

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Cindy Pitlock, DNP  
Administrator

## Nevada Children's Commission Behavioral Health Committee Minutes

**DATE:** Tuesday, March 1, 2022

**TIME:** 1:00 P.M.- Adjournment

**VIDEO CONFERENCE:** <https://call.lifesizecloud.com/13408867>

**TELECONFERENCE LINE: 1 (312) 584-2401**

**EXTENSION: 13408867#**

- 1. Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas, Dr. Domonique Rice  
The meeting was called to order at 1:02 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, Dr. Domonique Rice, Kim Abbott

**DCFS Staff:** Elvira Saldana

**Public:** Valerie Balen, Jamelle Nance

- 3. Public Comment and Discussion**  
There was no public comment.

- 4. For Possible Action:** Meeting Minutes from January 27, 2022

**Action:** A motion by Gwynneth Smith was made to approve the minutes, seconded by Kim Abbott and carried to approve the minutes of January 27, 2022. Dr. Joe Haas abstained.

- 5. For Possible Action:** Workplan Committee Goals – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas, Dr. Domonique Rice
  - Discussion of past and current priorities for youth mental health led by Dr. Joe Haas
    - Review of prior draft of Nevada Children's Commission letter recommending budget priorities for DCFS

- ii. Discussion regarding past priorities in the current context, what should subcommittee continue to focus on and what has evolved/changed
  - iii. Historical context of evolution of youth mental health systems/services provided by Dr. Joe Haas
- b. Recommendations of agencies/providers from across the state whom the subcommittee would benefit hearing from and possibly consider bringing to the broader Commission

Gwynneth Smith stated one of the things the subcommittee can focus on is bringing together perspectives and history on the issue of youth mental health in the state. A perspective Gwynneth Smith would like to focus on is the historical perspective; how did we get here, what has happened in the last number of years, what the identified priorities were, what has been acted on and what remains to be done. The item that is useful is the letter Dr. Joe Haas and the Behavioral Health committee previously drafted. Dr. Joe Haas's perspective on where we have been is important.

Dr. Joe Haas stated the letter was developed in 2020. The stimulus was either a looming budget cut or there were some monies available coming in. The issues have been timeless. The issue of diverting children coming into care was a very hot topic in the 90s when Dr. Joe Haas worked with the Division and when the Division was formed. A lot of effort was put into play. The recommendations are familiar. At the time they were not looking at revamping and dealing with prevention issues. The other concern about workforce development in addition to the professional clinical staff the document reflects is an issue in service coordination staff and residential staff being difficult to retain. The other new troubling context is the out of state providers are declining Nevada youth due to the reimbursement rate and the counties are considering doing specialized arrangements.

Gwynneth Smith asked if the System of Care implementation has made the dent it is supposed to have made and if not, why not.

Dr. Joe Haas stated the System of Care goes back to the late 90s or early 2000s in the Neighborhood Care Center Grants in Clark County. In many jurisdictions the systems were heavily loaded financially towards beds. When folks look at the amount of money going towards beds, they were able to fund wraparound through reallocating bed space towards community-based services. The model works for states and jurisdictions who have an exorbitant number of beds. The issue with applying it to Nevada was there has always been a low number of beds. The wraparound arena helped with keeping kids in the community. Early on, for many years wraparound was restricted to kids who were in child welfare custody. The Washoe County Consortium worked diligently with DCFS, and the state did agree to open it up for parental custody youth. If the community-based services are embedded in juvenile justice or child welfare, the families will navigate toward the system. The second system of care grant which was statewide, looked at titrating levels of case management. There is also need for a system navigator in Nevada. The type of children in need of services fall into five different groups. The first group are children who are the subject of multiple CPS reports or their parents somehow through a neurologist get them to a specialized treatment program and they are returning home without available step-down placements. The second group are kids with serious emotional disturbance who come into juvenile justice and do not meet the criteria for commitment. The third group are kids who have a high juvenile justice risk in addition to high mental health needs. The fourth group are kids with developmental disabilities and autism who need a stable supervised living environment. The fifth group are kids placed in emergency rooms who cannot get into acute care or who have very serious mental health conditions.

Gwynneth Smith asked where they are as a state if the issue has been recognized for the past 30 years, are there concrete places as a state they have missed or what are they not doing. It sounds like people

have tried repeatedly to address the issue. Gwynneth Smith asked what did not happen before that they can do now differently.

Dr. Joe Haas stated he thinks in the past some major hurdles were accomplished by DCFS. Children's mental health was moved out of adult mental health. The integration of child welfare into counties created an interesting structural dilemma because there were no longer kids being transferred to state child welfare. The optimism is the pieces are there and there are models that have worked. The kids who come into the System of Care get good quality care. There is care available. Historically at the beginning, DCFS was looked at as the mental health authority however in the mid-2000s there was a shift in language where DCFS described itself as a vendor. One unanswered question which has loomed is who is in charge of the ultimate care for the group of kids Dr. Joe Haas has described. Another optimistic part is AB387 which dictates the clinical team, for kids on the verge of coming into child welfare care to access residential treatment. This is also a potential model for use in juvenile justice. That model is what would be needed to assess those children and an administrative team to solve the problem of accessing placement.

Gwynneth Smith asked Dr. Joe Haas to talk about the shift in the mid-2000s regarding the youth mental health authority and the transition to a vendor-based model.

