



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Nevada Children's Behavioral Health Consortium *Meeting Minutes* August 4, 2022

All members participated via Lifesize technology (video or audio)

MEMBERS PRESENT:

Braden Schrag – Commission on Behavioral Health
Cara Paoli – Washoe County Human Services Agency
Charlene Frost – Nevada PEP
Cindy Pitlock – Department of Child and Family Services
Ellen Richardson-Adams – Division of Public and Behavioral Health
Jacqueline Kleinedler – Washoe County Children's Mental Health Consortium
Karen Taycher – Nevada PEP
Katharine Loudon – Washoe County School District
Lawanda Jones – Substance Abuse Prevention and Treatment Agency
Lisa Linning – Clark County Department of Family Services
Melissa Washabaugh – Rural Children's Mental Health Consortium
Sarah Dearborn – Division of Health Care Financing and Policy

MEMBERS ABSENT:

Alexa Rodriguez – Clark County Department of Juvenile Justice
Amanda Haboush-Deloye – Clark County Children's Mental Health Consortium
Dena Schmidt – Aging and Disabilities Services Division
Jennifer Bevacua – Eagle Quest (Group Home Provider)
Michelle Sandoval – Division of Public and Behavioral Health
Sandy Arguello – Koinonia Family Services

STAFF AND GUESTS:

Amna Khawaja
Amy Whalen
Ann Polakowski
Anthony Lee
Beverly Burton
Daniel Leal
Eileen Hough
Gwendolyn Greene
Jacqueline Wade

Jennifer Lords
Jose Cucalon Calderon
Karen Oppenlander
Kary Wilder
Kristen Rivas
Linda Anderson
Lisa Durette
Lori Baumann
Lori Follett
Lynn Begley
Michelle Bennett
Misty Vaughan Allen
Pricila Longmire-Yancy
Samantha Jayme
Shannon Hill
Stephanie Dotson
Tomas Kizer
Tyler
Vanessa Dunn
William Wyss

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

The meeting was called to order at 2:09 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.

Jacquelyn Kleinedler, Chair of the Washoe County Children's Mental Health Consortium (WCCMHC), shared a public comment on behalf of a partner agency, Quest Counseling and Consulting. She received an email from Ana de la Maza, Clinical Director at Quest, and the intention was to share information, raise awareness, and advise everyone this topic is an agenda item for WCCMHC August meeting for further discussion, understanding, and thinking about how to take action to support Quest. Quest is a children's behavioral health consulting service (CBHCS) in Washoe County which is a valuable mental health asset in the community, serving youth, adults, and families. Ms. Kleinedler stated she wanted to put on the record that the Medicaid Prospective Payment System (PPS) rate for CBHCs was cut by 40% at a time in which hiring clinicians is already challenging, when the 988 Suicide and Behavioral Health Crisis Line Program (988) has rolled out and crisis services will likely be accessed a lot more frequently. Additionally, this is at a time when there is increased need for behavioral health services in the community. The state did fund the Quest Child Psychiatric Program and they are grateful for that and despite those cuts, they are still trying to expand services and serve families. Ms. Kleinedler shared a brochure which she will forward for distribution. Karen Taycher asked if the

Consortium could request information about whether those cuts were across the board to all the CBHCs? Kristen Rivas said that under Nevada Open Meeting Law, there could not be discussion at this time. Ellen Richardson said that she would put a placeholder on the topic.

Cara Paoli commented that Washoe County is recruiting foster parents and she wanted to make everyone aware of how critical the need is, particularly for teenagers. She said that if a teenage youth comes into custody now, there are no emergency foster homes able to take them so they go into the congregate care unit. She wanted to get the word out that if anyone may be interested or if there are questions, she will put the contact information for the Foster Care Licensing Unit in the Chat. The website is haveaheart@washoe.com and they are very interested in talking with people about mentoring, fostering, and adoption.

3. For Possible Action. Approval of the April 7, 2022 Meeting Minutes – Ellen Richardson-Adams, Chair

Sarah Dearborn said there is an update to be made to the meeting minutes under Item Number 11, Medicaid Section, third sentence. She wanted to make it clear that neurotherapy services was a separate program from the Children's Health Insurance Program State Plan Amendment and it was State Plan Amendment 21-009. She also stated that on Page 14, Char Frost's comment was regarding Medicaid's behavioral health technical assistance and not regarding the specialized foster care program.

