RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

MEETING MINUTES

APRIL 21, 2022

All members participated via Lifesize Technology (video or audio).

VOTING MEMBERS PRESENT:
Jan Marson
Jaymee Oxborrow
Heather Plager
Lana Robards
Mala Wheatly
Melissa Washabaugh
Michelle Sandoval
Rebecca McGough
Sarah Dearborn

VOTING MEMBERS ABSENT:
Jessica Flood
Sarah Hannonen

STAFF AND GUESTS:
Ann Polakowski, DCFS
Amna Khawaja, DCFS
Audre Large, NV PEP
Beverly Burton, DCFS
Bill Wyss, DCFS, SOC
Carin Hennessey, NV Medicaid
Cathi Spooner, SNAMS
Charlene Frost, NV PEP
Chris Berry, NV PEP
Dana Walburn, NV Department of Education
Janelle Cuenca, DCFS
Jennifer Lords, NV Department of Education
Kadie Zeller, Churchill Community Coalition
Kary Wilder, DCFS
Kristen Rivas, DCFS
Lexi Beck, Youth M.O.V.E. Nevada

Michelle Bodenhorn, Parent
Nicola Mara, NV Pediatric Psychiatry Grant
Shannon Hill, DCFS
Tiffany Judd, DCFS

1. **Call to Order, Roll Call, Introductions –** *Melissa Washabaugh, Rural Children's Mental Health Consortium Chair*

   Ms. Washabaugh called the meeting to order at 3:08 pm. Kary Wilder, Administrative Assistant III, Planning and Evaluation Unit (DCFS), conducted roll call and quorum was established with nine members present.

2. **Public Comment.** *No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.*

   a. Kadie Zeller, Project Coordinator and Certified Prevention Specialist, Churchill Community Coalition, announced there is an "Embracing Your Future Youth Summit" planned for June 16-19th at the UNLV Campus. On Thursday, June 16th, they will be hosting a Vendor Fair for youth to see what resources are available for them. Ms. Zeller will email the event flyer and information to Kary Wilder to distribute to everyone.

3. **For Possible Action. Approval of the March 17, 2021 Meeting Minutes** – Melissa Washabaugh, Chair

MOTION: Jan Marson made a motion to accept the March 17, 2022 meeting minutes.
SECOND: Heather Plager
VOTE: Motion passed unanimously with no opposition or abstention.

4. **For Possible Action.** Review and Vote to Approve RCMHC Priorities for Ten-Year Strategic Plan Update to the Department of Health and Human Services Director – *RCMHC Members*

The five priorities of the report were reviewed and members agreed these were the appropriate priorities to be included:

Priority 1 – Creation of comprehensive website
Priority 2 – Awareness and de-stigmatizing messaging
Priority 3 – Support/encourage training at the community level
Priority 4 – Increase consortium's influence on mental health policy creation
Priority 5 – Increase access to evidence-based and evidence-informed mental health supports and services in rural communities

MOTION: Rebecca McGough made a motion to approve the RCMHC Priorities for the Ten-Year Strategic Plan as listed in the update.
SECOND: Jan Marson
VOTE: Motion passed unanimously with no opposition or abstention.

5. **For Possible Action.** Ten-Year Strategic Plan Discussion, Update and Vote to approve in order to send to the Department of Health and Human Services Director – *RCMHC Members*

Char Frost led a review of the updates to the plan which focused on the five priorities. She reviewed the reported, did clean-up and added in content from the updates received from the System of Care Grant (SOC) and XXX. These full updates will be included as appendices and references were included as appropriate throughout.

Priority 1 – Creation of comprehensive website was changed to, "Currently it is difficult for families to find information about services on their own. Many of our community partners are offering quality services but for families to connect to these they must know where to look. Access to information and links to services has been identified as a significant concern for parents (O'Reilly, Adams, Whiteman, et al., 2018). By designing an easy to navigate page containing up to date information on treatment/services, crisis resources, educational resources, trainings, awareness/support organizations, and links to all community partners the RCMHC will have a one stop page for families to get started on their wellness journey. We plan to advertise the website through collaboration with our community partners as well as at community events".

