Nevada Children's Commission
Full Commission
Meeting Minutes

DATE: Friday, March 15, 2024

TIME: 10:30 A.M. - Adjournment

VIDEO CONFERENCE:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDhlN2I1YWYtNjJlYi00Y2EzLWE5YjQtZGQxYzRlMjY5ZDU5%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: 115 761 016#

1. **Call to Order –** Justice Nancy Saitta, Justice Elissa Cadish, Marla McDade Williams
   The meeting was called to order at 10:32 a.m.by Justice Elissa Cadish.

2. **Welcome and Introductions (Roll Call) –** Division of Child and Family Services Staff
   Members Present by Video: Justice Nancy Saitta, Justice Elissa Cadish, Marla McDade Williams, Judge Sunny Bailey, Steve McBride (for Ryan Gustafson), Jill Marano, Zaide Martinez, Megan Miller, Judge Michael Montero, Assemblywoman Erica Mosca, Kimberly Palma-Ortega, Shelia Parks, Kim Abbott (for Janice Wolf)

   Members Not Present: Nancy Brune, Judge Paige Dollinger, Judge David Gibson, Brigid Duffy, Assemblywoman Daniele Monroe-Moreno, Keith Pickard, Dr. Tiffany Tyler-Garner, Judge Egan Walker

   DCFS Staff: Dr. Gwendolyn Greene, Dr. Jacqueline Wade, Kelissa Plett-Merritt, Sharon Anderson, Jenna Grant, Elvira Saldana

   Public: Cynthia Carstairs, Debra DeCius, Bernard Sands, Linda Anderson, Stephen Avillo, Jane Saint, Gwynneth Smith, Ron Murphy, Dena Schmidt, Elyse Monroy-Marsala, Elizabeth Florez, John Etzell, Lea Case

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

4. **For Possible Action:** Meeting Minutes – Justice Nancy Saitta
   - Review and vote to approve September 22, 2023, and December 15, 2023 meeting minutes

Justice Elissa Cadish asked Commission members if there were any corrections, additions, or changes for the meeting minutes.

Action: A motion was made by Megan Miller to approve the minutes, seconded by Shelia Parks, and carried to approve the minutes of September 22, 2023, and December 15, 2023.

5. **For Information:** Desert Willow Treatment Center Presentation – Dr. Gwendolyn Greene, Division of Child and Family Services
   - Provide an overview of the Desert Willow Treatment Center, aftercare plans, and discharge summaries.

     Dr. Gwendolyn Greene stated she is the Hospital Administrator for Desert Willow Treatment Center (DWTC). DWTC is the state's child and adolescent psychiatric hospital. The hospital is currently licensed for 44 beds and serves children ages 6 to 17. They are licensed for 2- 12 bed residential treatment units which services children who are 12 to 17, 1 residential treatment unit licensed for 8 beds which services children who are 6 to 11, and a 12-bed acute unit which services children who are 12 to 17. They are currently working on getting a fifth unit up and running early next year. They serve children who are diagnosed with severe emotional disturbances, who are acute or requiring an extended residential level of care, who cannot effectively respond to lower levels of care, and meeting medical necessity and admission criteria as defined by Medicaid. All the programs are accredited by the Joint Commission and licensed through the Bureau of Health Care Quality and Compliance. DWTC is a secured facility meaning the doors are locked. Some of the services provided are trauma focused cognitive behavioral therapy, dialectical behavioral therapy, motivational interviewing, psychiatric evaluation and treatment, medication management, psychiatric nursing services, psychological assessments, therapeutic and behavioral modification services, care coordination, social and skills training groups, psychoeducational services, and psychiatric oversight. Family involvement and engagement is a focus of the program. The process for identifying patients for the residential treatment units starts with a referral. Referrals are received from various sources. The referrals and clinical documentation are reviewed by the Residential Admissions Committee to make sure the child meets diagnostic criteria for residential admission. The Residential Admissions Committee is comprised of the Medical Director, Attending Psychiatrist, Senior Psychologist, Clinical Program Manager, and a Pediatric Physician (as necessary). Referrals for acute admissions are received from hospital emergency rooms/emergency departments, Mobile Crisis Response Team, and clinical teams within the juvenile justice programs. Upon acceptance into acute or residential treatment center treatment the Psychiatric Caseworker prepares the admissions documentation and gets in contact with the child's guardian and others identified in the referral documentation. The Psychiatric Caseworker will also compile a list of participants in the child's care who will be part of the child's support team. Treatment and discharge planning starts at the point of admission. Once the patient completes treatment, discharge is discussed. The success of any treatment relies upon the discharge planning, discharge activity, and family involvement. Discharge signifies the completion of treatment and is the release of a patient from inpatient psychiatric care and facilitation of a successful transition to the familial home, lower level of care, community, and/or group home/foster care setting. Discharge planning begins at admission, is discussed as the child is coming into the treatment program, and at the patient's weekly treatment team meetings. Some discharge planning considerations are patient and/or family choice, patient placement at discharge, availability of resources, early engagement of resources during the treatment process, and identification of other treatment required at discharge. DWTC uses the Aftercare Plan and Discharge Summary which capture treatment results and continuum of care services arranged for the patient at discharge. The Aftercare Plan is

