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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
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Administrator

Nevada Children's Commission Behavioral Health Committee Meeting Minutes

DATE: Tuesday, December 12, 2023

TIME: 1:00 P.M - Adjournment

VIDEO CONFERENCE:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTNIZTViMDctNGNhZS00YWM0LWJlMDAtODI2MzFmNjgyZjg1%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22be58909a-421c-4f56-857e-c5f7d4ef6f7f%22%7d

TELECONFERENCE LINE: 775-321-6111

CONFERENCE ID: 250 310 498#

- 1. Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
The meeting was called to order at 1:03 p.m. by Gwynneth Smith.
- 2. Welcome and Introductions (Roll Call)** – DCFS Staff
Members Present by Video: Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

DCFS Staff: Marla McDade Williams, Elvira Saldana

Public: Sabrina Schnur, Elyse Monroy-Marsala, Lea Case, Ferrari Reeder

Elyse Monroy-Marsala stated she is with Belz and Case Government Affairs. They represent the Children's Advocacy Alliance, Boys Town, and the Nevada Psychiatric Association. Elyse Monroy-Marsala informed their meeting scribe will reflect as Belz and Case Government Affairs.

Lea Case stated she is with Belz and Case Government Affairs.

- 3. Public Comment and Discussion**
There was no public comment.
- 4. For Possible Action:** Meeting Minutes – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
 - Review and vote to approve November 16, 2023 meeting minutes

Gwynneth Smith asked committee members if there were any changes or edits to the meeting minutes.

There were no recommendations.

Action: A motion was made by Gwynneth Smith to approve the minutes, seconded by Dr. Sheldon Jacobs, and carried to approve the minutes of November 16, 2023.

5. For Information: Data Points and Data Requests – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

- Review and discuss suggested data points and data requests from the committee members. Gwynneth Smith stated the meeting will be a working meeting for the committee to develop a list of requested data points the committee can propose to the full Commission for submission to the state. Two attachments were provided that the committee will be looking at, Dr. Joe Haas' list of data points and Gwynneth Smith's list of data points.

Dr. Joe Haas stated he provided potential data points. The list could be evolving, attached to issues the committee raises, and there could be additions by the committee members.

Gwynneth Smith stated the same caveat applies to her list. A couple more sessions may be needed before the committee feels comfortable with a formal request. The lists provide a good starting point.

Dr. Joe Haas stated he provided a list of potential things. Dr. Joe Haas thinks it is essential to attach them to specific questions, goals, or concerns such as the Department of Justice report or the involvement of access to care for kids with neurodevelopmental concerns.

Kim Abbott stated she agrees and likes the idea of starting with the framework Gwynneth Smith has laid out. In relation to what Dr. Joe Haas said, the committee may have to add some additional headings or issues of interest. Kim Abbott stated she likes the idea of working from the continuum and seeing how many of Dr. Joe Haas's list fit where in the continuum and then based on what is left, the committee can determine what other broad category or issue needs to be added.

Gwynneth Smith stated she thinks it is a good idea. Gwynneth Smith suggested going through Dr. Joe Haas's list and the committee members let Gwynneth Smith know if the data point fits in a certain category on the continuum. The first one is number of youth in the UNITY system showing a mental health diagnosis. Gwynneth Smith suggested adding categories of diagnoses to it. Gwynneth Smith thinks it will fit in a stand-alone category and does not fit a particular area of the continuum of care. Gwynneth Smith asked committee members if there is anything else in UNITY regarding this basic information the committee would ask.

Dr. Joe Haas stated as the UNITY rollout occurs, one thing to look at is if the availability of data is due to software limitations or the consistency of entry to the existing system.

Gwynneth Smith stated she agrees and thinks it should be tracked.

Kim Abbott stated it would be amazing to have the number of youth who have had some type of behavioral health hospitalization whether it be the emergency room or admittance to a psychiatric facility.

Dr. Sheldon Jacobs stated he would imagine there should be some way to extrapolate some of the data.

Dr. Joe Haas stated the last time he was involved with UNITY, the data was more robust because there was a placement history. It should be readily available.

Gwynneth Smith stated she agrees and believes it is available from the placement screen. Gwynneth Smith has noted number of youth with a behavioral health admit, include emergency room if available.

Dr. Sheldon Jacobs commented he has noticed he does not always see it reflected in UNITY when kids sit in the emergency room. He has only seen it reflected when kids go to an acute hospital.

Gwynneth Smith stated it may be due to it not being readily tracked in UNITY. It is important to know and for the committee to give feedback on. The next item is number of youth in UNITY who meet criteria for serious emotional disturbance (SED). Gwynneth Smith asked if it is a separate categorization and apart from a mental health diagnosis.

Dr. Joe Haas stated yes, it requires a diagnosis and a level of concern with functioning. At one point, Dr. Joe Haas believes it was entered into UNITY.

Gwynneth Smith asked Dr. Sheldon Jacobs if the CANS yields an SED.