Priority 2 – Awareness and de-stigmatizing messaging, was re-written as follows: Mental and behavioral health stigma continues to be a barrier to seeking help (Clements, Mills, Mulfinger, et al., 2019) especially in certain geographical areas. Changing the culture towards acceptance helps struggling youth to be identified early and linked to support before reaching crisis level. The RCMHC has invested in promotional items that are visible/usable such as apparel, stickers, tote bags, etc. We plan to attend rural community events that are not typically connected to mental health services such as car shows, town festivals, etc. By disseminating information, swag items, and promoting our informational website rural communities at large will be exposed to the idea of identification, prevention, and normalization. The RCMHC continues its support of the System of Care as they work collaboratively with Nevada PEP and Youth MOVE Nevada. This important partnership ensures that youth and families are involved at all levels to include planning, evaluation and implementation efforts that sustain youth and family participation. (For full System of Care Update, see Appendix B.) The SOC is engaging in outreach efforts with our tribal communities to promote mental health awareness and to seek opportunities for collaboration with those communities.

Ms. Frost added a last paragraph stating that "The RCMHC is actively searching for an individual to represent our state's tribal communities and will work with the SOC to participate and engage in the search for a tribal representative who wishes to participate." She noted she has identified an individual for this role who will attend the next meeting.

Priority 3 – Support/encourage training at the community level was modified to, "Recruitment/training/retention of health professionals continues to be difficult throughout rural Nevada. The RCMHC will focus on community-based trainings at the identification and early intervention level with the goal of early access to support and prevention of escalating severity of cases. The intent of prevention and intervention programs has been to move to a proactive system. Engaging individuals before the development of serious emotional disturbance or to alleviate the need for extended mental health treatment has become even more critical during the pandemic and with the recent loss of inpatient beds. Unidentified and untreated mental health

concerns have a high chance to escalate to other symptoms/behaviors that further jeopardize health such as substance use or involvement in the criminal justice system. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) yields current data on a wide range of self-reported mental health and substance abuse indicators by region in Nevada and the United States. The data indicate Nevada prevalence rates for youth (ages 12 to 17) that are higher than national rates in key areas, such as illicit drug use and marijuana use. Early identification has been found to be both cost effective and significantly beneficial in preventing escalation to co-morbid conditions. According to Skokauskas, Lavelle, Munir, et al. (2018) "The most feasible actions, in terms of a short period for a positive return on investment, include early identification and treatment (…) A robust evidence base exists, which suggests that interventions in early life to protect the mental health and well-being of children, as well as their parents, can generate substantive positive returns on investment not just for health, but for other sectors such as education, criminal justice, and social welfare."

Ms. Frost added some of the updates from the System of Care; "The RCMHC is supportive and engaged with the System of Care as they continue to add to their training portfolio on the UNR CASAT training portal that are accessible to the public. Trainings such as Overview of System of Care, Hi-Fidelity Wraprounds, and more are important and will assist in spreading the message of System of Care and Evidenced-Based and Evidence-Informed practices to mental health practitioners, as well as families and the general public in the rural regions. The RCMHC will continue to support the SOC in developing more trainings to support workforce development in our region. The SOC currently has four (4) staff members who have completed the Child and Adolescent Needs and Strengths (CANS) instrument for children's mental health and are certified to train other professionals on the CANS. More training on this instrument to mental health providers in the region continues to be a priority for this Consortium."

The final paragraph was changed to, "Other examples of the specific trainings the RCMHC will be promoting include the Youth Mental Health First Aid program offered by the Nevada Office of Suicide Prevention, Zero to Three early identification training, cultural competency CEUs for healthcare providers, etc. On our website we will list available trainings for community stakeholders such as educators, law enforcement, parents, youth group leaders, etc. The RCMHC will offer an incentive program to encourage people to complete the trainings which will include the use of our already purchased gift cards to be sent to those who show completion of training programs."

Priority 4 – Increase consortium's influence on mental health policy creation was changed as follows: "The RCMHC has historically expressed direct support for legislative goals that are related to children's mental health. As a state entity we remain committed to strongly advocate for the changes that families need, both legislatively as well as influencing state and local policy. There has been evidence in the data showing how legislative action can positively affect public health in our state.