provided to the patient and patient caregiver at or around discharge. It is the product of collaboration between DWTC, the patient, and the caregiver(s). It is compiled by the Psychiatric Caseworker assigned to the patient. Services added to the Aftercare Plan are discussed with the patient, caregivers, and the patient's support team. The Aftercare Plan is broken into 3 key sections: follow up appointments, medications, and treatment. DWTC works to ensure all follow up appointments for psychiatry and psychotherapy are scheduled when a child is discharged. Pediatric care appointments, assessments for partial hospitalization or other appointments are also scheduled and reflected in the Aftercare Plan. If additional referrals for wraparound services are required, DWTC makes sure they have been made prior to the child's discharge and documented in the Aftercare Plan. The discharge medications section of the Aftercare Plan lists all the medications that will be provided to the patient at discharge along with how to take them, how they are administered, and their purpose. Patients are discharged with a 30-day supply of medications. The caregiver is provided with information on how to obtain refills. The treatment section of the Aftercare Plan provides information regarding any noted medical conditions, physical problems identified and treated while in RTC and/or acute care, special instructions regarding the treatment, brief clinical treatment summary, diagnosis at discharge, and a summary of the patient's condition at discharge. The completed plan is reviewed with the patient and caregiver, and signed by the patient, caregiver, DWTC nursing and the Psychiatric Caseworker. The Aftercare Plan is generally completed within 7 days of the patient's planned discharged date. The Discharge Summary is a separate document. It is a summarization of the patient's progress at completion of treatment, completed by the patient's Attending Psychiatrist and is available within 30 days of discharge for a routine discharge and within 45 days of discharge for an against medical advice discharge. The Discharge Summary follows the format of the initial psychiatric evaluation and includes information regarding a patient's mental status exam at discharge, the diagnosis at discharge, and discharge plan. The patient's care team works diligently with the patient, the patient's family, support team, guardians, and community support partners to ensure they are identifying an appropriate continuum of care.

Judge Sunny Bailey requested a copy of the presentation to provide to the judges. Judge Sunny Bailey stated there seems to be a disconnect between probation, parole and DFS in being able to obtain the discharge reports from DWTC. Judge Sunny Bailey does not receive them. There needs to be some discussion about it so that the courts can obtain them. It is important for the Commission to know the thing that cannot be serviced is Applied Behavioral Analysis (ABA) for the children with Fetal Alcohol Syndrome (FAS) and autism spectrum disorder (ASD). Medicaid will not approve ABA services due to the other behavioral services offered.

Assemblywoman Erica Mosca asked what the waitlist is and the top 1 or 2 things that are important and the Commission should understand or issues they are facing that the Commission or legislators can work on.

Dr. Gwendolyn Greene stated the waitlist depends on the service. Currently, there is not a waitlist for the pediatric unit. One thing for the community to understand is what DWTC is and what they are not. A challenge they face is getting community partners and others who are referring to understand DWTC program may not be the appropriate program for all children.

Marla McDade Williams stated DWTC is under the purview of the Division of Child and Family Services. Dr. Jacqueline Wade is the Deputy Administrator over Residential and Community Services. Any policy considerations should come through that route as the Division does budget and policy development for the upcoming legislative session.

Jill Marano asked if there are any plans to reconsider the use of cognitive behavioral therapy as the primary intervention at DWTC. Having behavioral therapy is not necessarily the most useful or appropriate for many of the kids they are seeing now who need a residential treatment level of care. Jill Marano requested Dr. Gwendolyn Greene to talk about quality assurance or quality improvement activities DWTC does to ensure compliance with all the work highlighted in the presentation.

Marla McDade Williams offered to have an in-depth discussion relating to the first question.

Dr. Gwendolyn Greene stated regarding the treatment modality commonly used at DWTC, they follow a person-centered approach. They work to assess the child and work with the child to understand where they are and where they will be more receptive with their treatment modality.

Justice Nancy Saitta asked how many kids are admitted versus how many are rejected.

Dr. Gwendolyn Greene stated she does not have that number however can obtain it, and either provide it at the next meeting or get it routed to the Commission.

