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Director

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 April 7, 2022

All members participated via Lifesize technology (video or audio)

MEMBERS PRESENT:

Charlene Frost – Nevada PEP
Dan Musgrove – Clark County Children's Mental Health Consortium
Ellen Richardson-Adams – Division of Public and Behavioral Health
Jacquelyn Kleinedler – Washoe County Children's Mental Health Consortium
Karen Taycher – Nevada PEP
Katherine Loudon – Washoe County School District
Lisa Linning – Clark County Department of Family Services
Melissa Washabaugh – Rural Children's Mental Health Consortium
Michelle Sandoval – Division of Public and Behavioral Health
Sarah Dearborn – Division of Health Care Financing and Policy

MEMBERS ABSENT:

Alexa Rodriguez – Clark County Department of Juvenile Justice
Braden Schrag – Commission on Behavioral Health
Cara Paoli – Washoe County Human Services Agency
Cindy Pitlock – Department of Child and Family Services
Dena Schmidt – Aging and Disabilities Services Division
Jennifer Bevacqua – Eagle Quest (Group Home Provider)
Lawanda Jones – Substance Abuse Prevention and Treatment Agency
Sandy Arguello – Koinonia Family Services

STAFF AND GUESTS:

Amna Khawaja – Division of Child and Family Services
Antonio Gudino – Division of Health Care Financing and Policy
Beverly Burton – Division of Child and Family Services
David Ollsen – Medicaid Pharmacy Care and Assist Unit
Deidre Manley – Division of Child and Family Services
Eileen Hough – Department of Health and Human Services
Gwendolyn Greene – Renaissance Behavioral Health
Hannah Keenan – Enterprise Psychiatric Residential Treatment Facility
Janelle Cuenca – University of Nevada
Jennifer Ahn – Aging and Disability Services

Jessica Flood Abrass – Nevada Rural Hospital Partners
Joelle McNutt – Nevada Board of Examiners
Kary Wilder – Division of Child and Family Services
Kristen Rivas – Division of Child and Family Services
Marcel Brown – Division of Healthcare Financing and Policy
Rhonda Lawrence – Division of Child and Family Services
Robert Weires – Clark County Schools
Samantha Cohen – Division of Child and Family Services
Shannon Hill – Division of Child and Family Services
Tiffany Judd – Guest
William Wyss – Division of Child and Family Services

1. Call to Order, Roll Call, Introductions

Ellen Richardson-Adams, Commission on Behavioral Health Chair, called the meeting to order at 2:02 p.m. Kristen Rivas, Division of Child and Family Services, conducted roll call and quorum was established.

2. Public Comment

There was no public comment.

3. Approval of the February 3, 2021, Meeting Minutes

MOTION: Dr. Lisa Linning made a motion to accept the minutes from the February 3, 2021 meeting.

SECOND: Dan Musgrove

VOTE: Motion passed unanimously with no opposition or abstention.

4. For Information Only. Announcements – All Members

Charlene Frost announced Nevada PEP is moving from “awareness” to “acceptance”, and with acceptance, they hope to see more action with children’s mental health and children’s mental health services. Children’s Mental Health Acceptance Day is May 5th. The Clark County Mental Health Consortium is holding the Annual Summit on May 2nd and 3rd. Activities and a Twitter Chat are planned. She encouraged everyone to follow Nevada PEP on Twitter, Facebook, and Instagram, and visit the Youth M.O.V.E. Nevada website.

5. For Information Only. Regional Consortia Ten-Year Strategic Plan Updates – 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)

Clark County Children’s Mental Health Consortium (CCCMHC) – Dan Musgrove, former Chair, summarized the Consortium’s 2021 Status Report and 2023 Vision for Success. The Vision

has six main goals: 1. Addressing the highest needs, 2. Comprehensive service array for all, 3. No wrong door to services, 4. Prevention and early intervention in mental health, 5. Raise awareness and support for children's mental health, and 6. Locally managed system of care. The report provided an overview of progress on the top four service priorities of the Consortium: 1. Sustainable funding for the Mobile Crisis Response Team (MCRT), 2. Family peer-to-peer support expansion, 3. Fully implement the Building Bridges Model of Care to support youth and families transitioning from residential care back into the community, 4. More service array options so youth and families can access care at earlier stages to reduce the need for crisis service intervention. Budgetary requests supporting these goals and projects were made to the legislature. Quality residential care and the devastating impact of the COVID-19 pandemic on families and children continue to be challenging. The Department of Justice investigation is still in progress with work ongoing to identify opportunities for improvement. There is a group focusing on crisis work in Las Vegas. Mr. Musgrove emphasized that requests from CCMHC will also be beneficial to the entire state. There is an Interim Finance Committee meeting scheduled for May which will have several American Rescue Plan Act (ARPA) requests scheduled for review with hopefully some explanation and much-needed discussion on important issues.