The RCMHC has added a standing agenda item on its monthly agendas to receive updates from every Regional Behavioral Health Policy Board around the state and actively collaborates with those boards regarding the needs of children, youth and families with mental health needs in our rural and frontier communities. In addition, members of the Consortium participated in designing brochures related to the mental health crisis hold legislation for youth, to educate parents, providers and the general public.

The Consortium plans to add a standing agenda item to our meetings in order to consider areas of legislation that merit our support and draft official statements regarding policy or legislation being considered. We will work in collaboration with our community partners and other state consortia to remain aware of current legislative issues and present a united voice of support of Nevada families".

Priority #5 – Increased Access to Evidence-Based and Evidence-Informed Mental Health Supports and Services in Rural Communities, was modified as follows, "The RCMHC recognizes that many children, youth and families lack access to a continuum of evidence-based and evidence-informed supports and services in our Rural and Front communities. We continue to be committed to expansion of access to services and supports that will make families lives better and decrease the use of Out-of-Home placements for youth.

The System of Care has made efforts to take advantage of in-person and virtual outreach opportunities, build partnerships and participate in rural events to better understand the needs of communities and ways to address those needs. The SOC has approached these challenges in novel ways including reallocating resources to provide families with Flexible Funding and Self-Directed Respite Services. These types of supports have not previously been available to families of children/youth at risk of or with Serious Emotional Disturbance and the RCMHC fully supports these approaches and looks forward to data collected as a result of these programs that will enable further conversations around sustainability.

In addition, SOC funding enabled: increased access to mental health telehealth services, expansion of the Mobile Crisis Response Team (MCRT) response to 24/7, 365 days a pear, increased access to psychiatric services for both Rural Clinics and MCRT Step-Down/Step-Up programs, and expansion of intensive/intermediate care coordination opportunities. Rural MCRT answered 355 calls, responded to 241 youth and families and averaged an 89% rate of stabilization and hospital diversion. Other calls that did not require a response still were able to receive support, education and linkage to community-based resources. Further, the SOC supports ongoing authentic peer and youth support partnerships.

Nevada PEP provides family peer support to families across the region and State. Family peer support is a service that connects parents of children with mental and behavioral health needs to other parents with lived experience with the goals of increasing resiliency, decreasing isolation, decreased internalized blame, increased realization of importance of self-care for parents, increased feelings of self-efficacy, and increase the acceptance and appreciation of child's challenges and increase ability for families to engage with both formal and information supports.

On December 7, 2021, the U.S. Surgeon General Issued Advisory on Youth Mental Health Crisis across the country due to the impacts of the COVID-19 pandemic. Now more than ever before Nevada families need support to know how to help their children. Family peer support specialists support families to navigate barriers and complexities of accessing services and they provide information to improve mental wellness. Families are referred to Nevada PEP by children's mental health programs, schools, physicians, and community organizations. In 2021, Nevada PEP received 26 referrals directly from Rural Children's Mobile Crisis Response Team, and 101 new families from a mix of community providers. Nevada PEP provided family peer support services to 399 families of youth with behavioral health needs in Rural and Frontier Communities.

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Access to various evidence-based and evidence supported practices and services can be challenging in many rural communities for youth mental health services. Neurofeedback is one of the evidence-based services that helps in conjunction with psychotherapy. Neurofeedback has proven to be helpful for individuals with various mental and behavioral health issues such as post-traumatic stress disorder, severe anxiety that can be coupled with autism spectrum disorder, ADD/ADHD, ongoing developmental delays and acquired brain injuries to name a few. Nevada DCHFP has recently published that neurofeedback services will be maintained through 2024. It is the belief that helping this service expand into rural and frontier communities could help the children, youth and families find the expanse of services that are truly needed to help increase efficacy of treatments available to treat and manage mental and behavioral health issues.

Ms. Frost also added, "The SOC is also partnering with the Department of Education to create an interconnected framework to connect community providers of mental health services in school based mental health providers. Dana Walburn made a suggestions to add "along a continuum of care to the end of the sentence, which will Ms. Frost will include as suggested.