Justice Nancy Saitta requested it be sent to the Co-Chairs. Justice Nancy Saitta asked if the release is coordinated with court consideration and if the court is brought into the loop.

Dr. Gwendolyn Greene stated they work with the parole or probation officer and rely on them to make sure they understand what needs to happen and what they need to provide to the courts. DWTC has worked to create procedures internally to ensure they are in alignment with the requirements.

Justice Nancy commented she is more concerned about court involvement. There seems to be a missing component. The coordination of care should involve the courts.

Marla McDade Williams commented DWTC takes private clients and children who are referred from the child welfare and juvenile justice system. DWTC coordinates with the entity who ultimately has custody of the youth who then has the relationship/responsibility to the court. Sometimes the challenge is that the entity who has custody of the youth does not know what they are going to do with the youth once they have been discharged. DWTC is a licensed psychiatric hospital and forcing them to keep a youth who has completed treatment is not productive for the youth and their family.

Justice Nancy Saitta commented Marla McDade Williams has identified her concern. Justice Nancy Saitta asked if any of the kids who are housed in the emergency room hospitals qualify for admission to DWTC or if it is a case-by-case basis.

Dr. Gwendolyn Greene stated it is a case-by-case basis. If they are contacted by the hospital and made aware of an acute patient sitting at the emergency room, they do their best to gather the clinical documentation to facilitate an admission into their acute unit.

Justice Nancy Saitta asked when released to the care and custody of parole, probation, or the division, if the care and custody rests with them based on a court status.

Marla McDade Williams stated if the youth's psychiatric needs have been treated and they are in the juvenile justice system and ordered to detention, they should go back to detention. The obligation of DWTC is to release back to Youth Parole and Youth Parole determine whether to place in a detention facility or something else.

Gwynneth Smith asked what the behavior modification program in place at DWTC is, if it is formal or informal.

Dr. Gwendolyn Greene stated the program currently utilized is Positive Behavioral Intervention and Supports (PBIS). It is an evidence-based program used widely across the nation and various school settings. DWTC does not have ABA, however they are looking at ways to augment the program to be able to better support patients with neurodevelopmental needs that still meet the other admission criteria, to come into one of the programs.

Kim Abbott thanked Dr. Gwendolyn Greene for her partnership on many of the very challenging cases. Kim Abbott asked what trauma training staff have. With respect to some of the comments Marla McDade Williams made, Kim Abbott is not sure it addresses all the youth. While there are some youth who may be committed to the point they need to return to a detention or correctional setting, there are many youth who go to a facility who did not necessarily go to detention first or are expected to go back to detention. Every case is different, and it underlies the importance of ensuring the court is involved throughout the process so adjustments can be made to orders as necessary. Kim Abbott thinks there is room for better coordination. On the child welfare mental health court calendars, a way they have addressed to get youth motivated and see progress with their treatment is DWTC is providing specific concrete goals and then Judge Gibson brings the youth back in weekly to see how they are making progress. It has been very motivating for some of the youth. There are ways to potentially draw from that model for the delinquency system.

Judge Sunny Bailey commented she deals with both dependency and delinquency and knows the system and how it works. The problem they are having is not with parole bringing the youth back before the court when it is time. If Dr. Gwendolyn Greene is stating that discharge is the first thing they are concentrating on, there is no reason to not bring the youth back before the court in a timely fashion prior to discharge. The issue is the court never gets the Aftercare Plan and were told they do not get it and they can have it 30 days after the fact. They were also told they can discharge a child whenever they want. These are some issues Judge Sunny Bailey dealt with last week. The issue is they are not getting the information at all, and children are being released without court permission or knowledge and placed back into the community without the appropriate supervision. To answer Justice Nancy Saitta's question, the statute is not being complied with.

Dr. Gwendolyn Greene clarified that the Aftercare Plan and the Discharge Summary are two very different documents. The Aftercare Plan is developed and provided prior to the child's discharge. The Discharge Summary is the document completed within 30 days after the child's discharge for routine discharge and within 45 days for a discharge that may be against medical advice. They are working to make sure that whatever the court needs is provided for children who are on the dual calendar (parole and probation). It is important to remember that the guardians must sign the Aftercare Plan, and sometimes are signed by the parole or probation officer. They will work to make sure the court receives the documents as per the request.

Marla McDade Williams stated it is not quite fair to say the Aftercare Plans were not provided because they have been provided. It is essential to understand the difference between the Aftercare Plan and the Discharge Plan. They are two different documents. One is required for Medicaid billing purposes and documentation. The Aftercare Plan is what is prepared for the youth and the family at the point of discharge and prior to leading up to discharge.

Justice Elissa Cadish thanked Dr. Gwendolyn Greene for the presentation.

