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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
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Ross Armstrong
Administrator

Nevada Children's Commission Behavioral Health Committee Meeting Draft Minutes

DATE: Friday, November 5, 2021

TIME: 3:00 P.M.- Adjournment

VIDEO CONFERENCE: <https://call.lifesizecloud.com/11005973>

TELECONFERENCE LINE: 312-584-2401

EXTENSION: 11005973

1. **Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas, Dr. Domonique Rice
The meeting was called to order at 3:04 p.m. by Gwynneth Smith.

2. **Welcome and Introductions (Roll Call)** – DCFS Staff
Members Present by Video: Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas, Dr. Domonique Rice

DCFS Staff: Ross Armstrong, Elvira Saldana

Public: Jeanette Belz, Linda Anderson, Brigid Duffy, Justice Nancy Saitta, Dr. Tiffany Tyler- Garner

3. **Public Comment and Discussion:**
Ross Armstrong stated he is present as the Co-Chair of the Commission, to be supportive to the committee and see what the committee needs. Justice Saitta is also present for the same purpose.

Brigid Duffy stated she is present for the same reason. At the full Commission meeting she mentioned it might be helpful to have some direction from people who sit on the Commission as the committee sets off on their tasks.

4. **For Possible Action:** Meeting Minutes from June 8, 2020
Elvira Saldana stated the Deputy Attorney General's Office instructed for members previously on the committee to review the minutes. The minutes were provided to Dr. Joe Haas for review. Elvira Saldana asked Dr. Joe Haas if he had any suggested edits or corrections.

Dr. Joe Haas replied there were none.

Action: A motion by Gwynneth Smith was made to approve the minutes, seconded by Dr. Joe Haas, and carried to approve the minutes of June 8, 2020.

5. For Possible Action: Workplan Committee Goals – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas, Dr. Domonique Rice

Gwynneth Smith stated the Children’s Commission workplan tasks/categories are set by the Supreme Court. Relevant to the committee are three of the four categories which are training and development, technology and data sharing, and public awareness and challenges facing children and families.

Gwynneth Smith would like to narrow down some priorities in each of the categories to have some recommendations for the Commission. Gwynneth Smith’s understanding of the role of the committee and Commission for training and development is to focus on training not only in the child welfare system but youth mental health in general. One thing that stood out is a focus on training on identifying issues such as autism spectrum disorders and fetal alcohol spectrum disorders earlier in the youth populations. Gwynneth Smith is unsure of what trainings the State has nor which agency houses the trainings which focus on training the workforce that interfaces with youth. Gwynneth Smith asked committee members if they had any thoughts on training priorities.

Dr. Domonique Rice commented Mental Health First Aid training is where local staff who interface with youth and families are trained on the importance of mental health and being aware of actions they may see. Staff are educated on how to interact when there may be a crisis and there is not a mental health advocate present. Ohio had a grant for the training. Dr. Domonique Rice can look into it to see what it would look like to potentially bring it to Nevada.

Gwynneth Smith stated it is a very valuable idea. It reflects it is not always professionals who come from a mental health background who are the ones on the ground interfacing with the youth and families at the time there is a crisis. Gwynneth Smith would be interested in learning more and who in the workforce would need it.

Dr. Joe Haas stated there were some documents relating to an assessment of the available trainings across the spectrum. It might be a helpful document to take these recommendations and build on. At the time, the context was the System of Care grant was in full force. Some previous discussions were what trainings the System of Care through DCFS would offer to train providers who are not only Clinicians but also direct care Social Workers in the System of Care. Dr. Joe Haas asked Ross Armstrong for his thoughts on the System of Care training.

Ross Armstrong replied basic System of Care training would be good. Dr. Domonique Rice in her role oversees the System of Care team who has all the historical documents, and the training list can be obtained. The training list can be used to determine who would benefit from the training.

Dr. Joe Haas stated when they looked at the Texas Children’s Commission, they seemed to be driven by providing training to attorneys. Dr. Joe Haas suggested reviewing the available documents and seeing what is listed and add the Mental Health First Aid. There was a report referenced in the last meeting minutes and a letter drafted to Director Whitley to prioritize funding which may be helpful with the historical transition.

Gwynneth Smith asked if the documents could be circulated to the committee to perhaps be a point of discussion at the next meeting to look at what the priorities were historically and where they are now.

Dr. Joe Haas stated they had a plan. Around the first of the year in 2020 was when the letter was drafted.

Justice Saitta requested judicial training be included.

Kim Abbott stated it is important to make sure everyone in the courtroom has had trauma-based training.

Ross Armstrong asked Justice Saitta if the National Council of Juvenile and Family Court Judges (NCJFCJ) of Reno did trauma audits in court.