Ms. Frost will be adding language to this priority to include an update from Youth Move Nevada as follows, "Youth Move Nevada provides authentic youth voice and input to the RCMHC and last year over 100 youth across the state including rural and frontier communities attend the weekly meetings. They also produced monthly podcasts that have reached over 300 people and developed and distributed over 6,000 Mental Health and Bullying Activity books to students and community partners across Nevada. The RCMHC is excited to continue to partnering with community providers/partners and providing support to increase the number of activities promoting mental health, increasing training opportunities for evidence-based and evidence-informed practices and infrastructure development across our rural and frontier communities to support increased access to important mental health services".
The section titled, "Review of RCMHC Activities 2020-2021" was reviewed and evaluated. Ms. Frost provided input that the purpose of these reports in even years is to provide priorities and information on activities is an optional piece. She said she understood why it was included as well, but that the report was really about guiding the Director in his budget-building process. Ms. Washabaugh said that one purpose of including activity updates was to show that prior budgets had been well used and why the RCMC should continue to get funds. She also felt it showed examples of the RCMHC's past work Ms. McGough said her inclination was to yield to Ms. Frost's suggestion since she had been such an integral part of the Consortium for a long period of time (along with Michelle Sandoval and Jan Marson). All references to 2020 activities, including a donation of items was from the 2020 previous budget year and was removed. Ms. Washabaugh suggested removing pages 12, 13 and 14? Ms. Frost suggested leaving in the logo contest piece, since it was a youth-designed logo and shows that RCMHC is including youth in processes. Ms. Frost noted that there was only one community project and Ms. Washabaugh said it was meant to project onto all of the priorities being planned for this year as well.

Lana Robards asked if there would be interest is seeing how the money was spent and if so, she suggested leaving this section in the report. Ms. Frost said there were good arguments either way for leaving the Covid information and other sections in the report or for removing them.

Ms. Frost suggested that "Since the beginning of the pandemic, the Mental Health Cabinet in Pershing County has been able to continue to provide support to families through an earlier donation". She volunteered to wordsmith the edits. Change the wording, remove the pictures, and remove references to 2020, replacing with "continuation of 2020 Ac". Update the heading to the year "2021". Ms. McGough shared concerns the workgroup had with the potential use of the graphic images in this section being distracting and not of value to the intended audience, possibly causing them to stop reading and skip over the appendices, which contain updates from partners.

Ms. Washabaugh summarized changes to the Activities Section; 1. Changing the heading to 2021 only, 2. Revise the "Promotion of wellness activities during the pandemic" paragraph to include a statement that the items are a continuation of activities started in 2020 and 3, Remove the graphic images. The "New logo creation" section will remain in the report without changes.

After discussion, it was decided that Page 14, "Collaboration with community partners" will remain in the report with references and a logo to be added for DCFS.

The Updates and Appendices were reviewed and members agreed these sections should remain unchanged.

Ms. Washabaugh said there was a request to create an additional paragraph to request a budget increase. Ms. Frost recommended this be included in a separate cover letter to the Director instead, as the report remains in the public domain in perpetuity and the budget request would be more appropriate in a letter.

MOTION: Rebecca McGough made a motion to approve the RCMHC Ten-Year Strategic Plan with the changes as reviewed and written by Char Frost, approved by Melissa Sandoval, with the addition of a separate cover letter to be written by Melissa Washabaugh, to include a budgetary request to go to Richard Whitely, Director.
SECOND: Lana Robards
VOTE: Motion passed unanimously with no opposition or abstention.

a. Inclusion of post-nominal letters (professional title initials) after Consortium member names.

   It was decided that post-nominal letters would not be included.