The 5th Annual Southern Nevada Summit on Children's Mental Health is May 2nd and 3rd. This is a virtual event. Attendee cost is \$15.00 and CEU credits are available. Mr. Musgrove encouraged everyone to sign up and join.

Jacqueline Kleinedler asked about the new CCMHC Chairperson. Mr. Musgrove informed everyone that Amanda Haboush-Deloye is the new Consortium Chair. Ms. Richardson thanked Mr. Musgrove for all his contributions in his former role.

Washoe County Children's Mental Health Consortium (WCCMHC) – Jacquelyn Kleinedler, Chair, reported long terms goals are: 1. Increase access to compassionate care in the least restrictive environment, 2. Decrease and/or buffer children and youth's exposure to toxic stress, and 3. Increase child, youth, and family access to positive community-based experiences. Details of relevant systemic factors across the State and in communities were highlighted including the housing crisis in Washoe County causing evictions and the Covid-19 pandemic. The report discussed the Surgeon General's Advisory on Mental Health, mental health providers and services, and Medicaid and health insurance barriers for youth and families. WCCMHC has a dedicated agenda item called Family Voice and the report summarized themes discussed throughout the year (education, bullying, youth suicide, substance abuse, and overall health and access to compassionate care). Families and providers were involved in those discussions and even though statistical data lags behind by a year or two, when the Consortium hears from families, they receive valuable current anecdotal data.

One of the Consortium's strengths lies in collaboration with 22 community partner agencies that were unrelenting in 2021 in efforts to maintain programs, activities, and standards of care for youth and families. Partner achievements and activities for successful community impact were highlighted. Specific budget requests were made for: 1. Commit funding, infrastructure and legislative support to maintain and expand existing programs and services in Washoe County (24x7 MCRT support), and 2. Promote innovative programs to respond effectively to the ongoing

and increasing youth mental health crisis (intensive, in-home crisis stabilization). The report included 14 discrete accomplishments across agencies. Examples included (publishing dynamic listings of resources on the website, a letter to the Nevada Department of Education (NDE) asking for easing of mandated educational requirements to support both student and mental health, and distribution of a community mental health newsletter. In 2022, 17 activities are planned with multiple community partners (one example is monitoring data reports from Children’s Cabinet and the school district for signs of suicide screening for 7th graders). She referred everyone to the handout for additional details. Ms. Frost thanked Ms. Kleinedler for her passion and open discussions. Ms. Kleinedler said as the Chair of WCCMHC she encouraged participation from providers, partner agencies and guests to attend meetings, talk about concerns, and volunteer.

Rural Children’s Mental Health Consortium (RCMHC) – Melissa Washabaugh, Chair, provided an overview of the RCMHC Service Priorities Report. The report was delayed and they are still working on the final version. The Consortium’s five priorities were: 1. Creation of a comprehensive website, 2. Awareness and de-stigmatizing messaging, 3. Support/encourage training at the community level, 4. Increase the consortium’s influence on mental health policy creation, and 5. Increase access to evidence-based and evidence-informed mental health supports and service in rural communities. Statistics on the status of children’s mental health in rural Nevada showed challenges these regions face due to wide geographical areas separating healthcare facilities, high rates of uninsured/under-insured, limited access to higher level services, and healthcare provider shortages. These challenges were increased by the COVID-19 pandemic and the recent closure of a psychiatric inpatient facility in Washoe County which served children in crisis throughout much of rural Nevada. Mobile Crisis Response services are stepping in to help fill some of these gaps. Collaborative projects are underway and will continue with key partners (Nevada PEP, Nevada System of Care, Youth M.O.V.E. Nevada, and DCFS).

6. For Information Only. Mobile Crisis Update – *Andrew Freeman (Division of Child and Family Services)*

Tabled. Mr. Freeman was not in attendance.

7. For Possible Action. Division of Child and Family Services Update – *Dr. Cindy Pitlock (Administrator, Division of Child and Family Services), Dr. Megan Freeman (Children’s Behavioral Health Authority, Health and Human Services)*

- a. Impact of West Hills Hospital Closure on the Community Update
- b. Retention/Retainable Rates Update
- c. Legislative/Fiscal Updates

Tabled. Dr. Pitlock and Dr. Megan Freeman were not available due to a conflict with the Interim Finance Committee meeting.

8. For Information Only. DCFS Planning and Evaluation Unit (PEU) – FY2020-2021 Desert Willow Treatment Center (DWTC), Division of Child and Family Services (DCFS) Presentation – *Dr. Jackie Wade (Deputy Administrator, Residential Services, Division of Child and Family Services)*

Tabled. Dr. Wade was not available due to a conflict with the Interim Finance Committee meeting.