Dr. Sheldon Jacobs stated he believes so. Now the CASII is used. The CASII does not yield an SED. Providers use the CASII to determine a level of care in absence of an actual diagnosis.

Kim Abbott stated the context in which she knows of SED determination is if they have a kid who returns to the parent therefore would be losing their Medicaid. If there is an SED determination, they can keep their fee for service Medicaid. Kim Abbott asked if in the course of normal diagnosis if there would be an SED determination, or would a provider make the determination if it was necessary to access certain services or funding.

Gwynneth Smith stated she does not know, however suspects it would be the latter of what Kim Abbott said. Gwynneth Smith thinks the CASII is the current assessment used and assumes it should be tracked in UNITY.

Dr. Sheldon Jacobs stated he is unsure if it is tracked in UNITY. The CASII is something Medicaid has utilized more.

Dr. Joe Haas suggested sticking with the concept the committee is trying to capture, how many youth have mental health disorders which would require treatment and who would meet the criteria for a type of diagnosis with a certain difficulty in functionality. The SED is important since those are the kids most likely to use wraparound services, residential care, and in home services.

Gwynneth Smith commented she likes the questions. It allows the committee to narrow down with the question on SED determination.

Dr. Sheldon Jacobs stated for school purposes, SED is a significant component to the Individualized Education Program (IEP) process.

Gwynneth Smith stated the next point Dr. Joe Haas listed is the number of youth in UNITY who are taking prescribed psychotropic medications. Gwynneth Smith would love some level of data showing kids on multiple medications. Gwynneth Smith asked Dr. Joe Haas to talk more about the number of behavioral health placement services currently provided for children in the UNITY system.

Dr. Joe Haas stated it is a catch all which can be broken down.

Kim Abbott commented there is a broad range and asked if it would be broken down.

Dr. Joe Haas stated it could be the case. It could also mean wraparound services. There might be a report about it. It would be one way to break it down based on whatever question the committee wants to ask.

Gwynneth Smith stated for the committee's purposes, she would rather it be broad and see the range of services the committee might be interested in. It would be useful to be able to get a range from the lowest to the highest end of the continuum, how many kids in the child welfare system have utilized each of those. Gwynneth Smith asked Dr. Joe Haas to talk about the next data point, number of youth in special needs adoption status due to behavioral health concerns.

Dr. Joe Haas stated it would be the youth who were adopted under the special needs status who will also have significant concerns like a history of a residential treatment center placement or and SED. One that was not included is the number of relinquishments that occur from special needs adoptions due to behavioral health concerns.

Gwynneth Smith stated on the second point, Gwynneth Smith noted disrupted adoptions or guardianships that result from inability to meet mental or behavioral health needs. Gwynneth Smith asked if special needs adoptions are tracked.

Kim Abbott stated it is a term of art which is used with a very specific meaning and there are a variety of things that make it special needs. It is tracked by the department.

Gwynneth Smith mentioned the next data point is number of youth with developmental disabilities in the UNITY system.

Dr. Joe Haas stated it is another one that could be broken down into what specific developmental disabilities.

Kim Abbott stated she would not want the data to just be based on who is served. Much broader is the number of youth with suspected disabilities which they sometimes spend a year or two years to get diagnosed, if there is a way to flag that as well.

Gwynneth Smith stated maybe a vague proxy that can be tracked is youth referred for a neuropsychological assessment.

Dr. Sheldon Jacobs asked if kids with brain damage or Fetal Alcohol Syndrome (FAS) should be included.

Gwynneth Smith stated Fetal Alcohol Spectrum Disorder (FASD) diagnosis should be included in that category.

Dr. Joe Haas commented how many kids are receiving services can be looked at. If the diagnostic input is robust, how many are diagnosed with FASD or an intellectual disability with autism can also be looked at. If the number is greater than the number served by the regional centers, that could be of concern. There may be kids who are diagnosed but not served.

Gwynneth Smith stated one idea she has is to ask the Aging and Disability Services Division for some data on referrals and the outcome of the referrals.

Dr. Sheldon Jacobs stated there are a lot of kids who have the diagnosis and are not receiving the level of services and care they need and deserve. It will be important to capture both.

Gwynneth Smith stated it is a useful number for policy consideration and for the Children's Commission to consider. The next data point is number of children entering child welfare custody to obtain behavioral health services. It should be tracked by all the child welfare agencies in the state and reported back to the state. It is the Collaborative Pathways cases. Gwynneth Smith was unsure of the bill number.

Kim Abbott confirmed it is AB 387.

Gwynneth Smith stated the data should be available and thinks it should be requested. Number of youth with emergency room stays awaiting placement should be available in Medicaid claims data.

Kim Abbott commented it would only be for Medicaid eligible kids. It would not cover the general population of kids.

Gwynneth Smith stated she wonders if there is a different data source for all Nevada kids, if the hospitals report it.

Elyse Monroy-Marsala stated one thing that can be looked at would be the chief complaint data. It will provide the ICD10 code on the diagnosis when they come in. It lives in a system called National Syndromic Surveillance Program (NSSP). The data is held by the Division of Public and Behavioral Health (DPBH). The hospitals report into it. The other thing the committee may want to look at is the hospital billing data which is reported once or twice a year.

