities (increasing pay parity, telehealth services, and others).

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

- Workforce Development (Jacqueline Kleinedler suggested inviting Rhonda Lawrence (DCFS) who is involved in workforce development for supervision of about-to-be-licensed mental health clinicians. There is a need to have the ability to understand systemic barriers for advocating for change, availability for internships for psychiatric doctors/potential for residencies, licensing boards, and other related pieces. Ms. Richardson suggested this could develop into a standing agenda item or a sub-group. Dr. Andrew Freeman suggested asking the UNLV and UNR Provosts to come and speak on their Five-Year plans for increasing mental health professionals in the state. Melissa Washabaugh said John Packham (UNR)

gave a nursing symposium presentation with good information about how schools are supporting mental health education and how to get more students enrolled.)

- Retention and retainable wages/rates (Dr. Megan Freeman)
- Building capacity to support families and youth with community-based services (part of the West Hills closure discussion)
- Ten-Year Strategic Plans
- Updates on Service and Legislative Priorities
- Dan Musgrove reported the next Legislative Interim Committee on Health will focus on children's mental health. He emphasized the need to coordinate to create one document reflecting priorities and a presentation for Ms. Richardson to give to the community.
- Update on mental health in schools in the Rural areas (Jennifer Lords, Rural School Districts)

17. 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.*

Dr. Tiffany Tyler-Garner, Children's Advocacy Alliance, offered a suggestion to consider formal partnerships or pilots with the Department of Education, Training & Rehabilitation (DETR) and other state agencies who have workforce development as a core mission.

18. Adjournment.

Ellen Richardson-Adams adjourned the meeting at 4:35 p.m.