Nevada Children's Commission
Behavioral Health Committee
Meeting Minutes

DATE: Tuesday, April 12, 2022

TIME: 2:00 P.M.- Adjournment

VIDEO CONFERENCE:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjhkOTJjNzctMjAyNy00YzhjLWFlMzktNWM3NmVkYTA5M2I1%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: 346 210 290#

1. **Call to Order –** Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas, Dr. Domonique Rice
   The meeting was called to order at 2:02 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: Dr. Cindy Pitlock, Mandy Hall, Kathryn Rosaschi, Elvira Saldana

   Public: Linda Anderson, Lea Case, Chip Carter, Dr. Tiffany Tyler-Garner

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

4. **For Possible Action:** Meeting Minutes from March 1, 2022

   Action: A motion by Gwynneth Smith was made to approve the minutes, seconded by Dr. Sheldon Jacobs, and carried to approve the minutes of March 1, 2022.

5. **For Information:** Overview of Youth Mental Health in the Rural Areas- Kathryn Rosaschi and Mandy Hall

- Provide information on services provided and the mental health challenges the rural areas are faced with

  Gwynneth Smith stated the topic for the meeting is for the committee to hear from and get a better understanding from the rural partners, the experiences they are having with youth and the challenges in their community with the youth mental health crisis with being able to access appropriate levels of care.

  Kathryn Rosaschi stated Wraparound in Nevada (WIN) provides targeted case management services using two different models. The first model is high fidelity wraparound. It is an evidence based intensive model which uses a team-based planning approach by identifying strengths of the youth and their family. The team creates a plan to meet individualized needs and goals. With high fidelity wraparound, the planning process is guided by a set of principles which leads the team towards obtaining long term success. The team is made up of formal and informal supports such as professional service providers, extended family, friends, and faith community. They all work together to empower families in achieving independence and connecting with long term sustainable supports in their local communities. The second model used is FOCUS. It is an evidence informed model and an intermediate care coordination approach to work with youth and families whose needs are less complex than high fidelity families. FOCUS ensures the youth and their family have ownership over the process and are the primary decision makers and experts on their needs and goals. With FOCUS, care coordinators ensure planning is individualized, comprehensive, accountable, and family anchored. Care coordinators also lead the family in using their own ideas to develop a plan which tracks progress and measures outcomes to make sure things are getting better. Some of the challenges in the rurals are lack of services related to ABA services (services for children with autism), if services exist there are long waitlists or they are not local, the need for intensive in-home services, transportation, the need for services for youth who are very aggressive and who have a dual diagnosis, and respite services.

  Gwynneth Smith asked committee members if there were any questions.

  Dr. Sheldon Jacobs asked if the waitlist is due to more people knowing about the program or due to a combination of things with the pandemic.

  Kathryn Rosaschi stated it is a combination of things. They have seen in increase in referrals. The biggest factor is the turnover within the program.

  Dr. Sheldon Jacobs asked if the waitlist is first come first serve or if it is based upon needs.

  Kathryn Rosaschi stated they do base it on children and family needs. If they are looking for services because their child is coming back from an out of home placement, they triage those families high. If it is through the mobile crisis response team or collaborative pathways, the youth also get triaged high.

Dr. Sheldon Jacobs commented some of their highest needs kids who come out of residential treatment centers are unable to sustain themselves in a lower level and end up in a hospital setting due to the lack of step-down options in the community.

Kathryn Rosaschi stated when they do have those families they try to refer internally to their engagement and intensive step-down teams through mobile crisis to place supports immediately in home while they wait for wraparound services to open.

Kim Abbott stated it is a need they all recognize. There are funding requests pending which would allow an expansion to do more targeted intensive care coordination and maybe a different model than the FOCUS model. The hope is to get additional funding to add positions to have this care coordination in place for the kind of kids discussed.

Dr. Joe Haas stated his experience with wraparound over the years has been wonderful. The fact they work towards fidelity and have adapted a lower level of case management is a real plus for kids. Dr. Joe Haas asked when losing folks to turnover if they are going to other higher salary DCFS positions or other departments and how the Psychiatric Case Worker salary compares to an entry level Social Worker in DCFS.

Kathryn Rosaschi stated WIN has traditionally been a steppingstone for higher level positions. It is not uncommon to have turnover, however they do exit surveys with staff who are willing to participate, separate from the human resources department. Folks are leaving due to pay. In terms of where they are at, they have put in a budget request to reclassify positions to the Case Management Specialist series which would give more room to grow within the position.

Gwynneth Smith stated she is happy to hear the request has been made and thinks it could have a big effect. Hopefully it will grow the WIN workforce as more permanent with expertise rather than a transitory workforce. Gwynneth Smith asked how a WIN worker serves a family in a rural area and how they link the family with services.

Kathryn Rosaschi stated they are limited to what resources are available. They do a lot of networking in different counties and sometimes they look out of state. It is hard to access the services when they do not exist, or they exist hundreds of miles away. Currently, they have staff in Fernley and Lovelock. There are vacant positions in Elko, Ely, Fallon, and Carson City.