5. **For Possible Action.** Update on SOC Performance Measures, Budget and Sustainability Plan to the RCCMHC as the Overarching Body of the RCCMHC. – *Bill Wyss, Division of Child and Family Services (DCFS)*

Mr. Wyss introduced SOC staff members, Shannon Hill, Amna Khawaja, and Bev Burton, and shared a PowerPoint Presentation "Nevada System of Care Projects", which provided

a snapshot of current activities. Collaborative partnerships with Nevada PEP and Youth Move are critical parts of the grant focused on providing services and supports to you the families. The five strategic goals are Children's Mental Health Authority (Training/Technical Assistance, Provider Standards, Policy and Oversight), Point of Access (Increase access to services/supports where families are able to connect to quality interventions and resources when and where they are needed), Tiered Care Coordination (Increase access to High Fidelity Wraparound and FOCUS), Expand Service Array (Increase access to evidence-based/evidence informed mental health interventions), and Special Populations (Increase capacity and cross systems collaboration to better support the needs of special populations). The presentation described activities currently in progress for each of these goals including intensive in-home and community-based care coordination with Community Chest, Positive Behavioral Intervention & Supports (PBIS), ongoing services with Pacific Behavioral Health, and psychiatric services through UNLV Psychiatric Fellows to Rural Clinics, Engagement & Step-Down Mobile Crisis Response Teams. Additional activities included ongoing services with the Nye Communities Coalition, Certified Community Behavioral Health Centers in Carson, and CPP training activities with New Frontier, Evidenced-based interventions, continued partnerships with the NV Dept. of Educations, NV PEP and Youth Move, and Support Services (self-directed respite care and flex funds). Training and Technical Assistance activities included Child Parent Psychotherapy (CPP), High Fidelity Wraparound & FOCUS, Zero to Three, Child and Adolescent Need, and Strengths (CANS), and CASAT Learning. Additional support projects included assistance for COVID-19 Response (Vsee Virtual Telehealth Platform, Telehealth Certification and laptops for Rural Child Welfare), Intensive Family Services, Consultations, SOC surveys, and others. Total combined grant spending for Year 1 and Year 2 was $2,690,851. Total Year 3 obligated and contracted funds was $3,918,472.

Ms. Washabaugh asked if there are funds secured past the end of the Grant timeframe? Mr. Wyss explained that the current SOC Grant runs until September 2023. This is a 4-year SAMSA grant which requires re-application every year to get the money. All documentation has been submitted to get the fourth-year funds which will be received in summer. There is a No-Cost extension opportunity will allow use of money carried forward for work that is not completed. A proposal for continuing some of this work has been submitted and is under review. Shannon Hill noted that SOC is working with service providers on sustainability so these direct services don't go away at the end of the grant. Mr. Wyss said that Medicaid can fund services also, but Medicaid rates are lower so that is challenging with private providers.

6. **For Possible Action.** Updates on the Pediatric Mental Health Access Care Grant – *Stephanie Dotson, Division of Child and Family Services (DCFS)*

Nicole Mara, Psychiatric Caseworker, presented the program update since Ms. Dotson was not available. The Grant is now fully staffed and have completed 50 provider outreach contacts throughout the state, fielded 17 requests for support with psychiatrists and referrals for resources. The program provided unduplicated resources for primary providers and facilitated meet and greet sessions with their psychiatrists to build

relationships for requests for medication management and therapy requests. Materials distributed included five Infographics (1,300 recipients), an Issue Brief (250 recipients) and three Telegrams/E-Newsletters (600 recipients). They are currently working on the next Issue Brief and the next Telegram to be posted in July. They are seeking rural and frontier community providers to be spotlighted and recognized in the next Telegram and Ms. Mara asked the group to submit names for this purpose. Trainings included one brown bag session, and two DC Zero-To-Five (DC05) trainings with 28 total attendees.

7. **For Possible Action.** Update on Youth M.O.V.E and discussion of collaborative initiatives – *Lexie Beck, Youth M.O.V.E. Facilitator*

Lexie Beck provided updates related to Children's Mental Health Acceptance Month in May. The National Federation of Families is shifting the language from Awareness to Acceptance and several activities are planned: An Acceptance Twitter Chat. Activity Books on mental health and bullying are being made available to xxx elementary school students. Another activity book on mindfulness is also being made for high school students. The Clark County Children's Mental Health Consortium (CCCMHC) is hosting an annual Mental Health Summit for providers and individuals which is scheduled for the first week of May, beginning on Monday, May 2nd, for a $15.00 fee per attendee. There are 160 open spots available. The 2nd day of the Summit is free and focuses on the Child Adolescent Needs & Strengths (CANS) training, with three available spots remaining. A "Lived Experience" podcast episode is planned featuring speaker Bianca McCall (a consultant contracted by the CCCMHC). Ms. Beck will post the podcast link in the Chat and encouraged everyone to attend.

