Nevada Children's Commission
Behavioral Health Committee
Meeting Minutes

DATE: Tuesday, January 30, 2024

TIME: 2:30 P.M - Adjournment

VIDEO CONFERENCE:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_OWQ2MmUxOWMtMmQ2Yi00YTBmLWIxOGUtMGUxY2M2ODBkNTFm%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: 799 403 684#

1. **Call to Order –** Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
   The meeting was called to order at 2:32 p.m. by Gwynneth Smith.

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

   Members Absent: Dr. Joe Haas

   DCFS Staff: Marla McDade Williams, Elvira Saldana

   Public: Elyse Monroy-Marsala, Cynthia Carstairs, Sabrina Schnur, Stephen Avillo, John Etzell, Amber Johnson

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 December 12, 2023 meeting minutes
     Gwynneth Smith asked committee members if there were any corrections or comments.

     There were no recommendations.

Action: A motion was made by Gwynneth Smith to approve the minutes, seconded by Kim Abbott, and carried to approve the minutes of December 12, 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 committee is engaged in an ongoing working project which is the development of a comprehensive data request to submit to the state to give the Children's Commission a better understanding of the behavioral health needs of children in juvenile dependency, delinquency, and somewhat related to questions regarding the youth population at large. At the last meeting, a portion of the data points were reviewed. The list of data points provided by Dr. Joe Haas and Gwynneth Smith were combined. The combined list was provided as an attachment for today's meeting. Gwynneth Smith asked committee members if they had an opportunity to review the document prior to the meeting.

      Dr. Sheldon Jacobs stated he glanced at it, however, was not able to look at it thoroughly.

      Kim Abbott stated she reviewed the first two pages.

      Gwynneth Smith stated the document would be reviewed as a group. Gwynneth Smith stated she took one of the recommendations Kim Abbott made at the last meeting and made the first category a broad category to capture variables that look at the broad level of need in the state and in child welfare populations. Thereafter, throughout the document there will be different levels of care and specific data asks. Gwynneth Smith reviewed the data points listed under quantifying the scope of youth behavioral health need in Nevada. For the data point, number of youth with diagnosed/suspected neurodevelopmental disabilities in the UNITY system, Gwynneth Smith asked committee members if suspected is a reasonable ask for a data pull.

      Kim Abbott stated she thinks it should be included. The committee had a discussion at the last meeting regarding it being hard to diagnose and a process to diagnose. If it only includes those who are officially diagnosed, the number of youths with needs will be severely undercut.

      Gwynneth Smith stated she agrees. The data point, number of youth whose parent/guardian has relinquished custody to child welfare system due to inability to safely meet behavioral health needs in the home is intended to capture the Collaborative Pathways population which is or should be tracked by the jurisdictions.

      Dr. Sheldon Jacobs asked how they will be able to quantify it and know if it is due to a behavioral health related matter.

      Gwynneth Smith stated they would be relying on the procedures the jurisdictions setup or should have setup post 2019 when the statute went into effect. Hopefully it is a reasonable assumption it is being tracked. If not, it is important to know.

      Kim Abbott asked if the committee is talking about parents who show up and drop off their kids at Child Haven or if it relates to parents who go through the process of relinquishing their kids.

      Gwynneth Smith stated maybe relinquish is the incorrect word to use given the legal connotation. Perhaps surrender would be more appropriate. The data point, number of youth in

the UNITY system admitted to the emergency room for over 24 hours for behavioral health concerns, the committee discussed at the last meeting it should be available through hospital billing data. Related to it, is Nevada Medicaid expenditure for emergency room admissions for primary psychiatric diagnosis. Perhaps psychiatric diagnosis should be primary behavioral health. Gwynneth Smith read the next data point, number of youth in UNITY system placed in acute psychiatric treatment facility.

Kim Abbott commented the last data point and the four below it, she is questioning whether they belong under the continuum of care section for secure residential treatment/acute care. Everything discussed has been more general and this is more at a specific level of care.