MOTION: Char Frost made a motion to approve the April 7, 2022 Meeting Minutes with the amendments as discussed.

SECOND: Braden Schrag

VOTE: Motion passed unanimously with no opposition or abstention.

4. For Information Only. Announcements – All Members

Cindy Pitlock announced that Nevada Department of Child and Family Services (DCFS) will have a package on the Children's Mental Health System of Care rollout and will be in Carson City on August 17th. She said since they are public servants, they cannot lobby, but many stakeholders that have poured significant amounts of time, resources, and investment into the outcome for Nevada's youth and families. She encouraged everyone could come out in full force and advocate for Nevada's youth and families and to pour more resources into the Children's System of Care.

Braden Schrag announced that the Commission on Behavioral Health with DCFS (COBH) had a final vote to approve the annual letter to the governor. He will be signing the letter in the next week. He commended those in attendance who were at the last COBH meeting and participated in the draft letter. He also appreciated the work of the various boards, commissions, and subgroups, in addition to everyone else involved in providing information toward that goal. He appreciated the hard work that everyone is doing on behalf of youth in need.

5. **Possible Action.** Medicaid Formulary Discussion on Possible Nevada Children's Behavioral Health Consortium Bill Draft: Follow up discussion and possible action item: Medicaid Formulary Policy Changes – *Jacqueline Kleinedler, Washoe County Children's Mental Health Consortium, Dr. Jose Cucalon, Pediatrician in Washoe County*

Jacqueline Kleinedler and Dr. Cucalon met with David Olsen, Medicaid Chief of Pharmacy Services, Antonio Gudino Vargas, Medicaid Manager for Pharmacy, and Dr. Antonina Capurro, Deputy Administrator of Policy and Medical Programs, on June 14th to discuss issues pediatric providers are seeing with the Medicaid Formulary. Potential ways to solve the problem and proposals for action reviewed.

Dr. Cucalon introduced himself as a physician with UNR Med at the Renown Children Hospital in the Medicaid-exclusive pediatric clinic and described issues with ADHD stimulants, Guanfacine, inhaled corticosteroids and other medications. He voiced concerns about problems receiving communications, pre-authorizations, and with medications that are not consistent in the formulary between changing Medicaid coverage plans. He described difficulties trying to keep up with formulary changes in different Medicaid plans causing breaks in pediatric medication treatment and continuing care, negatively impacting patient healthcare. The problems are also complicated by language barriers when families attempt to refill prescriptions at their pharmacies and cannot get needed medications due to formulary changes. Communications and notifications about these changes are not being received, causing significant delays and breaks in treatment therapies (specifically affecting underserved and non-English speaking families). The current Medicaid reporting system is not sustainable. Dr. Lisa Durrett reported they are having the same issue at UNLV Med and when care gets delayed because of these issues, families are less likely to follow through due to multiple pharmacy trips, confusion, and inability to get refills. This is causing significant barriers to access to care which is not being experienced by private or employer-provided insurances. Jacqueline Kleinedler said the issue was framed as an equity issue at the Medicaid meeting and they agreed and expressed grave concern. Medicaid wants to partner with the Consortia to solve the problem together, whether from a legislative or Medicaid policy prospective. Braden Schrag asked if there was a clear explanation of why this is occurring notwithstanding language issues and what Medicaid proposes to fix the issue since they set standards and payments. Dr. Cucalon said there many plans (four in Northern Nevada), plus fee-for-service, which make changes to their drug formularies several times each year, making it difficult to keep up and maintain treatment. The problem is that it is not feasible to keep up with as many changes as there are with the numerous plans. Going to a single State formulary would be a good way to solve this problem.

Jacqueline Kleinedler explained there is a Silver State Scripts Board and a Drug Utilization Board who oversee formulary lists. Meetings are held quarterly with the intention to stagger reviews of each plan's formulary each quarter, causing a constantly changing formulary. The listservs and postings on these multiple changes are not getting to the right providers at the time, adding to issues with the entire pre-authorization process and impeding getting medications to patients.