9. For Information Only. Workforce Development Initiatives Presentation – *Rhonda Lawrence (Clinical Program Manager II, DCFS)*

Ms. Lawrence announced that ARPA funds through partnering with the Children’s Cabinet were passed today to establish an Infant Mental Health Association to allow for an infant and early childhood endorsement for Nevada, making Nevada the 32nd state in the nation to receive this endorsement. The Association will include all professionals (home educators, home visiting nurses, academics, mentors, supervisors, clinicians, and early intervention specialists) working in the childhood space to receive an endorsement for socio-emotional development, as well as provide an associative network. The endorsement will also improve the ability to receive Substance Abuse and Mental Health Services Administration (SAMSA) grants and help increase workforce through training offerings for evidence-based practices. They have asked for two more cohorts of parent-child psychotherapy, which is the dialectic parent/child evidence-based treatment for children (birth to six). Ms. Lawrence is working on a project which includes Clark County and Carson to expand the Infant-Toddler Court Program, Safe Babies Court Team (a specialty family court program for 0-3). Community parent-child psychotherapy providers are required to stand up these family court programs. These initiatives are intertwined and encompassing of system and community partners.

A system briefing was provided in August to all DCFS with the goal of providing children and families equitable access to diverse and culturally informed, licensed mental health professionals who maintain professional competency to provide a broad array of community based mental health services and evidence-based treatment in children and family’s communities. They have asked for ARPA funding for two public service DCFS interns. This state job classification allows a pre-graduate to receive a salary for part-time work while fulfilling hours required for a graduate degree (licensed Clinical Social Work, Master of Social Work, Master of Counseling Psychology). Ms. Lawrence put forward a budget enhancement request to fund ten positions at Nevada Child and Adolescent Services (NNCAS), five positions in both the North and South. They currently have two interns from UNR Marriage and Family Therapy (MFT) and Child-Parent Psychotherapy (CPC) programs who are learning System of Care values of mental health service provision with children, youth and families. Interns are being trained in dialectical and focused models of treatment, to understand meaningful behavior modification treatment by looking at children’s needs and strengths through deep engagement with families. She is hoping to hire the interns post-graduation and is hopeful they can take their values and training out into the community.

NNCAS has a child and adolescent psychiatric program with the UNR School of Medicine, funded through the Children’s Mental Health Block Grant and the Washoe County Human Services Agency. The psychiatric clinic is staffed with UNR Fellows and is open one afternoon per week to children, ages 0 – 17, with diagnoses of Serious Emotional Disturbance (SED), which is one of the requirements. A board-certified child and adolescent psychiatrist attending physician is onsite to supervise. Ms. Lawrence would like to see this program implemented as a model

throughout Nevada. Telehealth services are offered, providing services to near-located rural families. An APRN, who is in her final program at UNR also works with NNCAS.

A post-graduate intern currently working with Ms. Lawrence is preparing a survey of the states of California, Utah, Arizona, Oregon, Colorado and Nevada to specifically look at MFT and CPP Boards of Examiners who are in charge of licensing qualified mental health professionals. One barrier is that there are many clinical supervisors in Clark and Washoe counties, but few in rural Nevada. A Nevada-approved MFT/CPC Clinical Supervisor license is required to supervise interns to prevent them from having to pay out-of-pocket for required clinical supervision. The comparative survey of state licensing boards and what they require shows that it appears Nevada's requirements are much more stringent and involved than other states and is something that needs consideration. Ms. Lawrence questioned if the high bar to become a certified clinical supervisor is helpful in terms of quality and workforce development and was concerned it may be making it difficult to become a mental health professional (due to the high costs of paying for clinical supervision and the high housing costs interns are experiencing).

The Health Resources and Services Administration (HRSA) loan re-payment program currently certifies sites deemed to be 'service-shortage' areas. This means licensed clinicians at certified sites can apply to receive a cash payment to apply to student loans, with a requirement for the clinician to remain employed at the clinic for two years. Community partners can also become registered with the program to provide this incentive to prospective hires. Ms. Lawrence would like to see the program maintained but has learned HRSA has decertified a high percentage of sites in the nation, post-COVID-19. She is concerned some of Nevada's sites will be decertified during this current children's mental health crisis.

Ms. Lawrence feels the Consortium can have deeper engagement with licensing boards to network and attend meetings to learn and work together to develop a qualified licensed mental health workforce. Licensing boards could provide reports to the Consortium with numbers of licensed and pre-licensed interns for each license category and available licensed clinical supervisors, as well as provide surveys showing how many licensed professionals are actually providing services (including who and where those services are being provided, and how they are being paid and reimbursed). Deeper engagement with universities, community colleges, and online graduate programs whose students are living in Nevada (Walden or Capella) is also another area of opportunity.

