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Cindy Pitlock, DNP
Administrator

Nevada Children's Commission
Behavioral Health Committee
Meeting Minutes

DATE: Tuesday, December 6, 2022

TIME: 3:00 P.M.- Adjournment

VIDEO CONFERENCE:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzVhOTAwZGEtZDczNi00ZTAwLWFkMWItOTQyZjBmZGJkNTBm%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: 992 849 675#

1. **Call to Order –** Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
   The meeting was called to order at 3:03 p.m. by Gwynneth Smith.

2. **Welcome and Introductions (Roll Call) –** DCFS Staff
   Members Present by Video: Gwynneth Smith, Dr. Sheldon Jacobs, Dr. Joe Haas, Kim Abbott

   DCFS Staff: Dr. Cindy Pitlock, Elvira Saldana, Tiffany Coury (contracted consultant)

   Public: Brian Hager, Dr. Julie Beasley, Chanelle Salomon, Daniel Power, Jessica Adams, Samantha Jayme, Megan Wickland, Lori Follett, Sarah Dearborn, Jill Marano, Loren Gonzalez

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
   Dr. Sheldon Jacobs stated Brian Hager from the Ackerman Center was not listed as a public member present and was included in the minutes. Dr. Sheldon Jacobs stated it may be something that may need to be corrected.

   Gwynneth Smith asked Elvira Saldana if the amendment can be made prior to approving.

   Elvira Saldana stated the correction can be made.

Action: A motion was made by Dr. Joe Haas to approve the minutes, seconded by Dr. Sheldon Jacobs, and carried to approve the minutes of September 7, 2022.

5. **For Information:** Effectively Meeting the Needs of Children with Neurodevelopmental Diagnoses in the Child Welfare System – Dr. Julie Beasley, PhD, UNLV Medicine Ackerman Center for Autism and Neurodevelopment Solutions; Jessica Adams, Megan Wickland, and Samantha Jayme, Nevada Aging and Disability Services Division; Sarah Dearborn, Nevada Division of Health Care Financing and Policy
    - How to improve cross-systems collaboration and case management – Developmental Services, Child Welfare, Behavioral Health, Community Providers
    - Breaking down service barriers – How do reimbursement requirements impact care?
    - Increasing capacity within Applied Behavior Analysis (ABA) provider network to provide services to the Fetal Alcohol Spectrum Disorder (FASD) population
    - Cross-system development of specialized homes/placements
    - Decreasing waitlists for specialized assessments and ABA services
    - Addressing the needs of kids with co-occurring behavioral health and neurodevelopmental diagnoses – wraparound services and care coordination models
    - Medicaid funding options for new service models

Gwynneth Smith stated the background of the part two discussion is there was a lot of rich conversation when the committee started talking about children with FASD in the child welfare system. It started on the topic of ABA. It expanded to all the needs these children present within the system, the difficulty of finding stable placements, identifying their needs early, getting accurate comprehensive assessments, and getting them the necessary services. The committee thought it merited a follow-up conversation. Part of the discussion that came up the first time was how to connect all the pieces of all the systems which affect these children. The service provision from ADSD and how to fund it through Medicaid or other funding stream are necessary components of the discussion. Gwynneth Smith stated she came up with a framework to think of the issues they run into on these children. The framework includes broad areas of categories where the system needs to get better and intervention points which need to be addressed under each of the categories. The categories that need to be worked on collectively are early identification, comprehensive assessment, skilled specialized placements, readily available evidenced based services, post-adoptive supports/adult supports, and the cross-agency entity which helps coordinate all the moving pieces. Gwynneth Smith asked the Ackerman Center for their input.

Dr. Julie Beasley stated each of the areas are what they talked about and where each of them who work with the kids participate at some level. Within each of the areas there are things for each of them to talk about and discuss how to get there. Each area will require multiple specialties working together.

Gwynneth Smith commented for the kids in the child welfare system, the co-occurrence of mental health with a neurodevelopmental diagnosis is what they struggle to serve. Gwynneth Smith asked Dr. Julie Beasley about the challenges they see in terms of multi-specialty collaboration at the Ackerman Center.

Dr. Julie Beasley stated kids with FASD, an upwards of 90% have at least one, usually multiple mental health diagnoses. In the last couple of years, 69 kids have come through the Ackerman Center. Ninety percent of them have secondary diagnoses, usually two or more, i.e., ADHD, anxiety, learning disabilities along with mood disorders or bipolar conduct. In the early diagnosis, people feel like they cannot screen, refer, and help them. At the Ackerman Center they are wrestling with the waitlists. The barrier they have is they cannot bill multi-specialties on the same day.

Brian Hager stated not only is it the billing of the multi-specialties in one day however allowing time for the roundtable discussion where the diagnosis is made, resources are given, and recommendations are made. From an operational standpoint they cannot bill an insurance company for all three of the specialized providers to have the discussion to make the best judgement for the child after the clinic happens.

Dr. Julie Beasley stated she welcomes anyone from DCFS, DFS, Aging, ATAP, and Medicaid to participate in one of the roundtables at the end of their day. The quality of what they do is as important as the time they spend with the kids. Kids with FASD have been the most difficult to treat across the systems.