Char Frost said Dr. Lesley Dickson, Nevada Psychiatric Association, proposed a bill drop request to the Clark County Regional Behavioral Health Policy Board which is still being worked on in order to find a sponsor. The bill would eliminate prior authorizations for psychiatric medications which would help. Braden Schrag asked if there was a statutory requirement for the Boards to meet on these irregular and competitive schedules and asked if there was a potential to ask for a more streamlined process to bring these meetings into a collaborative waterfall schedule?

Jacqueline Kleinedler said that at the meeting with Medicaid they were encouraged to seek out other entities/organizations experiencing similar issues in order to elicit and generate advocacy around the issue and provide public comment at the Board meetings. Broader participation would help Medicaid solve the problems. David Olsen and Dr. Antonina Capurro said looking for a champion from a political perspective who could look for legislation to draft during a session would be an appropriate action to take to coordinate efforts. Medicaid is working on an actuarial analysis and has requested American Rescue Plan Act (ARPA) funding and they offered to be available to be responsive and supportive in moving forward with potential solutions. Ms. Kleinedler said adult family members also experience these issues which impact children's well-being. Asthma medications can cause fear, anxiety, and other de-stabilizing issues, making this an appropriate issue to champion.

She proposed organizing key entities across the state who are also seeing this happen and create a coordinated message to present to the Pharmacy Boards. The Consortia decided to create a temporary Medicaid Formulary workgroup with Jacqueline Kleinedler as Chair to formulate a unified message to present back to the Consortia. Jacqueline Kleinedler asked anyone interested to email Kristen directly to formalize the workgroup meeting.

MOTION: Braden Schrag requested a motion to form a temporary Medicaid Formulary Workgroup to create a letter and recommendations in support of this agenda item.

SECOND: Katherine Loudon

VOTE: Motion passed unanimously with no opposition or abstention.

6. Information Only. Legislative Updates – All Members

Char Frost reported Assemblywoman Michelle Gorelow submitted a bill draft request (BDR) to formalize the State Consortium into legislation again. The Interim Finance Committee (IFC) continues to meet and August is a big month for DCFS and children's mental health. Ellen Richardson said BDRs would start in the fall and she asked for this to be continued on the Agenda for Item 17. The legislative session will be happening in six months. Karen Taycher asked about considering a legislative workgroup for the State Consortium to prepare and react in a timely manner since NCBHC meets every other month. Ms. Richardson will put this topic on the agenda for the next meeting and encouraged everyone to think about best ways to structure a workgroup.

7. **For Information Only.** AB 387, Voluntary Relinquishment of Custody of Children to Obtain Services/Collaborative Pathways Presentation– *Dena Schmidt (ADSD Administrator, Aging Federal Program and Administration) and Kathryn Rosaschi (Clinical Program Manager II, Division of Child and Family Services)*

Tabled. Dena Schmidt and Kathryn Rosaschi were not in attendance.

Char Frost asked if the Collaborative Pathways Program was put on hold and how it was possible to put a program on hold when it was legislatively mandated? Cindy Pitlock, Department of Child and Family Services (DCFS) Administrator reported Wraparound in Nevada (WIN) workers have been the staffing resources for the Collaborative Pathways Program and the legislation came with no resources. Due to the current DCFS 40% clinician staff vacancy rate, there is no way to accommodate the program and DCFS is trying to contract services out through a Request for Quotation (RFQ). Dr. Wade is working closely with DCFS Fiscal to develop a scope of work to contract services. DCFS is keeping data and statistics to report on types of requests and services and several have not been true Collaborative Pathways-eligible referrals which have been directed to other mental health services. Char Frost asked how many families were being served through the Collaborative Pathways process? Dr. Pitlock explained that services were not stopped for those families and the hold was put on adding more cases for review. She can report back on the number of Collaborative Pathways cases that are being supported.

Karen Taycher asked if there are the upcoming plans in August to include a process for referring children, youth and families with multiple agency involvement and at risk of child welfare or out-of-home placement. Dr. Pitlock said DCFS is asking for \$14.7M for WIN services and intensive care coordination, and the Collaborative Pathways program will be embedded within in that with vendors to continue services with DCFS providing program oversight. The program is not being shut down and will be augmented through the additional funding to relieve the wait list and provide additional services in strategic places serving high risk youth and families. Ms. Taycher asked if DCFS must go back to AB387 sponsors of AB387 and report the program is not operating? Dr. Pitlock said DCFS stays in contact with the legislation sponsors and when the program was originally sponsored, DCFS was not in a time of COVID and staffing crisis, and it was not intended by the sponsors to add burden to DCFS that could not be supported or realized. Dr. Pitlock said it is a risk legislature takes when they task a program without providing any resources and it is a reality we live in where legislation is passed without providing needed accompanying fiscal resources. The intended and unintended consequences are not always fully realized until we hit an international pandemic. DCFS is experiencing a 48% to 50% clinician vacancy rate in the Wraparound Program and hopefully with an infusion of funding to contract out services, vendors can be obtained to sustain and provide services.