Another area of opportunity is to have deeper engagement with middle and high school students, to be talking with them about mental health issues. Ms. Lawrence felt young people are very much in touch with mental health issues and have curiosity and energy about the issues they face. She feels there is a real opportunity to speak with them about the potential of joining this field as a career. Pathways to do so through college and graduate programs are very daunting. Needs for bi-lingual and bi-cultural trained professionals who come from diverse backgrounds are great and potential youth need mentors and guidance to show the way and how to acquire resources. The goal would be to engage with UNR and UNLV to partner in first-generation student programs and scholarship/grant opportunities to fund students continuing their education beyond high school, and then from there into graduate school.

Ms. Lawrence summarized these areas of opportunity as potential goals for the Consortium to assist in expanding the children's mental health workforce. Dr. Linning asked if Ms. Lawrence could provide guidance to follow up and ensure Clark County is HRSA-certified as a service-shortage area. Ms. Lawrence will send the HRSA DCFS office contact information to anyone who would like to apply or check certification status.

Ms. Taycher thanked Ms. Lawrence for her passion and the work she is doing to increase and improve Nevada's workforce. Ms. Richardson commented she was excited to hear about the endorsement and plans to start early and provide families another level of early childhood (birth to age 8) support. Ms. Sandoval appreciated Ms. Lawrence's partnership efforts to bring training services out to rural regions. Ms. Lawrence also mentioned that with this grant they will be able to push out more infant and early childhood mental health consultation, which is an important upstream program seeking to identify and help find families and children as early as possible through pre-schools and childcares. They often work with pre-schools and childcares to understand needs of the children they are educating and caring for. This is part of an evidence-based model of quality early childhood. They will be able to bring on four more early childhood mental health consultants to be utilized in Elko and Ely.

10. For Information Only. Regional School-Based Health Centers Update – *Jennifer Lords (Rural School Districts), Katherine Louden (Washoe County Schools), Robert Weires (Clark County Schools)*

Rural School Districts – Jennifer Lords presented updates on several rural county school districts and will forward a copy of her presentation to Ms. Wilder for distribution. The Carson School District is a Project Aware Grantee and is working to build clinical school systems within a Multi-Tiered System and Support (MTSS) framework. Tier 1 is universal support (services given to all students), Tier 2 is services delivered to increasing needs (20% of students will access additional services in small groups), and Tier 3 is special supports (3%-5% of students will receiving individual supports). Carson has staffed 13 school counselors at their middle and high schools and has 12 school social workers and safe-school professionals. A clinical social worker has just been hired. They have a Memorandum of Understanding for Tier 3 services with community providers that includes some assistance through UNR who has provided training in motivational interviewing to all school counselors and social workers. A significant number of mental and behavioral health trainings were presented to students and staff over the last years (Signs of Suicide, Youth Mental Health First Aid, Safe-Talk, Safe-Voice, Positive School Climate, and Social-Emotional Learning Training-SEL). A multi-day training event was held in December (Resilience, Self-Care, and Supporting Students in Trauma).

Churchill County District is working to increase offerings for school behavioral health. The number of safe-school professionals was increased and there are now safe-school professionals working at each school level (elementary, middle and high school). A clinical intern is providing Tier 3 services and they are hosting UNR interns who provide Tier 3 counseling services. Tier 3 services are also being provided through partnership with the Community Prevention Coalition to give service access at school. The district health plan is also providing access to mental health support for staff. With the pandemic, increasing demands for staff supports are becoming critical

and work is underway to bring in additional staff support focused on well-being and self-care. A shared position is hosted with the Prevention Coalition for the Too Good for Drugs program, as well as offering Mindfulness Training for students.

Douglas County School District has staffed school counselor positions at each school and now has three full-time social workers. Installation of vape detectors was initiated to address vaping concerns with substance abuse. SEL training is provided to middle school staff, as well as a training program called Tools Not Rules. School counselors are providing Suicide Prevention Training and the Columbia Suicide Screener for assessing suicide risk was recently adopted. All school counselors, social workers, psychologists, and secondary administrators are trained in the Clark County School District Threat Assessment program. Michelle Trujillo and Tracy Fisher from the NDE Office of Safe and Respectful Learning provided additional SEL training for students and staff. The Moxy Up grant is being utilized to provide after school care for foster-involved children and host partnerships with several agencies for Tier 3 counseling and services, including suicide and crisis screening.