Gwynneth Smith stated she did not disagree, and they will be moved to the secure residential treatment section. The number of youth in UNITY placed in non-secure residential treatment program will also be moved to that section. The next two data points, number of youth in Nevada covered by the state Medicaid Program and number of uninsured youth in Nevada, were suggested by Dr. Joe Haas and are general population statistics. The next couple of data points are an effort to capture behavioral health provider capacity in different categories. First, looking at Nevada Medicaid by provider type. Gwynneth Smith would like to capture whether there is a difference between number of providers who are registered versus the number of providers who are providing service under Nevada Medicaid.

Kim Abbott commented it is important data, however she is trying to understand the child and adolescent behavioral health provider data form the licensing boards data point. Kim Abbott asked what data and what number the committee is looking for from them.

Dr. Sheldon Jacobs commented being more specific regarding what needs to be captured. When it comes to the data, most of the boards have three groupings which includes fully licensed, interns, and applying for licensure.

Elyse Monroy-Marsala commented in working with licensing boards in the past in the opioid space, the occupational licensing boards do not license by specialty. There is no endorsement for specialty.

Gwynneth Smith thanked Elyse Monroy-Marsala for the background and made a note of it. Perhaps it is a point Gwynneth Smith could ask the members to think about. The committee has had discussions regarding the problems with provider capacity in the state. There have been comments it is a lack of providers and a lack of providers willing and able to take Medicaid clients. Gwynneth Smith is eager to see if the committee can quantify the difference, how many providers are licensed with Nevada Medicaid and taking Medicaid clients versus how many providers there are in the state in each area.

Dr. Sheldon Jacobs commented the licensing boards do track how many licensees they have. Regarding providers which accept Medicaid, it is probably something that would be obtained through Medicaid.

Kim Abbott commented a related issue post pandemic she has heard is providers shifting the way they practice and not wanting to bill any insurance. Because the need is so great and there is such a provider shortage, there are also several providers who are cash pay only. It would be

interesting to see those who are setup to accept Medicaid but also those who are paneled with other insurance versus those who are not taking any insurance.

Dr. Sheldon Jacobs commented Kim Abbott brings up a good point, there is a narrative out there that there are not enough providers.

Gwynneth Smith stated a new participant, John Etzell joined the meeting. Gwynneth Smith requested John Etzell identify himself for the record.

John Etzell stated he is the Executive Director of Boys Town Nevada.

Gwynneth Smith stated she included Dr. Joe Hass's general recommendations regarding a request to gather and apply national prevalence data and population growth projections. Review state epidemiological indicators was also added. The next category of the continuum of care is prevention/early intervention. The capacity of early child mental health would be good to capture. It would include primary diagnosis, number of youth in the program referred for comprehensive neurodevelopmental assessment, waitlist numbers, and staff vacancies within the program. Gwynneth Smith asked committee members if there was anything missing.

Kim Abbott commented the items under early childhood mental health are good points to look at, however prevention/early intervention is much broader than just early childhood mental health. NEIS and Child Find may not be 100% mental health focused, however they may be some of the first providers which have interactions with kids.

Gwynneth Smith asked what NEIS is and what the committee would ask for.

Kim Abbott stated NEIS is Nevada Early Intervention Services and is from 0 to 3. Anyone in the community can reach out to NEIS. They do assessments to see where a child is developmentally. If they are falling behind meeting any milestones, a plan can be put in place to address the needs. At age 3, Child Find from the school district kicks in. The school district has an obligation to look for kids who might need assistance.

Gwynneth Smith asked if in terms of a data request, if the committee would be asking for the number of children referred and enrolled in the programs.

John Etzell stated he would agree on the number of children referred and frankly, the waitlists. The waitlists are tremendously long.

Gwynneth Smith commented she wonders if for Child Find, if the Department of Education tracks it.

Kim Abbott stated she believes so since it is a statewide program. Kim Abbott suggested adding the eligible diagnosis/eligible criteria for both programs.

Gwynneth Smith asked committee members if there was anything else for the prevention/early prevention category.

There were no recommendations.

Gwynneth Smith requested assistance on data requests from the committee members for the outpatient category and asked if there is a specific data request.

