Nevada Children's Commission
Behavioral Health Committee
Meeting Minutes

DATE: Wednesday, September 7, 2022

TIME: 2:00 P.M.- Adjournment

VIDEO CONFERENCE:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDhmZjIxNTQtNWU2Yi00MTE5LTgzZTUtYTI2MWFmMGEzMzdh%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: 186 378 476#

1. **Call to Order –** Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
   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, Kim Abbott

   DCFS Staff: Elvira Saldana, Kelcy Meyer

   Public: Linda Anderson, Vanessa Dunn, Dr. Julie Beasley, Cameron Sinquimani, Dr. Tiffany Tyler-Garner, Brian Hager

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

4. **For Possible Action:** Meeting Minutes from June 7, 2022
   Gwynneth Smith asked committee members if there were any amendments or changes.

   Dr. Joe Haas requested the comment he made about Megan Comlossy's presentation be updated to reflect retention issues at present and is interested in where the energy and focus fits in, in regard to this issue.

   Gwynneth Smith asked Dr. Joe Haas to direct her to which page of the meeting minutes.

Dr. Joe Haas stated it is the fourth paragraph on page 3.

Gwynneth Smith asked Dr. Joe Haas if he would like for the language of the minutes changed to reflect what he mentioned.

Dr. Joe Haas stated yes if it is appropriate.

Action: A motion by was made by Gwynneth Smith to approve the minutes with the requested change, seconded by Dr. Joe Haas, and carried to approve the minutes of June 7, 2022.

5. **For Information:** Ackerman Center Presentation – Dr. Julie Beasley, PhD, and Cameron Sinquimani, BCBA
    - Provide an overview of Fetal Alcohol Spectrum Disorder (FASD) and Applied Behavior Analysis (ABA) and what ABA looks like in the different settings of the Child Welfare system Gwynneth Smith stated in her professional capacity as a District Attorney, on the cases which involve children with the most significant mental and behavioral health diagnosis and often co-occurring diagnosis, the children present with the highest level of need in the system. As a person who manages these cases and increasingly hearing about ABA as one of the key interventions for children with autism spectrum disorder and FASD, it is an important topic for individuals in the juvenile dependency child welfare world to learn more about.

      Dr. Julie Beasley stated ABA has been around for a very long time. Its principles have been well established in the autism spectrum world. It also works for children with neurodevelopmental disabilities. At the Ackerman Center they are doing FAS and drug effect clinics. Right now, the only reimbursement is for ABA services through the insurance through Medicaid, specifically under an autism diagnosis or a fetal alcohol spectrum disorder. Fetal alcohol spectrum (FAS) is a complex process, and it is only diagnosed when there is prenatal alcohol exposure. The only ones reimbursed for ABA services are kids who are diagnosed with FASD. Kids need early diagnosis so they can get into the early intervention services and to recognize it is FAS causing the deficit and not just bad behavior. Based on research, kids need stable homes of good quality with caregivers who are getting the support and training that is ongoing for the children and their families and that services are not removed when the kids are doing well. If the kids are with their biological parents, ongoing substance abuse treatment, education supports and supports for the children and parents are needed. Kids with FASD have different developmental levels. ABA is a good fit for the kids with FASD with some caveats to how they fit with them. At the Ackerman Center they are offering training and reaching out to the ABA providers to come to the FASD training.

      Cameron Sinquimani stated ABA is the scientific approach where they are understanding what behavior is and learning how to address behavior. The important thing about ABA is there is not a one size fits all approach, it is very individualized. Under the umbrella of ABA there are different approaches, and there are several different types of evidence-based practices. When an individual is receiving ABA, they are receiving a program where they are working on skills which are broken down into manageable steps. For young children they have more of a comprehensive program where they are targeting a lot of different goals within all the developmental domains, i.e., expressive, receptive, cognitive, social skills, play skills, imitation

skills. As individuals get older, they may be a little more individualized and specific to their programs where it becomes more focused on some of the specific core deficits or things they need to work on. Different types of teaching procedures are used. The program is intensive and there is a lot of repeated practice on the goals and embedded learning opportunities. They utilize data to inform them if what they are implementing and teaching is being learned. Data driven decisions on how they will change the program are used. Reinforcement is a key component to the ABA program. When it comes to individuals with FASD, a big component of an ABA program is focusing on antecedent strategies. When a behavior is taught the ABC model is followed; what happens before the behavior, what the behavior is, and the consequences. Antecedent strategies need to be worked on to help provide success for individuals with FASD. They do not learn from consequences.