Gwynneth Smith asked Kathryn Rosaschi to speak about the impact of having to look at resources out of state in certain instances or provide examples where it has occurred.

Kathryn Rosaschi stated when they have looked for resources out of state it has been for therapy services, any kind of telehealth therapy service due to a waitlist within the community. There have been families who were looking for higher levels of care in which they look at out of state as well.

Dr. Domonique Rice stated Mandy Hall will be able to provide more in-depth information.

Mandy Hall stated their program is under DCFS rural child welfare. The services they have are specific to the child welfare population which means services are provided to children and families who have an open child welfare case. DCFS provides child welfare services to the 15 rural counties. There are 4 district offices and 5 satellite offices. When they are fully staffed, they have 13 positions, and the program positions are Mental Health Counselors. Currently there are 5 vacancies. Some of the barriers they face with filling positions are the location and the pay.

Gwynneth Smith asked committee members if there were any questions.

There were no questions.

Mandy Hall stated some of the services they provide are trauma screenings on every child who enters the foster care system. If the child is 14 and over, they are screened for increased risk of runaway, sexual exploitation, or substance use. If any of those issues are flagged, a more thorough assessment is completed. For children 5 and under, they do developmental screenings, and they refer out to different services if appropriate or talk to care providers about what services, tools, or interventions may be appropriate to help with skill building areas. They do parental capacity evaluations on parents when it is appropriate. Their services are now a hybrid blend of in home and telehealth. The expectation of services is 2 days a week of services which are about an hour and a half each. They use the framework of brief solution-oriented services/family therapy; however, they are planning to switch their model to use the brief strategic family therapy. They are also able to do services such as parent child interaction therapy, parent management training, and coping cat. Some staff can provide trauma focused Cognitive Behavioral Therapy (CBT) and combined parent/child CBT. There are a few staff members who are participating in the current cohort for child parent psychotherapy in partnership with System of Care, Northern Nevada Child and Adolescent Services, and some of the community partners.

Gwynneth Smith stated it sounds like a lot is being done with little resources. Gwynneth Smith asked if there has been consideration of piloting a mobile response type service in the rurals to help link the service to the child.

Mandy Hall stated DCFS has mobile crisis and rural clinics also has a mobile crisis for the rural areas. Trying to figure out who to call and who can do what is somewhat of a challenge.

Gwynneth Smith asked Kathryn Rosaschi and Mandy Hall what things they would advocate for or feel they need that the committee and Children's Commission could help them advocate.

Mandy Hall stated it is providers. If they had providers in their areas who are willing to go there or work there. In some of the rural clinics, there may be clinicians however they may not work with children or families. They need clinicians who are competent and are willing to work with children and families.

Kathryn Rosaschi stated what her program needs outside of pay and consistent staff are options for families in the rural communities, more providers, more specialized providers, providers who

have the right training and are willing to work with aggressive youth and youth who have multiple diagnosis. If services existed for the families within their communities, it would make their jobs easier.

Gwynneth Smith commented she wonders as a state what they are doing or what can be done to connect education centers somehow, more to the rural areas.

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
     No recommendations were made.
   - Confirm Next Meeting Date/Time
     A meeting will be scheduled in the next 30-45 days.

7. **Public Comment and Discussion**

Dr. Cindy Pitlock, Administrator of the Division of Child and Family Services informed the Interim Health and Human Services Committee meeting is April 21st and Interim Finance Committee meeting is May 5th. An ARPA request has been submitted to the Director's Office for submittal to the Governor's Office and Governor's Finance Office. The first category is crisis stabilization centers. The second category is expanding and solidifying the children's System of Care. The next category is children's higher level of care (emergency crisis), funding for those that are uninsured or underinsured and supported living arrangements for youth with Intellectual and Developmental Disability (IDD). They have added a little bit to help the behavioral health workforce as far as some trainees that will then transition into licensed professionals. There is a section for school-based care coordination and behavioral health services software to supplement the school-based response to be able to bill Medicaid and be more sustainable. Other community based mental health services include a project that Washoe County was working on for some housing for their women population between the ages of 18 and 64.

Gwynneth Smith thanked Dr. Pitlock. Gwynneth Smith stated as there are developments, approvals, or announcements she hopes there are things they can share with the committee, the Children's Commission as a whole, stakeholders, and community partners to help support and push it forward together.

Dr. Cindy Pitlock stated she agrees, and she looks forward to partnering with everyone.

Dr. Sheldon Jacobs stated he was appointed to the Marriage and Family Therapists and Clinical Professional Counselors (MFT/CPC) Board by Governor Sisolak almost 3 years. They have been trying to get licensees licensed much quicker. In the last year and a half, they have gained more traction and they are starting to see more people get licensed much quicker.

Gwynneth Smith commented she may follow up with Dr. Sheldon Jacobs because she thinks a topic the group could address in the future relates to workforce issues, both collaborations with educational institutions as well as the various licensing boards to understand what can be done short term and longer term to get more professionals educated and plugged into the community more quickly to address this.

8. **Adjourn**

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

The meeting adjourned at 2:59 p.m.