Lisa Linning reported Clark County is providing referral information for families needing services and the Hotline distributes an Info-Sheet developed in collaboration with Katie Rosaschi to share information and resources (such as Nevada PEP and The Harbor) to help connect families to support systems. If a case is opened or investigated, the Clark County team will jump in right

away and this intended for families to avoid coming into child welfare. They are continuing to expand partnerships with various groups to ensure information does not drop while the program is not in place. Clark County is tracking data and referrals for families along with Katie Rosachi for families coming in through the hospital or through Child Haven in order to support getting funding.

Char Frost commented that from a family perspective, if families are contemplating turning their child over to family welfare, they are desperate and it leads to an abuse and neglect charge. She said the fact families could not get services or support along the way to prevent them from getting to this level seems very unfair and more children will end up hospitalized or in child welfare when potentially something could have been done to stabilize them within the community. She said that throwing up our hands to say that we just don't have staffing seems unacceptable. Ms. Frost said she understood this is an ask in August and asked how long it would take to stand up the services, and how long Nevada families would wait? Dr. Pitlock said she doesn't classify what her team has done to be throwing up their hands and quitting Nevada's families. There is an RFP process DCFS is required to undertake (governed by Nevada State procurement law) and DCFS must go out for bids, analyze/review, and then accept them. New providers will need to be onboarded to provide services through the state system, which cannot be circumvented. This process can take anywhere from four to six months. The state system and law dictate what DCFS can do when contracting with vendors. Char Frost said she understood, and many youth in these situations have co-occurring and dual diagnosis developmental disabilities (IDD) and mental health. She said part of the reason this bill came forward is that these families have been popped back and forth between agencies since the beginning and told they have come through the wrong door. She works with these families, feels for them, and it is very difficult. For example, she worked with two families last week and the most she could offer them was the WIN waiting list. Dr. Pitlock agreed and understood. She said she would give everything she possibly could to provide needed support, but simply does not have staff and systemically this is an issue the legislature needs to address and take on. Dr. Pitlock said she fully empowered everyone to utilize their resources to lobby those who can make an impact in the system that she cannot, and until then, DCFS will try to use extremely limited resources in the best way possible. Ellen Richardson suggested looking at Agenda Item 17 to see if there are ways to support DCFS in making some next steps.

8. Information Only. 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 (NRHP)*

Ellen Richardson said this was getting close to being wrapped up and she congratulated Cara Paoli on the video that was released. Char Frost said the System of Care Grant Unit printed the Children's Mental Health brochure and electronic copies are distributed to families who may need them. The brochure's 988 information will need to be updated and the Hospital Guide was distributed before Jessica Flood left her position. Ellen Richardson commented the brochure is super-helpful and thanked the team who put it together.

9. **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 Provider*

Tabled. Sandy Arguello and Jennifer Bevacqua were not present.

10. **For Information Only.** Mobile Crisis Update – *Anthony Lee, Clinical Program Manager I, Mobile Crisis Response Team (MCRT), Division of Child and Family Services*

Anthony Lee reported Mobile Crisis is working on catching all phone calls live with the current increased volume to ensure they do not go to voice mail and are exploring a new, updated call-center type of system. Staff shortages continue and MCRT is slowly building-in contractor staff with the hope to convert them to full-time employee positions. Karen Taycher reported NV PEP is hearing concerns from parents they have never heard before (possibly due to staff shortages). She said it seemed like maybe the model has changed and asked if the model had changed and what type of training contractors receive when they come on board.? Mr. Lee said the model had not changed and if there was a specific concern, to please let him know. Contractors receive the same training as full-time employee staff. The summer downtime period was used to beef up MCRT training (Motivational Interviewing, Field Safety, Active Shooter Training, and Safety Plan Training) and MCRT is working to implement a call-taking training (Crisis Verbal De-escalation). Ms. Taycher asked if System of Care training was offered? Mr. Lee said there have been a couple SOC trainings. Ms. Taycher asked if they have received the basics of System of Care and the cultural and linguistic relevant services training? Mr. Lee replied that these trainings will be added and will be important as contractors are hired in order to embed the SOC philosophy.