Dr. Julie Beasley stated the antecedent process is the focus which is setting up the home environment, school environment, and community with supervision, support, structure, and routines that are familiar to the kids. The kids do well when they get lots of support. A huge component is also the parent training.

Cameron Sinquimani stated some of the ABA outcomes are to teach new skills, promote generalization, increase desirable behaviors, and decrease undesirable behaviors. Some of the skills individuals with FASD with an ABA program will implement are increasing independent function, remediate specific benefits, increase communication, being able to use more adaptive problem solving, and addressing challenging behaviors. The people involved in an ABA program are Board Certified Behavior Analyst, Board Certified assistant Behavioral Analyst, Registered Behavior Technician, Patient Navigator/Scheduler, and Parents/Caregivers. The ABA program involves one to one home or a clinic program, parent coaching, group programming, dyad sessions, and community intervention. The hours an individual receives depends on a lot of different factors, anywhere from what is recommended to what the balance is for the family and what other services they are being provided. More comprehensive ABA services can be up to 20-25 hours a week and more focused could be anywhere between 2-10 hours a week. Caregiver involvement is a big part of the program.

Dr. Julie Beasley stated at the Ackerman Center they often see kids with FAS in the social skills program. One of the barriers they come up against is traditionally kids with FASD have been treated through the mental health programming (Basic Skills Training and Psychosocial Rehab) and they are not able to have a child who is receiving Basic Skills Training (BST) and Psychosocial Rehab (PSR), come under the BCBA model for social skills. The insurance makes them pick one or the other.

Gwynneth Smith asked if it is a Medicaid requirement or if it is due to the two interventions not being compatible in some clinical way.

Dr. Julie Beasley stated from a clinical perspective they are not. A lot of the training they do applies to both settings. It is how it is seen from an insurance perspective.

Brian Hager stated it is the insurance. They see it more with Medicaid. The codes interact with each other, so it is first come first serve, whoever submits their prior authorization first gets it. They are hoping they can potentially work on a BDR to change for the future, not the next legislative session but the following.

Gwynneth Smith stated it is an important point for the committee to understand.

Cameron Sinquimani stated the other issue with Medicaid is they do not allow for families to go to two different places to receive ABA services.

Dr. Joe Haas stated it sounds like if two agencies are involved then the youth would likely qualify for wraparound services. Dr. Joe Haas asked if there is some relief from this issue that could occur if in the child and family team meeting, turns could be taken, i.e., social skills group could be offered for a limited time then the wraparound, then the rehab in home services would be added by the next agency.

Dr. Julie Beasley stated another barrier is bringing in and training the ABA providers who are very comfortable in doing ABA with kids with autism and need the training to open their services and see them not only within the social skills process, but also as an individual targeted skill process. There needs to be good collaboration if they are going to do different service delivery models in different agencies to ensure everyone is reimbursed.

Gwynneth Smith noted, for the record, Kim Abbott joined the meeting.

Cameron Sinquimani stated other potential environments where individuals in the child welfare system are in are foster care, adoptive setting, and group homes. Cameron Sinquimani asked committee members if there are any other environments for individuals they see.

Kim Abbott stated the problem right now is they have many children without appropriate placement. They have a lot of children at Child Haven, the emergency shelter, which presents a slew of additional challenges. Similarly, in trying to get the kids out of Child Haven, they have some kids in additional higher level of care placements such as PRTF Oasis.

Dr. Julie Beasley stated they traditionally have worked with adoptive families. With ABA just coming online, they have figured out how to do it within the social skills setting. They have not collaborated with the systems mentioned, i.e., Child Haven, Oasis, and crisis homes. It is a perfect place to at least start an assessment. It would get them more familiar in the systems with ABA providers. They are really asking for cooperation and collaboration between mental health and behavioral health.

Cameron Sinquimani stated some factors that need to be considered are a good environment to hold sessions, caregiver involvement, and materials needed for success.