6. **For Information:** Care Management Entity/Magellan – Marla McDade Williams, Division of Child and Family Services
   - Provide an update on services provided and contractual obligations for the Care Management Entity contract.

   Marla McDade Williams stated the Division of Child and Family Services received some ARPA funding to fund a Care Management Entity program. Four services are provided: intensive care coordination and high-fidelity wrap around services, intensive home-based treatment, youth and family support, and emergency and planned respite. These services are not currently Medicaid reimbursable in Nevada. Magellan began delivering services February 1, 2024, and the project will end December 2026. One of the primary goals is for the entity to establish a provider network in Nevada to provide the services. One of the highest criteria for eligibility is children and youth at risk of custody relinquishment due to their behavioral health needs. There is a list of assessment scores which make the children and youth eligible for the program. The initial start up is in Clark and Elko Counties. In year 2 they plan to go statewide. Referrals primarily come from the child welfare and juvenile justice systems and other agencies and organizations who work with youth in the targeted eligibility categories. The initial goal is to bring youth who are in out of state facilities back into the state. Anyone can make a direct referral through the Magellan website. Dr. Jacqueline Wade can answer any questions about the contract and services. If there are other issues, Marla McDade Williams is happy to make herself available to answer any other questions.

   Justice Elissa Cadish asked if anyone had any questions or issues to discuss.

   Kim Abbott stated it was a huge chunk of funding the state received to provide these front-end services and they are important services families need, especially as outlined by some of the concerns with the Department of Justice report. Kim Abbott suggested the Commission consider putting this on a future agenda later in the year where maybe some statistics and updates from Magellan can be provided about how the program is working and get some feedback from community partners.

7. **For Information:** Updates from Committees
   - Behavioral Health Committee- Gwynneth Smith

   Gwynneth Smith stated since the last full Commission meeting, the committee met in late January. The committee continues to work on a data request that can be returned to the full Commission. It flows from the continuum of care presentation presented to the full Commission in late 2023. The intent of the data request is to propose some data points the committee can request to the full Commission to give the full Commission the information needed on what the needs of youth are in the child welfare and juvenile justice systems with respect to mental health care and what resources are available to them. The committee meetings are being used as working sessions to develop data asks under the categories the committee has identified in the full continuum of care. The committee is also focusing on developing data requests on two special populations that impact the child welfare system, children with neurodevelopmental diagnoses and dually involved youth.

The goal of the data request is to provide the Commission with a request that can be submitted to various state agencies to have a shared, transparent, comprehensive understanding of the level of need and what the corresponding resources are.

- Child Welfare Committee- Megan Miller
  Megan Miller stated the committee did not meet this quarter. At the previous meeting, the committee came up with robust action plans surrounding independent living/extended foster care and making sure it is on track for the new deadlines as well as discussing issues with placement. The committee looks forward to getting a meeting on the books.

- Education Committee- Janice Wolf
  Kim Abbott reported for Janice Wolf. The next committee meeting will take place on March 28th. The committee is focusing on two related initiatives. The first is the disparate impact of recent legislative changes regarding school disciplinary policy on children in foster care and children with disabilities. The second initiative is how effective state and local education legal advocates can make a difference for children in foster care and children with disabilities. The committee added two members, Gillian Barjon who is the Chief of the Education Advocacy team at Legal Aid Center and Dr. Leslie Congrove, the Education Liaison for the Clark County Department of Family Services.

8. **For Information:** Court Improvement Program Update – Zaide Martinez, Nevada Supreme Court-Administrative Office of the Courts
   - Provide updates on the Court Improvement Program.
     Zaide Martinez stated the Court Improvement Program (CIP) continues to work with all the judicial district's community improvement councils. CIP continues to work with the agency and child and family services review. Round 4 is coming up. There is heavy involvement with judicial engagement. Upon the initial review, the judicial and legal stakeholders' involvement is more around the case review system. As they go over the 7 factors there could be some elements the court or judicial stakeholders may be involved with. CIP is sending a team of 7 to the ABA conference in April. CIP is still working on starting up the CIP legislative subcommittee for this year. Kelly Brandon, Deputy District Attorney in Carson City, is the chair. CIP is gearing up for the next Community Improvement Council Summit and the court improvement self-assessment. CIP has moved forward with Judicial, Court and Attorney Measures of Performance (JCAMP).

     Jane Saint asked if anyone can be a part of the legislative subcommittee.

     Zaide Martinez stated it is open to anyone who would like to join.

9. **For Possible Action:** Discuss and Decide Upon Next Steps – Justice Nancy Saitta
   - 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
     i. June 21, 2024 at 10:30 a.m.

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

11. Adjourn

The meeting adjourned at 12:03 p.m.