Cara Paoli made a request to receive MCRT data, specifically around children in foster care (people served, caseload numbers, MCRT staff availability, and the hours/days of program operation). With school starting, numbers will increase and it would be helpful to see where MCRT is positioned for Washoe County to do planning as well. Mr. Lee will curate and distribute MCRT data and factors (such as telecommuting due to COVID).

Kathryn Loudon said she was grateful for MCRT services provided in the Washoe County School District (WSCD) and was getting concerns about MCRT's outreach to parents. MCRT is not typically the first place WSCD recommends all families call when they have an issue. She heard there are people working in MCRT who want to get all principals/schools involved and receive all the MCRT-specific information. She said a better approach would be for WSCD and MCRT to partner to develop a coordinated message across the state versus having schools receive individualized MCRT information. She recommended working together in the regions to produce information including all supports along the continuum instead of directly calling MCRT each time. Mr. Lee will pass this along to the Reno MCRT team to coordinate efforts and partner with WSCD.

Beverly Burton reported System of Care and class standard trainings are not currently part of staff onboarding. She is the SOC trainer and is happy to provide sessions for anyone. Ms. Burton advocated for inclusion in staff onboarding training. SOC values and principles are important, and the foundation for the work we do with Nevada's youth and families. Training is provided quarterly and group trainings can be arranged. She will put her contact information in the Chat. Mr. Lee will reach out to set up MCRT training sessions.

Char Frost asked if data was being kept on MCRT response times? She is hearing from families that response times can be two, three, or four hours when in the past the typical response time has been one hour, and/or that MCRT is refusing to come at all. Mr. Lee said he would pull that data and reported MCRT is working to improve tracking of times they must defer for internal reasons (such as not enough staff to go out). Ms. Frost asked what criteria is being used to determine if MCRT will or will not respond in-person? Mr. Lee explained the in-person criteria is based on the family's preferred location and what staff are available to meet their preferred timeframe. For example, at times there are staff out at responses or in stabilizations, with one or two teams being out of the office on COVID telecommute. In those cases, they will offer families the option to receive support via telehealth immediately, or if being seen in person is more important, MCRT can push the request to the next available in-person team. Char Frost asked if the family is defining the crisis, or if MCRT is defining the criteria based on how families describe the situation? Mr. Lee said MCRT assesses clinically and determines if there's a need to defer for the family's safety. Char Frost said it sounds like the family defines the crisis and, if there is a risk of harm they are directed elsewhere. Mr. Lee described crisis assessment factors and how crisis scenarios can rapidly change so there is not a standard formula. Teams make assessments to defer when needed for the family's safety using clinical training, looking at situational factors and the potential of imminent risk of harm. MCRT has under 20 teams for a city of 2,000,000 people. MCRT does not say this is not a crisis and not help. There are other situations where MCRT defers when a family calls in and says the child is insured with HBI Insurance and if the clinical assessment indicates this would likely going to be a hospitalization, explanation is given to the families that MCRT can assess but if the child needs hospitalization, it would be necessary to go through the assessment process again which can take two hours. Generally, families decide to go through a warm transfer over HBI for the assessment. They are overwhelmed as well, but that way MCRT can get the families assessed faster despite HBI's six to eight hour wait times.

Dr. Wade said schools need MCRT services on the ground and on site. Clark County School District is one of the largest in the Nevada and 5th in the nation. MCRT services are needed for all Nevada's youth. Since the pandemic DCFS has seen high vacancy rates and MCRT has a challenge to tap into agency staff and provide training. She commented that she was happy to hear Beverly Burton is available to do SOC training. Data is showing children and families are in stress and there is a need to be able to go into homes of these families and assess during a crisis. Rural MCRT is experiencing similar issues and the hope is that the 988 Hotline will help with additional services.