Gwynneth Smith asked if the hospital billing data is submitted to the state by the hospitals.

Elyse Monroy-Marsala stated the hospitals get it through a program called CHIA data. If a request for hospital billing data is submitted through the Office of Analytics or DPBH they will know what it means.

Gwynneth Smith asked Dr. Joe Haas if number of youth in out of state behavioral health placement should be captured.

Dr. Joe Haas stated it is a critical number.

Gwynneth Smith stated another thing she noted is locked residential treatment center placements in or out of state with certain categories of specialized services. The other category for the number of youth covered by Medicaid would be youth covered by private insurance. The next data point Dr. Joe Haas listed is review state epidemiological data for relevant indicators.

Dr. Joe Haas commented it could be a place where there is some good data to answer some of the questions and estimate some of the issues.

Gwynneth Smith stated once the committee has a finalized list, the committee can recommend it be a starting point. The behavioral health wellness profile Elyse Monroy-Marsala linked the committee to, was helpful. Perhaps the committee can use the profile and request some extra support from the Office of Analytics for the Children's Commission on some of the more specific questions. The next data point is juvenile justice data submitted to the state and create a similar data base for justice involved youth. Gwynneth Smith asked if the data that gets submitted on a regular basis to the state from the counties and kids who are in state custody.

Dr. Joe Haas stated there are some robust reports which go to the juvenile justice data agency and include the placement data. The parallel is the kids who come into child welfare to access behavioral health services. For example, the kids in the juvenile justice system who do not meet criteria for commitment to correctional facilities but are placed in behavioral health programs can be looked at as being a parallel to the kids who come into child welfare custody.

Gwynneth Smith stated it is her dually involved youth calendar in one question.

Kim Abbott commented the dually involved youth calendar will be counting them under the other data coming from UNITY as child welfare kids. Kim Abbott looked at Dr. Joe Haas's suggestions about juvenile justice as how the committee gets at the other families which are on the other side of the house that may not be involved in child welfare but have equally pressing needs. The juvenile justice system seems to be very bifurcated. There are county juvenile justice kids and youth parole kids. Kim Abbott does not know the differences and how it is tracked and integrated, if it is all in one report or repository.

Gwynneth Smith stated she does not know the answer to the question. It was part of Gwynneth Smith's first question, if it is something county juvenile justice agencies are required to report to the state.

Dr. Joe Haas stated there are reports on behavioral health placements. It is Dr. Joe Haas's understanding when youth are in the state correctional facilities they are, at some level, in UNITY.

Gwynneth Smith stated the last data point is use national prevalence to estimate projected number of Nevada's youth in the general population and on Medicaid who are likely to meet the criteria for SED.

Dr. Joe Haas stated in the event it was not available in UNITY, it can be a concerning issue for Nevada to use national data to estimate what the youth of Nevada would be doing. However, it is not a bad starting place. There are robust epidemiological studies that can estimate youth on Medicaid, youth in the general population, youth in the juvenile justice system, and how many youth have a diagnosis or an SED status. One of the early System of Care grants, one of the basis for getting it, the state did commission a study which used the estimates to show that it was estimated X percentage of youth would be experiencing these conditions in child welfare and that it was far above the number of kids actually receiving services.

Gwynneth Smith stated it is interesting Dr. Joe Haas brought up System of Care. It is something the state is working on right now. Gwynneth Smith asked when the prior study occurred. It might be a starting point and maybe is something that needs to be relooked at currently.

Dr. Joe Haas stated he believes it was the first System of Care grant. It was used as a key piece of information to bring wraparound to the state.

Kim Abbott commented Illinois has recently developed a blueprint for how their attacking the problems with children's mental health. They put out a comprehensive blueprint and they are in their implementation stages. There was discussion about extrapolating data using traditional estimates and flat percentages related to the population, however they know needs aren't evenly distributed so then they factored in things like economic hardship, exposures to violence, things like that, to then make adjustments throughout their state as to how the general average in population would work.

Gwynneth Smith stated it is interesting. It is an interesting way to think about it. Gwynneth Smith stated she would commit to take the notes from today's meeting and both lists (Dr. Joe Haas's and hers) and try to compile it into one document. At the next meeting the document can be reviewed.

Kim Abbott suggested having a title "understanding the breadth of the needs" in front of the categories for the continuum of care and then all the first points Dr. Joe Haas brought up about the things out of UNITY and the general population would go to answer that question as opposed to them being broken down further later.

Gwynneth Smith stated it is a good idea.

6. For Possible Action: Discuss and Decide Upon Next Steps – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

- Assign Tasks to Committee Members (if needed)
Tasks were not assigned.
- Specify Agenda Items for the Next Meeting
Agenda items were not identified.
- Confirm Next Meeting Date/Time
A meeting will be scheduled mid to late January.

7. Public Comment and Discussion

There was no public comment.

8. Adjourn

The meeting adjourned at 2:03 p.m.