Ms. Washabaugh asked if Youth M.O.V.E. could benefit from additional funds to produce the activity books. Ms. Beck responded that would be extremely helpful and that the other regional Consortia were contributing as well to get the books out to rural communities. Ms. Washabaugh said she distributes the books in her practice and they are well-received by youth and families. Ms. Washabaugh said this would be discussed and voted on in Agenda Item 12, FY 2022 Budget Redistribution and Spending Plan.

Ms. McGough asked what are being used to host the podcasts? Ms. Beck replied that the podcasts are available on Apple, iTunes, Spotify and Anchor and posted the links in the Chat (https://www.cccmhc.org/summit - Link to the Clark Summit, and https://anchor.fm/lexie-beck/episodes/YMNV-Episode-23---Lived-Experience-e1gje51 - Podcast Episode).

8. **For Possible Action.** Updates from Medicaid – *Sarah Dearborn, Division of Health Care Financing and Policy (DHCFP)*

Ms. Dearborn reported that the Children's Health Insurance (CHIP) State Plan Amendment (SPA) was finally approved on March 29th. This Plan Amendment is specific to behavioral health coverage benefits for youth that are receiving Nevada Medicaid through Nevada Check-up. This did not establish any new behavioral health services; it

really required the state to define all of the behavioral health coverage benefits that are available and approved for youth.

The newest State Plan Amendment was recently submitted March 30th in regard to reimbursement methodology that will be added to the Rates State Plan pages, specific to Crisis Stabilization Centers. This was authorized by Assembly Bill 66 of the 80th Legislative Session and then updated again in Senate Bill 156 of the 81st Legislative Session. This SPA proposes reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization services are defined by legislation as behavioral health services designed to; 1. De-escalate or stabilize a behavioral health crisis, and 2. Avoid admission of a patient to another in-patient mental health facility or hospital when appropriate. SPA language will address the rate methodology for a daily rate of service so initially providers will be reimbursed a daily default rate, but as market-based using a model to reflect service definitions, provider equipment, operational service delivery and administrative considerations. After a provider has complete fiscal year providing services, the provider will be allowed to complete a cost report to be used to determine an individual provider-specific rate for Crisis Stabilization services. Essentially this is under review with CMS currently the Ms. Dearborn is hoping they will like this methodology, as reimbursement rates are low across the state and they are trying to be creative with some of these new models. The though was to provide a default rate with an option for providers to receive a cost-based rate is creative to assist with this and it will be approved. In conjunction with that SPA, new Medical Manual Services Policy was developed and new policy documentation was established through Medicaid Services Manual, Chapter 400. This is a lengthy policy which outlines many specifics for Crisis Stabilization Centers (primary objectives, best practices, provider responsibilities, admission criteria). Ms. Dearborn stated they recognize that best outcomes for Crisis Stabilization Center is for patients to receive better, immediate care, in a more-positive behavioral health care crisis response. There was a public workshop on this in December 2021 and the policy was approved, so it is posted in the Chapter 400 Policy that was approved on March 29th.

They recently were able to publish an Applied Behavioral Analysis quarterly dashboard on the Division of Health Care Financing and Policy (DHCFP) website.