Char Frost voiced a concern about the MCRT focus being on schools instead of the families that are already asking for help. She hoped MCRT would include parent voice when they go forward so it is made clear to schools how a crisis is defined, and to clarify parents should be called before MCRT meets a youth. Dr. Wade said she understood and agreed.

Ellen Richardson suggested looking at Agenda Item #17, and possibly request a formal presentation for the next meeting to assess gaps. She recommended extending an invitation to Michelle Sandoval, Rural MCRT, to provide a statewide perspective. NCBHC was the original group to advocate for MCRT funding and the Consortium wants to continue support and help to grow the program's services.

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

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

Dr. Pitlock announced John Bradtke is the new Deputy of DCFS Child Welfare Services, Family Preservation Orders (FPO), Planning and Evaluation Unit, and System of Care. DCFS has been running at a 50% vacancy rate and departments are working 60-70 hours per week with recruiting in progress for a Fiscal Deputy. DCFS is working to roll out a significant, robust ARPA ask at the Interim Finance Committee (IFC) on August 17th, after which the programs will need to be stood up with contracted services acquired through Nevada State Request for Proposal (RFP) and acquisition bid guidelines.

Karen Taycher inquired if the DCFS proposal was on the agenda or if it did not get on the agenda correctly? She wanted the Consortium to be engaged in August to show support or have input on the plan, however, there probably was not time to do that at this point. She said it seemed there was a missed opportunity for the Consortium to show support or influence the process. Ellen Richardson said the next meeting is October 6th and that a specific Legislative Workgroup meeting could be scheduled in September. Ms. Taycher asked if a request should have been made to put the August IFC on the agenda? Kristen Rivas clarified that requested agenda items are always welcomed. Ellen Richardson said this item could be put on the agenda as a potential action to provide support via letter for August IFC, for example. Dr. Pitlock clarified that the DCFS package going to IFC was prepared a month and a half ago and was not alterable at this time.

Karen Taycher said there was a bill draft going forward to codify NCBHC into legislation and NCBHC must have impact, be effective, and help guide decisions around children's issues in order to be relevant. She said the Consortium worked on legislative issues in the past and has gotten away from this for a while with informational items on the meeting agendas. Ellen Richardson said she understood and there was a high level of intensive partnering in the past to know what proposals were being supported, help with implementation of strategic plans, support

the System of Care, and analyze from an overall plan perspective. Karen Taycher said that if the group is going to be relevant and meaningful, it must do something besides listen to reports.

Cara Paoli recommended scheduling a meeting in September to start preparing for the IFC meeting in October. Dr. Pitlock said preparations for the DCFS proposal have been very transparent in collaboration with stakeholders and the counties. She said she was happy to share all DCFS plans with everyone. Proposals submitted to the Governor's Finance Office (GFO) may or may not be accepted in the format presented, as they are the ARPA gatekeepers. Dr. Pitlock wanted to push forward a 30-bed psychiatric residential treatment facility in August which the GFO prioritized for October. She said she wanted the Consortium to be relevant and do more than just receive informational reports and is happy to provide any information.

Ellen Richardson agreed and said working within a state system, county/city system, non-profit, and community partner environment requires a graciousness in understanding there is a process and not one single, sole decision. She said on behalf of the Consortium, we need to understand that and provide support with the spirit of how to help partner to move things forward. She recommended looking at that option for Agenda Item 17.

12. 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)*

Dr. Wade gave a PowerPoint presentation providing information and statistical data on Desert Willow Treatment Center (DWTC). The Center is part of the SOC curriculum and serves youth with Severe Emotional Disturbances (SED), acute youth who cannot respond to services in a less restrictive setting, and youth meeting Medicaid medical necessity and admission criteria. She provided an overview of the referral process and described data collection and usage which contribute to DWTC's ongoing quality improvement program. Average population FY 2021 was 2 for DWTC-AAP and 21 for DWTC-RTC. Factors affecting this included staffing and critical nursing shortages, COVID-19, and high acuity of youth. Average length of stay for FY 2021 was 17.83 Days for AAP and 3.36 Months for RTC. Types of discharges and the elements of discharge planning were reviewed, along with information about the program's youth education, behavioral intervention, assessments/screens, and related mental health services and supports. Dr. Wade presented staff roles and responsibilities and outlined required staff training (at orientation and annually). Future activities included development of an RTC for youth ages 6-11, increasing family visitations, building enhancements and partnering with nursing colleges and universities so nurses can complete clinical rotations at DWTC which will help increase staffing. Oasis staff are transferring to DWTC to increase capacity to serve more youth in the community.