Gwynneth Smith stated the development of placements for these kids is a crisis they have in child welfare. A spectrum of placements is needed for these children. Some may need 24-hour supervised staffed care, a specialized family home, or other options in between. The committee is lucky to have Jessica Adams and her group present to join the discussion. Jessica Adams has brought information on possible funding streams. Sarah Dearborn from Medicaid is also present. Nevada Medicaid is doing a lot of thinking, about what options need to be supported in the future. Gwynneth Smith asked Jessica Adams to jump in.

Jessica Adams stated they are all in multiple meetings a week about working with children in our state and how to increase the various services for all the different populations. Often, they think the easiest answer is to try to increase the eligibility for developmental services however that isn’t going to necessarily help things. Developmental services are based on federal guidelines for what qualifies as an intellectual or developmental disability which typically means the person who qualifies for services must need an institutional level of care. Many of those on the FASD spectrum, not on the full fetal alcohol syndrome level, are not going to qualify for that level of service. The same happens with kids and adults with autism. Some people with autism qualify for services and some do not. It has to do with what their adaptive deficits are. Their service system is based on the institutional level of care because that is what their funding source is based off. The current waiver within developmental services is the 1915(c) which is the home and community-based Medicaid waiver. Where the state gets stuck on both fetal alcohol syndrome and autism is there is not enough alternative Medicaid funding besides the 1915(c). Prior to the meeting, Jessica Adams stated she sent Gwynneth Smith a side-by-side comparison of 1915(c) vs. 1915(i) state plan amendments and 1915(k). The 1915(i) is the current specialized foster care service. It does not have a lot of services in it; however, it could have services added. It is specific to kids in the child welfare system. A lot of states are using it to fund the services needed to people on these difficult to serve populations who do not qualify for institutional levels of care. The 1915(i) could be an option for everyone on the FASD spectrum or everyone on the ASD spectrum, to get some of the services. One of the things ADSD has been talking about is who should be serving them and how they should be serving them. ADSD is meeting internally with one of their psychologists within developmental services to see if she can lead a collaborative statewide effort for various groups to have the conversation on what services are needed related to FASD, the best way to fund them, and how to go about it. Jessica Adams hopes to have an update in a week or two on where they might be starting with it. ADSD recognizes it as a gap.

Dr. Joe Haas commented it sounds like a positive move to be addressing this issue. It sounds like that is the issue with kids with mild cognitive impairment. These issues have been around for a while. Dr. Joe Haas asked if there is a way to estimate the number of children in child welfare custody through the medical passport who are diagnosed with fetal alcohol syndrome disorder or prenatal exposure to alcohol or drugs and is it possible to do out of a UNITY query, to get a sense of how many youth are in need of the services the Ackerman Center or other providers provide.

Gwynneth Smith stated she thinks it is a key question. Gwynneth Smith does not know the answer.

Jill Marano stated they have tried to get it in the past. They cannot track the kids on the waiting list, or they suspect, and it is inconsistent whether the diagnosis is entered into UNITY. They try to make sure they are in there. Jill Marano stated she would not trust UNITY be the place they pull it from. Maybe they could look at aid codes and diagnoses Medicaid might have which may be more accurate.

Dr. Joe Haas stated he would think if they are in child welfare and receive Medicaid services, there could be a data pull. Being aware of the challenges of any data system where a large group of people input into, at least the start would be the number of kids. They can certainly work to improve the undetected and then a quick checklist from DCFS and the larger counties as to a projected number of kids who fit the criteria and the number who are receiving services and not receiving services. There could be an easier way of addressing the issue. Dr. Joe Haas asked if those kids qualify for WIN or for intensive case management services and if there is a way to put names and numbers to those kids, and someone at the state who could at a case level hear those kids and solve those problems. If the problems could not be solved, then there could be numbers put together for each of the dilemmas and budgets built around them. Dr. Joe Haas stated the names and numbers are going to be really important for solving individual case dilemmas and putting numbers around those dilemmas.

Gwynneth Smith agrees being able to quantify the need is an important starting point. Gwynneth Smith stated she may come back to Dr. Cindy Pitlock at the end since she is aware DCFS is working on possible UNITY upgrades.

Dr. Sheldon Jacobs stated to Dr. Joe Haas's point/question, he has some quantitative data in terms of the youth in child welfare who have come through Department of Family Services who have either been suspected of substance exposed or having a formal diagnosis of FASD.

Gwynneth Smith stated for a future meeting they could have the data.

Kim Abbott stated it is an important issue to quantify these things. The biggest issue Kim Abbott sees is they are not doing a good job screening.

Gwynneth Smith stated she agrees. Whatever they have in the records, even complicated as it may be to extract, will likely be a significant underrepresentation of kids in the child welfare system.

Dr. Julie Beasley stated they are building a data set. From the data set, they will share and extrapolate what is being discussed. In sitting in the Infant and Early Childhood Mental Health meeting, in 2022 out of 190,000 children from birth to 3 years old there were 3,000 children with autism and 6,000 children with FASD.