Humboldt County School District is a former Project-Aware grantee and is now staffed with seven school counselors and six safe-schools professionals. They work in partnership with communities and schools to host five community and school workers onsite, with a coordinator working in the district. Signs of Suicide Training is provided annually for all 7th graders and Second Step SEL Training, Safe-Voice Training, and Youth Mental Health First Aid Safekeeping (all staff certified with updates every three years) are offered. Partnerships for supports are in place with the Family Support Center, Frontier Community Coalition, and the Boys and Girls Clubs. The district hosts the Food Bank of Northern Nevada onsite so schools and community members can come to the food bank at the district office. Telehealth partnerships are established with Ilumna Telehealth and UNLV for Tier 3 services and an agreement with a Humboldt General Hospital physician is also established to provide physician services to students at school, as well as providing Mindful Training for staff.

Lander County Schools have increased staff to include three masters-level social workers and one licensed clinical social worker intern. Clinical services are offered onsite in partnership with Reno Behavioral Health and the Trauma Recovery Grant on Mondays. One school counselor, a nurse, and a health assistant are now working within behavioral health needs. Mindfulness Training for staff and financial assistance for staff participating in wellness and self-care activities were offered. The Leader in Me Training (Covey Foundation) which focuses on building growth mindset and leadership skills in students, was provided. A school psychologist was hired who is building an Autism Diagnostic Observation Schedule (ADOS) team for increasing autism screening and diagnosis. A crisis prevention and intervention trainer and a wellness coordinator were hired for staff and training was provided (Recognizing Substance Use and Building School Climate in Adversity). Vape detectors were installed.

Lyon County School District now has 22 school counselors and one clinical social worker, as well as two clinical social work interns who are working in schools via community partnerships. Safe-schools professionals are now in all attendance areas and are rolling out training for school resource officers in mental health needs of students. They are providing trauma-informed training for all staff. Second Step SEL curriculum for K-8 and Restorative Justice Practices Training for 9th through 12th graders are being delivered. The district is working through monthly collaborative

teams with Juvenile Services and DCFS about shared caseloads and Carson Tahoe Behavioral Health is providing suicide screening for Dayton schools. They have also been heavily utilizing the Trauma Recovery Grant to provide Tier 3 services to students who are intersecting with trauma experiences and who are uninsured or under-insured. An Anxiety Screener was delivered and they are able to refer students to external support. Some sites are offering Mindfulness Training for teachers and they have partnerships for other tiered services including clinical level interventions.

Pershing County has a multi-tiered system of support through their previous Project Aware Grant and has maintained those changes in their district with recovery dollars. They are providing tiered support through a Memorandum of Understanding (MOU) with Zephyr Wellness. An online virtual resource center for school, local, and national support options for students was created and parents can access their student's screening results. A student strengths assessment is being done three times a year to identify study needs in a growth mindset model and parents, teachers, and student mental health staff can access results of students in their care and identify goals and needs which can be shared to ensure services students are receiving at school correlate with services they are receiving in therapy to ensure wrap-around, holistic care. A partnership was established with Frontier Community Coalition and the Youth Team (a peer prevention group which has produced substance abuse videos streaming on social media to prevent marijuana and vaping use). Partnerships are also established with Juvenile Probation and their hospital APRN for psychiatric services. They are also working to increase partnerships with tribal authorities.

Storey County is building out school health services with two school counselors, two Safe-Schools professionals, and a part-time clinical social work intern. Their health aide is also a paramedic, which has been a support in crisis scenarios. Tiered support is being utilized and Career Readiness and SEL training is provided to all Freshmen students. A project is underway to increase youth voice for behavioral health through peer support via their leadership and Student Council. Support for staff is offered through regional professional development support and the Employee Wellness Program.

White Pine County has an employee community health worker, a school social worker, two school counselors, and a contracted LCSW. District-wide student support team meetings are hosted with admins to collaborate on their system and the needs of students and families. They are working to revamp policy for Tier 1 services and are using The Leader in Need training for student social-emotional curriculum. School climate surveys are used to determine how to align with SEL competency action items. Partnerships are established with the Pace Coalition, Boys and Girls Clubs, Juvenile Services, and DCFS. The district recently participated in a SOC listening event about community partnerships.

Ms. Lord reported work is ongoing with Medicaid for funding that will be ending which is shoring-up many school-based health positions across the state. Districts with current Medicaid contracts are Washoe, Humboldt, Esmeralda, Churchill, Lyon, Nye, and Clark. Billing systems are being built so schools can access Medicaid dollars for students who qualify. This will help sustain school-based health positions across the state. One of the challenges is getting initial funding for electronic health records required for getting billing done which will allow interventions to be monitored with fidelity for all students to ensure they are getting quality services.

Ms. Taycher commented that the presentation provided great information, but was difficult to follow, and she hoped Ms. Lord could share the written version. Ms. Lord will forward the presentation to Kary Wilder and Kristen Rivas so it can be shared with the group. Jacqueline Kleinedler appreciated getting a comprehensive overview of what was happening in the rural school districts and said she was looking forward to helping identify and support gaps in services going forward.