Dr. Wade introduced Dr. Gwendolyn Greene, the new Desert Willow Hospital Administrator who took on the role in June. Dr. Greene reported they are working on infrastructure, protective nursing station barriers, and other hardening projects to protect staff from potentially violent patients.

Karen Taycher if staff received SOC training during onboarding? Dr. Wade replied that during orientation, staff are trained in SOC core values, voice and choice, and hospital SOC principles. Char Frost made a request for data indicating the number of youth going to different types of discharge placements. Dr. Wade responded that she would investigate and report back. Char Frost asked about the type of information parents receive at intake and treatment team meetings regarding what to expect, what their youth would be doing, what treatment they would receive, and the modality of treatments. Dr. Wade said parents are provided a comprehensive family packet containing treatment information, expectations, consent forms reviewed with nurses, and a comprehensive evaluation with a therapist. Ms. Frost asked if DWTC could admit youth with chronic health conditions such as Diabetes? Dr. Wade said this was done on a case-by-case basis in collaboration with a physician and based on medical evaluation results, youth were deferred to Cumberland Medical Center when appropriate.

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

Jennifer Lords said the Nevada Department of Education (NDE) is working in collaboration with DCFS and Nevada Medicaid to roll out clinical school health services that will be supported by billing Medicaid through the Free Care Expansion. This went into effect a couple years ago but was not implemented. They are working to capture these Medicaid funds for nursing, personal care assistants, Applied Behavioral Analysis (ABA) therapy, mental health services, personal counseling, and early screening. Staff are approved to begin billing for Medicaid, with additional staff applications pending approval. Approved sites are in Carson, Churchill, Clark, Humboldt, Elko, Lyon and Nye counties and other sites are working to get applications approved.

A toolkit to support expansion of school health services was developed which outlines clinical and systemic pieces required for good quality care plans to meet medical necessity and Medicaid billing requirements within a multi-tiered system of support and integrated systems framework. The toolkit was reviewed in collaboration with multiple agencies and will be available in hard copy, on the NDE website, and at local education agencies.

A document was developed to align school support roles with community support roles which will be available soon. Partnerships with cohorts to contract services will roll out in the fall of 2022 which will allow leveraging of grant funding and seeking ARPA funding at IFC for electronic health record system services and behavioral health care coordination/billing. These systems protect privacy and follow Health Insurance Portability and Accountability (HIPAA) and Family Educational Rights and Privacy Act (FERPA) guidelines in addition to meeting standard case documentation for evidence-based screening and progress monitoring. Care coordination tracking and sharing is based on caregiver consents and parental choice.

Work is in progress with the Office of Suicide Prevention to support the State Public Charter School Authority in response to recent fatality events and provide post-intervention support activities.

The Office for Safe and Respectful learning provided training to the Carson City School District and Lander County staff on utilizing MCRT services in making referrals for crisis stabilization. The training is available on demand and posted through YouTube.

The district is working to support homeless youth and families and connecting to regional behavioral health policy board coordinators to increase access to community resources.

Over 600 children are being served through the Trauma Recovery Demonstration Grant providing no cost counseling services.

The Workforce Development Grant aids in funding specialized instructional support personnel and mental health personnel in the schools, recruitment and retention activities, and provides reimbursement to high school students participating in dual enrollment courses with the goal of building a workforce pipeline. Nevada State College is rolling out a school psychologist training program and Great Basin College added courses in their teacher education program in multi-tiered systems of support.

Due to loss of quorum and extended length of the meeting Katharine Loudon's update was tabled and Ellen Richardson will put this topic at the top of the agenda for the next meeting.

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

Tabled.

15. 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*

Tabled.

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

Tabled.

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

- Medicaid funding cuts to children's behavioral health consulting services
- Medicaid Formulary Workgroup
- Potential Legislative Workgroup
- Legislative support for the bill draft request to formalize the State Consortium into legislation
- Investigate ways to support the DCFS Collaborative Pathways Program
- Mobile Crisis Response Team Presentation (to include Rural Mobile Crisis)

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 4:53 p.m.