The Mobile Crisis Planning Grant, which was approved for a year (will end in September) will support Nevada in getting ready for the launch of July's 988 Crisis requirement across the nation. They are working to get services ready for Mobile Crisis Intervention services. The State Plan already allows for crisis intervention services, but right now they are looking SPA language, as well as policies to see what changes need to be made to develop Mobile Crisis Intervention services and are recognizing there is a difference. With that difference as well, CMS is offering an 85% FMAP for expenditures that are qualifying for community-based Mobile crisis intervention services. States can receive that 85% FMAP for a three-year period within a five-year period that began on April 1st. They are working on the Mobile Crisis project and core teams with current providers who are performing mobile crisis services (Children's Mobile Crisis, certified community behavioral health centers, law enforcement co-responder teams) to try to understand all of the varying

models and identify what changes are needed to be able to capture and incorporate all of those specifics within a general state plan amendment. They are looking at the providers that can be included in providing mobile crisis services, so currently some of the State Plan language limits who can provide these services. They are working to ensure they can allow for more providers to deliver services. They are having conversations about developing a new Medicaid services manual chapter dedicated to the various crisis services. All of this is in initial talks and they are hoping to have updates soon.

They are excited to be able to apply for an 1115 Demonstration Waiver which will request a limited waiver of Federal Medicaid Institution for Mental Disease, also known as IMD exclusion, so they can include enhanced substance use treatment benefits of clinically managed residential and withdrawal management services that are consistent with those residential ACM levels of care (3.1, 3.2, 3.5 and 3.7) that are currently not covered for individuals aged 21 through 64 under Nevada's state plan. They will be able to reimburse for substance use treatment services that are definitely needed in Nevada and are excited about that. They are proposing an effective date of January 1, 2023 with CMS. As of right now they are having bi-weekly meetings with CMS on this application and CMS recommended the application be put out for an additional 30-day notice to engage the public and get as many comments as possible. The goal for publishing public notice is April 28th. In conjunction with that they have developed and 1115 Webpage so providers and any members of the public can see the status of the application and the notice, as well as the process and documentation that are underway with CMS. The webpage will be up and running next week and Ms. Dearborn asked for public feedback and engagement to assist their efforts with this Waiver. Ms. Washabaugh asked if more public engagement would be perceived favorably by CMS? Ms. Dearborn replied that only one public comment was received in October 2021 and CMS really likes to see that states are engaging the public and providers and that they are involved. She stated that even though the language and terms used can be difficult, it is important to show public involvement and comment, not only specific to the Waivers, but also to all of the Medicaid policy updates. Public workshops are held to obtain more engagement and feedback to assist with this. Ms. Washabaugh asked Ms. Dearborn to send an email to Kary Wilder to share with RCMHC members and guests to advise them when the website is up and available, so that everyone could have the opportunity to provide feedback to assist with acceptance of the Waiver.

9. **For Possible Action.** Updates from Nevada PEP and discussion of collaborative initiatives – *Charlene Frost, Nevada PEP*

Not discussed.

10. **For Possible Action.** Discuss and Make Recommendations for Future Community Updates and Events – *RCMHC Members*

Not discussed.

11. **For Possible Action**. Community Event Participation – *Melissa Washabaugh, Chair*

Not discussed.

12. **For Possible Action.** FY 2022 Budget Redistribution and Spending Plan – *RCMHC Members*

Not discussed.

13. **For Possible Action.** FY 2023 Budget Development – *RCMHC Members*

The group discussed giving a percentage of any remaining budget funds to Youth M.O.V.E. for their Children's Mental Health Awareness Activity Books. Kristen Rivas stated that at the May meeting, discussion needs to take place about spending down the RCMCH budget in order to get everything completed, paid for and received by June. Ms. Rivas asked what percentage the Consortium wanted to distribute to the Youth M.O.V.E project. Ms. McGough asked if money had already been re-allocated from the originally planned funds for Dr. Manit. Ms. Washabaugh and Ms. Rivas verified that those were the funds to be re-allocated and that a motion needed to be made for a vote.

MOTION: Mala Wheatly made a motion to approve reallocation of the funds originally budgeted toward Dr. Manit to Youth M.O.V.E., specifically supporting their Activity workbooks for Children's Mental Health Acceptance month.
SECOND: Rebecca McGough
VOTE: Motion passed unanimously with no opposition or abstention.

14. **For Possible Action.** Make Recommendations for Agenda Items for the Next Meeting – *RCMHC Members*

Not discussed.

15. **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.*

Not discussed.

16. **Adjournment.** Melissa Washabaugh, Chair, adjourned the meeting at 5:02 pm.

Next Meeting: May 19, 2022