Gwynneth Smith asked if the numbers Dr. Julie Beasley referred to are state of Nevada numbers.

Dr. Julie Beasley stated they are state of Nevada numbers from their presentation on infant mental health, however she is not sure if it is for birth to 3 years old or birth to 5 years old. Dr. Julie Beasley will obtain it and put it together in a summary.

Gwynneth Smith asked Dr. Julie Beasley if there are effective or empirically based screeners for young children for FASD. In thinking of the child welfare and Child Haven population where children come as their first stop once they have been removed for abuse or neglect, Gwynneth Smith asked how they in the child welfare system get better at effectively identifying these children to get them into the comprehensive assessment, specialized placement, and services earlier.

Dr. Julie Beasley stated she is representing her medical colleagues. There are early screening processes. The place it starts with is social services and social workers.

Gwynneth Smith stated the child welfare system would benefit from some clear guidance on what to look for and what should trigger a screening.

Dr. Julie Beasley stated in training, each professional generation/new group must be trained in the surveillance and how critical it is including all the way into the education system.

Gwynneth Smith stated Dr. Julie Beasley indicated at the Ackerman Center they have some guidance around what placements or homes for these children should look like. Gwynneth Smith asked for Dr. Julie Beasley to speak on it and what a successful home for a child like this needs to have embedded in it.

Dr. Julie Beasley stated the first recommendation is the family who is going to take the kids will need to have education from infant mental health to young adult mental health. They recommend smaller homes, fewer children per home. They also recommend ancillary services such as special education services, psychiatric services and surveillance, therapy, and something for learning disabilities.

Dr. Sheldon Jacobs stated in the child welfare system right now, out of the 10 most challenging kids, 7 or 8 of them fall under the FASD spectrum. It has been a huge challenge trying to find a home. One of the issues they have is, they do not have what the Ackerman Center is recommending in terms of that type of home.

Gwynneth Smith stated Dr. Julie Beasley and Dr. Sheldon Jacobs have provided a basic description of what the homes might need to look like, and Jessica Adams has given some background on different funding structures. Gwynneth Smith asked Sarah Dearborn if FASD and the needs of this population are on the radar screen of discussion at Medicaid as they are planning.

Sarah Dearborn stated it is great to hear these conversations. Medicaid just submitted some data requests today. As they move forward, they will hopefully be redesigning all of children’s behavioral health services. Jessica Adams brought up the 1915(i) and Sarah Dearborn is hearing lots of talk about placements as well. The newest 1915(i) focuses on home and community-based services. Sarah Dearborn asked if the committee sees the possibility of utilizing the 1915(i) program and the current specialized foster care providers to help support in these needs.

Brian Hager asked as they send families to Desert Regional Center (DRC) who may not qualify due to institutionalization qualification, who is telling the families or how can the families navigate other funding streams. They often get feedback from families who have been denied. There seems to be a disconnect of the denial to what another avenue for funding or help can be after that.

Jessica Adams stated if they have someone who is denied from DRC or any of their regional centers, they will try to help them with services. Sometimes there aren't services for some of these folks and it is a definite gap.

Gwynneth Smith stated she agrees. It is the cliff and the gap into which families are falling.

Dr. Joe Haas asked if it is possible to have these cases be presented to a group of decision makers from Medicaid, the Regional Center, and DCFS who could look to solve the problem.

Gwynneth Smith stated she agrees.

Kim Abbott stated to Dr. Joe Haas's point, they have started a staffing process. On Monday afternoons, management and upper-level staff of Medicaid, ADSD, DCFS, DFS, and CAP hold slots to staff some of their more challenging and difficult to place or get services for youth. They are at a point where the slots very quickly book up. As a community they need to think about how they solve these problems on a bigger scale or in larger numbers.

Gwynneth Smith stated she attends those staffings. It is a valuable process which did not exist before, however one limitation is it is only system involved children. To Kim Abbott's point, they need some kind of commensurate resource so families do not come into the child welfare system because they cannot get the answers or services that we need. Gwynneth Smith asked Dr. Cindy Pitlock if the FASD population is on the radar screen for the development of a cross agency entity that can help guide the care.

Dr. Cindy Pitlock stated she agrees and thinks those referrals would be included to the care management entity for a WIN worker to be assigned and the intensive care coordination that is needed. Dr. Cindy Pitlock stated she thinks it is a direction they should go.

Gwynneth Smith stated she would keep thinking through whether there are specific topics the Children's Commission can assist with. The Children's Commission wants to be a voice and support for these kinds of issues for children, including supporting agencies and entities who are working to address the needs of the kids, in child welfare in particular. Gwynneth Smith urges folks to view the Children's Commission as a resource to highlight these issues and broadcast a need. If there are specific topics which need to be discussed, please notify Elvira Saldana.

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
      The next meeting date was not confirmed.

7. **Public Comment and Discussion**
   There was no public comment.

8. **Adjourn**
   The meeting adjourned at 4:09 p.m.