Washoe County Schools– Kathryn Loudon provided updates and reported they are working on Safe Voice, Handle with Care, and Signs for Suicide, and are implementing many model-exemplary processes with socio-emotional learning. The Washoe County Children’s Mental Health Consortium has connected Ms. Loudon to resources, support and assistance, which has improved offerings to district students. She was grateful for this partnership and also appreciated Ms. Lawrence’s presentation and her role as a resource to the district. The district has a Safe and Healthy Schools Commission which provides recommendations to the Board of Trustees with several people on the Board who are behavioral and mental health experts.

Washoe County has 193 school counselors (69 elementary, 56 middle school, 68 high school), 12 MSW-level school social workers (17 allocations), 58 Safe-School professional allocations, and several positions remain unfilled. They are implementing co-located mental health supports in 25 school sites through partnerships, which includes several Project Aware schools and are part of the statewide Project Aware collaboration. The district has 45.2 school psychologists and 47.7 nurses for over 105 school sites. There is a new administrative-level mental health professional position for licensed clinical social workers and marriage and family therapists. More mental health professional positions will be added next year to serve high schools. Job descriptions are being developed for bridge work to bring in interns to expand the district workforce. Telehealth services are being expanded and plans were presented to the Board of Trustees for both medical and mental telehealth. New family resource centers are being added, a new provider was obtained for IEPs, and they are in conversations with the state to improve Medicaid services and Medicaid billing.

The district is participating in opportunities to provide better services through a Centers for Disease Control grant, school climate surveys, and participation in studies. They participated in the Collaborative for Innovation and Improvement Network (COIN) and are engaging in the school health quality assessment through Safe System (<https://safesystem.com>) through the National Center for School Mental Health, which allows implementation of continuous improvement processes. Support is received from the state through different departments (DCFS and the Office of Safe and Respectful Learning Environments) who have provided connections to various valuable resources that were previously unknown (Mental Health Technology Transfer Center).

Challenges exist with tracking down and supporting children in transition (CIT), especially unaccompanied minors, and through the Intervention Department they are receiving a grant which will help the district go to weekly motels and do more intervention and outreach in partnership with other organizations and teams.

In the north, school social work professionals and marriage and family therapists are honoring the loss of Dr. Eric Albers, University of Nevada Social Work, which is heavy on their hearts.

Ms. Taycher thanked Ms. Louden and commented she is happy to hear they are participating in the Transfer Center as she is on the Advisory Board and glad to know Nevada is participating.

Clark County Schools – Robert Weires reported that traditionally Clark County has focused on Tier 2 and Tier 3 levels of crisis interventions and has well-established suicide intervention protocols. The Columbia Screener is used and staff are trained on a regular basis (counselors, social workers, nurses) for first responder intervention at the school level. They are active Safe Voice members and have had a special initiative over the last two years through the pandemic to introduce socio-emotional screening through Panorama Surveys across schools. A multi-disciplinary leadership/Tier 2 problem-solving team dedicated to mental health is under development. As a large district, they have performed well delivering Tier 3 services and provide additional supports for schools in relation to targeted threats assessments through their crisis response teams. They struggle with providing Tier 1 support to at-risk students and are starting to make progress, while experiencing growing pains. Work is underway to determine an appropriate socio-emotional learning curriculum for schools this year. Telehealth is starting to roll out for half of the schools through Hazel Health for medical services and Hazel Heart for mental/behavioral health. PM Pediatrics will be providing services to other schools. Trauma-informed Care Practices training is planned in the fall for school-based teams, specialists, counselors, social workers, psychologists, etc. They currently have 166 licensed psychologists and 210 social workers and safe specialists combined in the Wraparound Services department. Additional social worker positions are anticipated to be approved in the near future. There are currently approximately 700 counselors and 220+ school nurses across 370 schools. They are working on the same issues as Washoe County Schools and the Rural District, along with the current major challenge of building infrastructure relative to social-emotional learning and mental health.

Lori Baumann (Clark County School District Health Services Coordinator) reported that the Hazel Heart mental telehealth program is live at 157 schools. The PM Pediatrics telehealth program is currently live in 40 schools and students can get referred by an initiator (with parental permission) to receive weekly care with a provider. The telehealth programs are also setting up case management to hopefully set students up for additional follow-up care as needed. The physical Hazel Health program is live in 14 schools in health offices for students to get online with a provider. PM Pediatric telehealth services will also be offered soon in the health offices. The United Citizens Foundation is currently live in five schools and will be expanding to additional schools in the next year. The Family Support Center opens August 1st and will offer physical and behavioral health services, job search resources, and Medicaid application assistance. Nevada Eye Care is in two schools and provides free eyecare and glasses to students, in addition to their mobile unit which travels to other schools in the district. Charlene Frost asked about Hazel Heart working with other providers and Ms. Baumann responded that they are working to get other providers outside of school if that was the need.