Dr. Joe Haas stated kids would get attention of multiple folks in the community and courts or Administrators would start to ask others to join a meeting to try to solve placement. Nevada is one of the few states in which the state provides direct outpatient services. In most states it is mainly provided in community mental health centers. It looks like DCFS is shifting back and has a designated children's mental health authority. It is important for the state to answer who holds the ultimate accountability for the placement of youth who are difficult to place. A structural way to manage care is lacking in the state.

Gwynneth Smith asked if the shift from the safety net mental health authority perspective to a vendor-based model was due to statutory change or a decision to interpret the roles differently.

Dr. Joe Haas stated it seemed to him it was an evolution of interpretation of the statute as to what the responsibilities were. A clear chain of accountability is needed for the kids to move forward. There should be someone in charge or clarification of the statutes. It might be something for the committee to address.

Gwynneth Smith asked committee members if they had any comments.

Kim Abbott stated she agrees they seem to be shifting back a bit with the children's mental health authority. When Clark County met with the state to address their list of concerns, they asked Director Whitley if the state is responsible for children's mental health. His answer was absolutely yes. However, being responsible for children's mental health and being responsible for the placement are not the same. They are continuing to navigate through it. An announcement they learned recently is there is an effort underway to build out the idea of children's mental health authority. Dr. Freeman is putting forward some proposals for funding to be able to staff and build it out for there to be quality control, a recruitment mechanism, and the structures needed for the state to be able to function as the authority.

Gwynneth Smith commented a historically change Dr. Joe Haas described and would be valuable for the committee to understand, is at one point there was a decision made to structurally pull-out children's mental health from underneath the adult system. Gwynneth Smith asked Dr. Joe Haas to talk about it.

Dr. Joe Haas stated at the time the state had Youth Parole under Corrections. The children's mental health was under Mental Health. Adult and children were under the same arena. Child welfare was in another structure. The impetus was there was difficulty for child welfare youth in navigating and getting mental health care for state custodians from the other state agencies. They put them together with an idea that one Administrator could navigate however, additional administrative dollars were not allocated. With integration, the opportunities for collaboration to be strained happened even more when child welfare moved into the larger counties. Whatever structural changes are done; they must be aligned with helping the five groups of kids Dr. Joe Haas talked about.

Gwynneth Smith stated she would like to understand the history as the committee moves forward.

Dr. Joe Haas stated in addition to the System of Care and some of the things the committee has talked about, one way that has helped to some degree is to create an approach or pilot that does what you want to have happen and take a lot of data. In Washoe County they found if they allocated their outreach staff and got them good at linking kids to services, the families that worked with them did not come on probation and go on to residential treatment facilities. The structure of AB387 morphs structurally into a support for the items included in the letter.

Gwynneth Smith stated she hopes everyone is leveraging Dr. Joe Haas's idea of funding the pilots to show that something works, and they are put forward through ARPA funding.

Dr. Joe Haas stated there are model approaches which can be done on a small-scale model.

Gwynneth Smith asked committee members if there were any other questions or comments for Dr. Joe Haas.

Kim Abbott commented it was interesting Dr. Joe Haas mentioned staffing and retention as a previous issue. The issue has become significantly worse in the current climate. Workforce issues have become more complicated.

Gwynneth Smith asked Dr. Sheldon Jacobs to provide an update on the Ackerman Center presentation.

Dr. Sheldon Jacobs stated the Ackerman Center has been invited to present at the March full Commission meeting. They will be presenting on services they provide and an overview of some of the fiscal challenges they have experienced. Two of the doctors will be presenting. A lot of their work at the Department of Family Services over the last couple of years has been directly connected to the Ackerman Center due to the large number of youth who are in their care who have been identified as being substance exposed. The Ackerman Center has been a great resource.

Gwynneth Smith thanked Dr. Sheldon Jacobs for making the connection with the Ackerman Center. Gwynneth Smith asked Dr. Domonique Rice for an update on whether they could arrange to hear from someone from the rurals to come to one of the meetings to help members better understand their situation. Gwynneth Smith would like a better education as to the youth mental health situation in the rurals.

Dr. Domonique Rice stated there are two volunteers who will be happy to come and speak. The date and time will need to be confirmed for the next meeting to determine if they are available.

Gwynneth Smith asked Elvira Saldana and Dr. Domonique Rice to coordinate to ensure the next meeting date will work for the two individuals.

Elvira Saldana acknowledged.

Dr. Domonique Rice asked Elvira Saldana to please include Karla Delgado.

Dr. Joe Haas stated in response to what Kim Abbott said, there may be some hope of looking at some structural issues and targeting specific aspects of them. There may be things available such as 211 to have navigators which can help families get in touch with residential care treatment centers in their network or agencies who take their insurance. Also looking at a way to get children with severe emotional disturbance Medicaid without having to come into child welfare or juvenile justice.

Gwynneth Smith stated the service navigators Dr. Joe Haas mentioned are an important point. The way Dr. Joe Haas described it, is how Gwynneth Smith sees it in her professional life. Under the current system, the level of complexity and advocacy it takes to link certain children to what they need many times is a lot. Having a system where people with the expertise can be connected to the parent and family without having to come into child welfare or juvenile justice is important. It is an area the state is lacking.

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

- Assign Tasks to Committee Members (if needed)  
Tasks were not assigned.
- Specify Agenda Items for the Next Meeting  
DCFS presenters-youth mental health in the rural areas
- Confirm Next Meeting Date/Time  
A meeting will be scheduled in a month.

**7. Public Comment and Discussion**

There was no public comment.

**8. Adjourn**

A motion was made to adjourn by Gwynneth Smith, seconded by Dr. Sheldon Jacobs, and carried to adjourn the meeting.

The meeting adjourned at 1:58 p.m.