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Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
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Marla McDade
Williams, MPA
Administrator

Nevada Children's Commission Behavioral Health Committee Meeting Minutes

DATE: Wednesday, May 8, 2024

TIME: 9:00 A.M - Adjournment

VIDEO CONFERENCE:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjFiZmYwMWQtZDVlNy00MGY5LWE2MmYtZTBkZmQ3NmIzZDFh%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: 1-775-321-6111

CONFERENCE ID: 360 739 666#

- 1. Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
The meeting was called to order at 9:00 a.m. by Gwynneth Smith.
- 2. Welcome and Introductions (Roll Call)** – Division of Child and Family Services Staff
Members Present by Video: Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

Members Absent: N/A

DCFS Staff: Dr. Carmen Jones, Dominique Carter, Elvira Saldana

Public: Sabrina Schnur, Jake Matthews, Hannah Branch, Tara Raines, Stephen Avillo, Geordan Goebel

- 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 January 30, 2024 meeting minutes
Kim Abbott commented there were numbers transposed for a date referring to when Collaborative Pathways went into effect, which she thinks it should be 2019.

Gwynneth Smith asked Elvira Saldana if she can identify where it is.

Kim Abbott stated it is on page 2, towards the bottom. It says 2109.

Gwynneth Smith thanked Kim Abbott for catching it. A correction will be made.

Action: A motion was made by Gwynneth Smith to approve the minutes with the correction, seconded by Dr. Sheldon Jacobs, and carried to approve the minutes of January 30, 2024. Dr. Joe Haas abstained.

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

- Review the list of the committee’s suggested data points and data requests.
 - Discuss and recommend changes, additions, or deletions to the data points and data requests.
- Gwynneth Smith stated the committee will continue going through the data points with the goal of developing a list the committee thinks captures what they need to know about the state of youth mental health in the state and will help the Commission as a whole. At the last meeting, the committee left off at secure residential treatment which includes acute care, secure Psychiatric Residential Treatment Facility, and Residential Treatment Center (RTC). It is an important level of care. Gwynneth Smith stated what key data points the committee and the Commission need to understand related to the issues to secure residential treatment is an important question on the continuum of care. The first data point is the number of youth in the UNITY system placed in an acute psychiatric treatment facility. The status should be available from the placement screens in UNITY and a timeframe should be targeted. Perhaps the number of acute admissions tracked in UNITY within 12 months. Below that, an examination of the number of youth who are readmitted to acute treatment facility within 12 months. The next data point, number of youth court ordered for residential psychiatric treatment pursuant to NRS 432B.6076 would probably have to be derived from Odyssey. The number of children placed in a secure residential treatment facility (locked PRTF) should be available in UNITY.

Dr. Sheldon Jacobs asked what the committee members thoughts are regarding capturing data regarding youth who are in a long-term residential facility that go acute or youth who are in a foster home placement out of state and end up going acute.

Gwynneth Smith stated Dr. Sheldon Jacobs raised important points.

Kim Abbott commented similar to that, youth who are admitted acutely from detention or from a correctional facility.

Gwynneth Smith thanked Kim Abbott for flagging it and stated it is coming up in the next section, targeting dually involved youth.

Dr. Joe Haas stated it could be a routine look for kids in UNITY of what their placement was prior to acute facility and what services they are receiving.

Gwynneth Smith stated Dr. Joe Haas is correct, there could be a wide range of placements and levels of service provision which are important to capture. Looking at the placement directly preceding the acute admit will help provide some direction. The next data point listed is number of acute care psychiatric beds by program/facility in Nevada both public and private. It is an important data point since it goes to the scope of the resources. Within the data point, is the

number of pediatric (under 12) acute psychiatric beds. The pediatric population is one which is very difficult to access crisis beds and sometimes they default to emergency room settings. They become problematic concerning cases. Gwynneth Smith asked committee members if there was anything else under acute care that should be captured.

Kim Abbott commented she is wondering about average length of stay for acute admissions.

Dr. Sheldon Jacobs stated within acute there are different levels. There should be some delineation.

Kim Abbott stated it would also be interesting to look at what setting they are discharging to.

Gwynneth Smith stated she agrees, capturing the information is important.

Dr. Joe Haas stated he thinks the issue the committee is trying to get on both sides of acute and residential is to look at the issues raised by the Department of Justice, were kids in community-based services prior to entrance and then when they left if it is known where they went, it can be correlated with length of stay data to see if they had an ordinate length of stay because there was not access to lower levels of care or community-based services.

Gwynneth Smith stated she agrees with Dr. Joe Haas. Gwynneth Smith asked committee members if there was anything else on the acute section.

There were no recommendations from committee members.

Gwynneth Smith stated the next topic the committee would discuss is what is needed to understand secure residential treatment beds. Basic data points are listed on the breadth of services available at this level of care. In Clark County, the court has a close eye on this level of care. It is an important level of care for the Children's Commission to understand given the judges' involvement in cases.

Kim Abbott asked if Gwynneth Smith is suggesting all the data points be listed per facility.

Gwynneth Smith stated per facility. For number of beds, staffed beds versus available beds needs to be captured. Gwynneth Smith is unsure what the term is for unstaffed beds.

Kim Abbott stated perhaps, licensed beds versus staffed beds.

Gwynneth Smith asked committee members if average waitlists should be by number of children or by length of time.

Dr. Joe Haas suggested both.

Kim Abbott agreed.

Gwynneth Smith stated percent of denials is an important point.

Kim Abbott stated it would be valuable if there is a way to capture the basis for the denial.

Gwynneth Smith stated she agrees.

Dr. Sheldon Jacobs stated he agrees. For the most part, the facilities are transparent about denial reasons.