Ms. Taycher asked if the items in the updates from Robert Weires and Kathryn Louden could be provided to Jennifer Lords. Ms. Lord put her contact information in the Chat.

Ms. Taycher asked about efforts to provide data on utilization and outcomes to determine the success of these program and determine how many children receive benefits. Ms. Baumann said Clark County does a mid-year review and an annual report with this information. She said Hazel Health is providing weekly updates to Wraparound Services as to how many students were

referred, how many received follow-up care, weekly appointments, etc. She can provide the information. Ms. Richardson asked about timeframes for the mid-year review and annual report. Ms. Baumann said they are done in January and July and then provided to the school boards. Ms. Taycher said that would be helpful and also asked about the other districts and how they are thinking about processes for NDE to collect certain pieces of data for monitoring and ensuring program success. Jennifer Lords said this is a project for NDE to pull existing data sources together and there is a need for electronic medical records (EMR) to be in place to pull required reports and assess progress. There is no universal EMR software or process throughout the state and some districts are still using Microsoft Excel spreadsheets. They are working to figure out how to get data into a systematic easy-to-use solution throughout Nevada, but right now the process is to compile data by hand. Mr. Weires said there are additional reporting requirements for some districts by the legislature this past session regarding the SOS program and number of kids involved in discipline. There are reporting systems directly to NDE which may be a data source available to the Consortium. Ms. Taycher asked Ms. Lords to advocate at NDE to show these supports are helping children and that investment is needed.

Ms. Lords shared that Pershing County referrals to Tier 3 clinical support were above 20%, compared to an expected distribution of 3-5%. As they put their Management Process System programming into place, they saw this changed to 80% of students receiving Tier 1 support, 20% at Tier 2, and then 3-5% at Tier 3. This showed that implementation of this systematic practice successfully caused Tier 3 clinical support to decrease since needs are being met at lower levels. They continue working with UNR and the counties to implement this program to shore up school health systems across Tiers in order to see this distribution fall into expected parameters. Pershing County's data supports the fact that through this implementation, initial focus is on Tier 3 and over time this shifts within expected parameters with the bulk of serves provided at lower levels. Ms. Loudon said that since not all data sources are aligned across the state with different initiatives, this is one of their big projects. Mr. Weires also commented that the pandemic and severe staffing issues have impacted their baseline and Clark County is now well-oriented, but still in a 'growing-pains' stage.

Ms. Richardson thanked everyone for their extensive updates.

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

General Medicaid Update – Ms. Dearborn reported State Plan Amendment (SPA) for the Children's Health Insurance Program (CHIP) was approved on March 29th. This SPA is to align and describe all behavioral health benefits available to children who have Nevada Checkup.

Additionally, SPA 21-009 related to the removal of neurotherapy services for the treatment of a mental health diagnosis has been withdrawn. Through several discussions with the Centers for Medicare and Medicaid Services (CMS), it was determined the biofeedback and neurotherapy provision would be considered a maintenance of effort violation of the requirements of Section 9817 of the American Recovery Act of 2021. This would put the State's 9817 Enhanced Home and Community based Federal Medical Assistance Percentage (FMAP) funding at risk. The SPA was withdrawn until these services can be reconsidered for limitation at the end of the Home and

Community Based Services ARPA period which ends in April 2024. Associated with that SPA, the policy for neurotherapy services was eliminated from Chapter 400 of the Medicaid Services Manual (MSM) and they have reverted that back to Chapter 400 policy that was approved at the March 18th Public Hearing, so those services are available to be provided and performed.

The most current SPA submitted is in regard to crisis stabilization centers. This SPA defines the daily rate for stabilization centers. New policy was proposed to be included in MSM Chapter 400 for this service. The process is underway with CMS to get the rate policy approved and providers enrolled as crisis stabilization centers.

At the February Interim Finance Committee Meeting, Nevada Medicaid included in the Home and Community-Based ARPA quarterly spending plan, a request for funds to procure a consultant to develop a comprehensive plan to improve Medicaid mental health services for children. The consultant will look at SPA and Medicaid service policies and identify routes for services for mental health for children. There are no dates yet for public feedback and Ms. Dearborn will notify the Consortium membership.

The Applied Behavioral Analysis (ABA) quarterly report has been posted to the Division of Healthcare and Financing public website.

The Medical Programs Unit posted a public workshop around changes to the Medicaid Telehealth Services Policy (MSM Manual, Chapter 3400). The changes will align with Senate Bill 5 to allow for audio-only services outside the declared public health emergency and also support patient parity. She encouraged everyone to review the proposed draft changes.