Kim Abbott asked if outpatient goes after intensive in home. Kim Abbott thinks the committee wants to know about capacity in the outpatient area. Access is a separate issue than capacity. Accessibility is where some families outside of the child welfare system get hung up in identifying, getting setup, and finding providers in their community.

Gwynneth Smith commented those are crucial issues. In terms of data requests, Gwynneth Smith thinks capacity will be captured in some of what the committee talked about. i.e., Medicaid provider type numbers. Gwynneth Smith is unsure if the barriers to access or transportation are data requests.

Kim Abbott stated it is important for the committee to figure out how to find or track the data.

Gwynneth Smith stated the committee may need to seek input and expertise. Regarding the order of the categories, Gwynneth Smith followed the order of the continuum of care chart. In the chart, outpatient proceeds intensive in home. The intensive in-home category focuses on the two DCFS programs. There may be other data points the committee may wish to include. Data points included under intensive in home are DCFS Mobile Crisis team capacity by region and DCFS Mobile Crisis "Intensive Step-Down Team" capacity by region. The Intensive Step-Down program, Gwynneth Smith has heard of it being offered, however is unsure if it is currently operational.

Dr. Sheldon Jacobs asked if PSR/BST should be included.

Gwynneth Smith stated it should. The committee would want to know the number of youth in UNITY receiving PSR/BST.

Kim Abbott commented it gets tricky because of the specialized foster care. What used to be PSR and BST is now being called crisis stabilization and is a little different. Both would need to be tracked. Depending on the type of home the youth is in it may be called one or the other. The new Care Management Entity is going online in 2 days. A part of their task is to provide this level of care. Moving forward, it would be something to track.

Gwynneth Smith stated she agrees.

Dr. Sheldon Jacobs asked if ABA would be included in the intensive in-home category.

Gwynneth Smith stated it is listed under the developmental category.

Kim Abbott commented the Office of Suicide Prevention does a lot of data tracking.

Gwynneth Smith stated the next category is Intensive Outpatient Programs/Partial Hospitalization Programs (IOP/PHP) level of care. In looking at the capacity of each of them, perhaps Medicaid could provide some of the information. Maybe there is hospital billing data. Data points included in the IOP/PHP category are number of pediatric programs/beds (under 12), number of programs specialized for substance use disorder treatment, number of programs capable of treating co-occurring neurodevelopmental, waitlists, and number of programs that

provide transportation. Gwynneth Smith asked committee members if in addition to number of youth in UNITY receiving IOP, if there was anything else missing for the two levels of care.

Kim Abbott commented early childhood mental health currently has a day treatment program. By spring, hopefully, they will be opening the latency age program. Kim Abbott asked if it would fit better under IOP/PHP or in the early intervention section. Kim Abbott suggested including day treatment in IOP/PHP.

Gwynneth Smith stated she does not have an objection to it and would move it to IOP/PHP.

Kim Abbott commented early childhood mental health would still need to be where it was.

Gwynneth Smith stated the next category is community based residential (non-secure residential treatment). Unlocked Psychiatric Residential Treatment Facility (PRTF) and Qualified Residential Treatment Program (QRTP) should be separate. A data point under this category is number of youth non-secure residential treatment beds by program/facility in Nevada, public and private.

Kim Abbott commented there needs to be a distinction on the private facilities, those that take Medicaid versus those that do not. It is an important distinction.

Dr. Sheldon stated he concurs; the distinction needs to be made.

Gwynneth Smith stated another data point is number of QRTP beds. Currently it is 0, hopefully it will change over the next year.

Kim Abbott stated the goal is that some of the QRTPs that get up and running will have specializations for different populations. The demographic breakdown of what the QRTPs serve will be important.

Dr. Sheldon Jacobs asked if it would be the same for Residential Treatment Centers. It would be an important distinction across the board.

Gwynneth Smith stated she agrees. The next data point is number of staff vacancies. At the next meeting, the committee will begin reviewing the secure residential treatment category.

6. **<u>For Possible Action:</u>** 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 in the next month.

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

8. **Adjourn**

The meeting adjourned at 3:32 p.m.