Gwynneth Smith stated if basis for the denial data can be obtained it would indicate where the need is, identify where the gap is, and what resource is missing. Gwynneth Smith stated she included data points under specialized placements under locked RTC for the next few data points. Gwynneth Smith asked committee members if there was anything missing under specialized placements.

Kim Abbott stated she is unsure if it goes in this section or the next, the kids who have delinquency involvement tied to their out-of-control behaviors stemming from unresolved mental health issues that fall in the gap between correctional care and mental health services and neither setting is meeting their needs.

Dr. Sheldon Jacobs stated it is one of the biggest issues they are facing.

Gwynneth Smith stated she agrees with both Dr. Sheldon Jacobs and Kim Abbott. That population overlaps significantly with the population that needs the co-occurring neurodevelopmental placement.

Kim Abbott stated 3 types of placements tied into 1 are needed; the mental health services, developmental services, and ability to handle the out-of-control behaviors until the interventions are working.

Dr. Sheldon Jacobs stated some of the facilities that are more specialized to treat some of the youth that are on these various spectrums will not accept youth if they are too aggressive.

Gwynneth Smith stated this category is a major category of children the court continuously struggles to find options to meet their needs. DCFS staff vacancies is also listed, however Gwynneth Smith is not sure why.

Dr. Joe Haas stated it may be due to the issue Kim Abbott brought up regarding the RTC beds which are technically present but cannot be staffed.

Gwynneth Smith stated it is worth looking specifically at DCFS staff vacancies in these settings.

Kim Abbott suggested taking all the comments just made on the in-state facilities and adding them to the category below about the out of state facilities.

Gwynneth Smith stated she agreed. Gwynneth Smith asked if there is anything unique to out of state facilities the committee members want to capture.

Kim Abbott stated one thing the committee did not talk about under in state either is average length of stay.

Dr. Sheldon Jacobs stated it appears that in state facilities tend to have shorter lengths of stay than a lot of the out of state facilities utilized.

Gwynneth Smith stated it is an important data point to pull for both in and out of state and try and understand the reasons for any differences that are there. Gwynneth Smith added “number of children placed within a 12-month period” to the list. The other point to raise for discussion is substance use disorder treatment and having access to it as a specialized service. Sometimes they need access for children to detox prior to treatment, and in Clark County they do not have access to a detox facility for adolescents.

Dr. Sheldon Jacobs stated it is an important piece to this because they have found that a lot of the youth who have those substance abuse challenges are not necessarily receiving the treatment that they need, but that they deserve.

Dr. Joe Haas stated a way to capture would be to ask within the RTC programs that offer treatment for co-occurring substance abuse and mental health issues and then a separate category for the beds.

Kim Abbott stated to answer the initial question, she thinks it is important the committee look at specialized treatment in this area because it is the same problem they see with neurodevelopmental.

Gwynneth Smith stated she agrees. The committee should seek the number of beds available. Over the past 12 to 18 months, they have seen an increasing number of cases involving children who have had overdoses, sometimes multiple overdoses on fentanyl, either knowingly using opioids and fentanyl or reporting that they have intended to use a different substance, maybe marijuana, that turned out to be laced with fentanyl.

Dr. Joe Haas stated the committee then is looking for dual diagnosis, intensive substance abuse treatment, and detox.

Gwynneth Smith stated everything the committee talked about for in state will be incorporated to out of state. Gwynneth Smith asked committee members if there is anything else unique to out of state facilities that needs to be captured.

Dr. Sheldon Jacobs commented like acute, capturing where the youth are transitioning to.

Gwynneth Smith stated it should be captured for both in state and out of state.

Dr. Sheldon Jacobs commented also on the front end as well if they are coming from acute hospitals.

Gwynneth Smith stated everything in the in-state category will be included for out of state. The next category is neurodevelopmental. Data related to the level of need is what needs to be captured; children who are presenting with this level of need and level of available resources. The first data point is number of licensed neuropsychologists in Nevada by region. Gwynneth Smith is not sure how the information can be captured.

Dr. Joe Haas commented it could be an ask for the licensing board. If needed, a survey to license providers can be sent out.

Kim Abbott asked if neuropsychology is the only specialty.

Dr. Sheldon Jacobs commented he knows clinical psychologists who do not necessarily consider themselves neuropsychologists because it is more specialized. They do provide neuropsychology testing; however, they do not consider themselves neuropsychologists.

Dr. Joe Haas stated a survey could be conducted asking if they are a neuropsychologist, if they perform IQ testing for children, and if they evaluate for fetal alcohol syndrome.

Dr. Carmen Jones, Senior Physician for the Division of Child and Family Services, stated neuropsychology is a beneficial subspecialty. In Southern Nevada there are only 3. Dr. Carmen Jones asked why there is a focus on fetal alcohol spectrum disorder.

Kim Abbott stated there is a huge distinction between diagnosed, suspected, and undiagnosed. It is one of the more challenging diagnosis to get to because of the records which are needed and the process. There is a void of services and interventions. The needs, the amount of energy, and resources that systems are spending on those youth because there are no resources and interventions is tremendous.

Dr. Joe Haas stated in support with what Kim Abbott said, it is a small but mighty population that ends up consuming a disproportionate number of resources based on their specialized needs.

Dr. Carmen Jones stated recently one of the doctors from the medical school at the University of Nevada, Las Vegas Ackerman Center gave a lecture and stated the prevalence was like 168 kids who were born to mothers that admitted to drinking alcohol. Dr. Carmen Jones' comments are not to dissuade the diagnosis.

Gwynneth Smith thanked Dr. Carmen Jones for being present.

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
June 11, 2024, at 3:00 p.m.

7. Public Comment and Discussion

There was no public comment.

8. Adjourn

The meeting adjourned at 10:02 a.m.