Two planning grants are underway (Mobile Crisis Planning and Support Act Planning). The Mobile Crisis Planning Grant is a year-long grant which goes through September 2022. Fact-finding sessions are being held with current providers of mobile crisis services to gather as much detail as possible on recommendations to make to current policy, as well as the current SPA. With this opportunity, many states will be able to do a SPA amendment or possibly a waiver to get mobile crisis services within Medicaid and changes to the MSM manual. Once mobile crisis teams that align with statute are established, the State will be able to collect an 85% enhanced FMAP for a three-year period for qualifying mobile crisis services.

The Support Act Planning Grant is focused on increasing substance use treatment provider capacity. Getting the 1115 Substance Abuse Disorder application approved is in progress. The application was submitted in November 2021, and they are engaged in conversations with CMS which recommended putting the application back out for an additional 30-day public comment period at the end of April. Ms. Dearborn will give an update at the June NCBHC meeting. CMH likes to see public involvement and feedback on policy and Ms. Dearborn asked everyone to participate and contribute. Related to that, CMS encouraged development of a dedicated 1115 webpage for public information distribution. They are working on the Substance Abuse Disorder Databook, and it will be available for the public to review.

The 1915(i) Program is targeted to youth in specialized foster care with ten providers (six providers in Clark County and four in Washoe County). They are holding bi-weekly meetings with Juvenile Justice, DCFS, and County Child Welfare programs. She has also engaged Medicaid's fiscal agent to assist working through billing issues. Char Frost asked if the Behavioral Health Technical Assistant had been hired yet for this and who it may be? Ms. Dearborn said that it may need to out as a request for proposal (RFP) process and she was not aware of the timeline.

Medicaid Formulary Request – Ms. Dearborn asked for more specific information to define what the Consortium was looking for on this topic. She invited members of the Medicaid Pharmacy Unit to attend the meeting to help answer questions. Jacquelyn Kleinedler reported the concern is how different Medicaid providers have different formularies and when children are bumped to a new provider, there are significant negative impacts. This happens often enough to cause medication disruptions which cause behavioral and mental health concerns. David Ollsen with the Medicaid Pharmacy Care and Assist Unit explained there are non-preferred and preferred medications on the list and this situation occurs when patients have a prior authorization on a non-preferred drug or move from managed care to non-managed care. They've been internally discussing grandfathering people in as a policy for fee-for-service. He said he could not speak to how the managed care organizations (MCOs) operate their businesses, however, there is a possible solution which could include an advocacy for a single or unified Preferred Drug List (PDL) for the State. Those determinations of what are preferred, or non-preferred drugs could be made at the meetings (Silver State Scripts Board Meetings) and would have to become part of the MCO contracts. Another potential solution would be to create a 'carve-out' for the Division of Financing Health Care and Policy to manage the pharmacy benefit for the entire state. Antonio Guidino, Division of Health Care Financing and Policy (DHCFP) stated there were policies in place for continuity of care which provide for continuation of medications and recommended anyone interested to contact him directly to set it up.

Ms. Kleinedler asked what it would take for the Consortium to advocate for a solution. She also asked if either of the solutions discussed would require legislative action. Mr. Ollsen said legislation would help and would be required for the 'carve-out' option. Ms. Kleinedler reported the Washoe County Policy Board is currently holding meetings to consider bill drafts to put forward to the legislation. She asked if this is an area the Consortium thinks is worth exploring as an add-on to a bill draft or if there are other ways to advocate for these solutions to occur, then this could be considered when it becomes an action item at the next meeting. She will invite Dr. Jose Cucalon, a pediatrician in Washoe County, to the next meeting. He works with Medicaid patients and has seen this happen very frequently. Ms. Frost reported the Southern Region Medication Policy Board is actively looking for a bill to sponsor and this may be a good candidate. Jessica Flood reported the Northern Board is also reforming and looking for legislative bills. Ms. Food suggested Ms. Kleinedler personally present this idea to the Board. Ms. Kleinedler said she is not the most informed person about the topic. It was decided to discuss this item at the June meeting.

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

- Medicaid formulary policy changes
- Updates from Regional Medication Policy Boards regarding legislative bill drafts

13. 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.*

Jessica Flood reported that she and Michelle Sandoval have been working on four Mental Health Crisis Hold videos: one for the adult process and one for the youth process (Spanish and English). The statewide Mental Health Crisis Hold group has participated in this project. They are looking for a vibrant and articulate Spanish-speaking clinician to participate and would like suggestions emailed to Jessica Flood (jessica@nhrp.org) or Michelle Sandoval (mvsandoval@health.nv.gov).

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

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