Kim Abbott stated one of her biggest concerns and frustrations is, for example a child who is currently living at Child Haven who does not have a caregiver. Kim Abbott asked how they make it meaningful for them when there is not an identified caregiver at the given time.

Dr. Julie Beasley stated one of the community providers has been working with some of the kids who are at Child Haven. The Ackerman Center has come out to organizations and conducted training. People can get trained to understand and utilize the programs the Ackerman Center has, to do an individualized assessment, so they know what they are looking for in placement and where kids are going.

Gwynneth Smith commented the committee may need to setup a part two of the discussion.

Dr. Sheldon Jacobs stated his question and thought is like what Ms. Abbott posed in terms of the environment space. Dr. Sheldon Jacobs asked what it would look like in terms of time. There are a lot of variables which make it challenging to implement something like ABA in an environment like Child Haven.

Dr. Julie Beasley stated Child Haven can be a place where an assessment is completed. The assessment helps drive where placement will be and to develop the number of hours needed. The multidisciplinary team process is the best approach.

Dr. Joe Haas stated since Wraparound is an agent of the Department of Health and Human Services (DHHS), they should be able to present to the supervision in DCFS and then up to DHHS how to solve the issue for an individual kid. A larger issue is what the committee should do when they hear these age-old issues, what the goal is or if it is within the committee's purview to ask DCFS representatives to come back with plans to address the situation.

Kim Abbott asked about the waitlist for services and if the social skills group is only available to kids who are receiving other services through the Ackerman Center.

Dr. Julie Beasley stated assessments go through clinics. They do have long waits. They just received their ARPA grant and that is to extend their staff professionally to grow diagnostics and treatment. They can come into social skills groups and do not have to be receiving services with it; however, they cannot be doing PSR/BST and the Ackerman Center's social skills at the same time. They need to figure out how to do a specific programming with a social skills component where they would look like a PSR/BST model.

Cameron Sinquimani stated if there are clients interested in the social skills programs to reach out to the center, so the center is aware of who they are.

Dr. Julie Beasley stated specifically to this group they need to come back in through drug effect fetal alcohol syndrome, their diagnostic process, to capture the kids and assign one of their case managers.

Cameron Sinquimani stated the services run every 12 weeks. The social skills groups start around 7 or 8 years of age and go up through teens. They also have young adult services plus vocational.

Dr. Julie Beasley stated a huge goal is integrating and providing services for kids with FAS. It is all outpatient based.

Gwynneth Smith stated she would like to set up a part two of this meeting and discussion. Some of the things Gwynneth Smith would like to focus on are the co-occurring mental health and developmental diagnosis and how that interacts with service provision, the provision of ABA, what is working and what is not working. Service coordination is an ancillary issue to that. Gwynneth Smith would also like to continue discussing the placement development question. It is a question which has been looming forever for these children. There needs to be more concrete direction, what pathways to take to develop appropriate placements for these kids to get the services they need. It would be beneficial to have some of the state partners present on the discussion. Gwynneth Smith proposed inviting ADSD and DCFS to part two of the discussion, potentially Dr. Cindy Pitlock (DCFS) and Dena Schmidt (ADSD). Gwynneth Smith asked Elvira Saldana if it would be possible and if she could help coordinate a future date within the next two months.

Elvira Saldana stated she can help coordinate.

Gwynneth Smith asked committee members if they have other requests or ideas.

Kim Abbott suggested including someone from Medicaid.

Dr. Julie Beasley stated they would put a clinical method with operational needs together on what it would look like.

Dr. Joe Haas stated there has been this issue, the issue of retention of Wraparound staff, and other recurring issues. Before getting to the specifics faced by the joint DD and mental health kids, they should develop a template of what they do when they hear about the issues. An agenda item can be added at a future meeting and DCFS can attend to discuss how it is being addressed, what is needed to resolve it, and if it will be resolved.

Gwynneth Smith stated she agrees and thinks it is appropriate.

6. **For Information:** Information Technology Upgrades and Youth Mental Health
    - Discuss what systems need improving to better serve children in child welfare
      The agenda item was tabled and will be added to a future meeting.

7. **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

No recommendations were made.

- Confirm Next Meeting Date/Time
  A meeting will be scheduled within the next two months.

8. Public Comment and Discussion
There was no public comment.

9. Adjourn
The meeting adjourned at 3:02 p.m.