Justice Saitta responded she believes so and will do a search while the meeting continues.

Brigid Duffy commented the NCJFCJ did do a trauma audit of Judge Voy's courtroom several years ago.

Gwynneth Smith asked committee members if there were any other comments or areas of focus for discussion regarding training priorities.

Dr. Tiffany Tyler-Garner echoed Gwynneth Smith's sentiments regarding early intervention. Any investment in the capacity around infant and early childhood mental health will be invaluable. Dr. Tiffany Tyler-Garner asked if there is an opportunity to prioritize and ensure the workforce have the skills or competencies needed to respond to the current climate, minimally beginning with those youth who may find themselves with dual diagnosis.

Dr. Domonique Rice stated she can look into trainings to continue to educate the workforce on how to approach a dual diagnosis.

Dr. Sheldon Jacobs stated the one population of kids putting a strain on the child welfare and juvenile probation systems are those with FSD spectrum. They do have a partner who has agreed to provide additional support and training however there needs to be some level of funding to help support trainings for caregivers and caseworkers. Prior to the pandemic, a training was conducted for Judge Sullivan and some of the CAP attorneys.

Gwynneth Smith stated she agrees and echoes it be a priority for judicial training. The next section to be addressed is data and technology. One thing Gwynneth Smith would like to have a better understanding of, potentially from DCFS, are the capabilities of the UNITY system used within child welfare to track at a close granular level mental health diagnosis, assessments, and treatments for children.

Dr. Joe Haas stated they previously looked at the multiple data systems for kids in the child welfare system and those involved in the DCFS mental health treatment. It might be of interest for the committee to look at a tangible deliverable of beginning to develop a dashboard of relevant mental health data points for kids in the child welfare system. It would be helpful to have data drive what the training needs are as well the service recommendations. The number of referrals of child welfare kids to

mobile crisis would be of interest and would also give a handle on where to target Mental Health First Aid and who to train. The number of children who enter the child welfare system to access mental health care would also be of interest. Dr. Joe Haas suggested the committee look at a dashboard with the help of DCFS staff that would take data on the recommendations the committee makes and drive the recommendations.

Dr. Domonique Rice stated she could get the information as it relates to UNITY as well as mobile crisis.

Dr. Joe Haas commented looking at what some indicators are would be helpful for the committee.

Ross Armstrong stated the out of state dashboard is up and running. The link is added in the chat. A UNITY enhancement was received to do secure by directional data exchanges. The Division is researching the cost to create it with the Medicaid system so that every Medicaid billable event is placed in the child's medical passport in UNITY.

Gwynneth Smith stated it would be wonderful if it could be prioritized and accomplished.

Dr. Tiffany Tyler-Garner stated consideration should be given to prioritizing modernization. There has been a lot of concern of the adaptability of UNITY including interoperability.

Gwynneth Smith stated because it is a technology infrastructure item, it might fall under a category in which a proposal can be made through the federal funding the state has access to. It is an important component of building tomorrow's system. Gwynneth Smith asked if there were any other comments on data or systems.

There were no additional comments on data or systems from committee members.

Gwynneth Smith stated task number 4 which is the broad and very important category of public awareness of challenges facing children and families. The task of the committee is to focus on behavioral health and youth mental health. It is a key category for the committee to distill specific recommendations to present to the broader Commission. In the category of immediate crisis, one of the things Gwynneth Smith is working on and seeing daily are families who are bringing their kids to the child welfare system because they can no longer maintain their kids safely in their home due to not being able to meet their mental health needs. Gwynneth Smith has seen the problem accelerate significantly over the last 18 months and she sees it as an immediate priority which needs to be addressed with solutions as a committee.

Dr. Tiffany Tyler-Garner echoed Gwynneth Smith's sentiment. The examples of it are showing up and impacting other systems. In the last three weeks during the Children's Emergency Medical Services convening, they noted there are children in emergency rooms for days or weeks at a time due to waiting for placement. Parents surrendering their parental rights in hopes of getting care for their children, particularly mental health needs is an issue. It is critical something is done about the children's mental health system.

Gwynneth Smith asked Dr. Tiffany Tyler-Garner what she would see as key things that need to be addressed or occur in the community.

Dr. Tiffany Tyler-Garner stated partnering with other agencies to respond to it in ways that it has not historically.

Gwynneth Smith added with workforce development, it is not just the broad development of the workforce but also the importance of developing a workforce which reflects the communities it serves.

Dr. Joe Haas stated it is interesting and concerning to see the same issues come up periodically. The issue of child welfare being used to access care was in part, reasoning for the Division of Child and Family Services to be formed for child welfare and clinical support to be in the same division. There are some indicators which could provide a rough estimate of the number of children who might need the key services in the System of Care. The services are already developed to address the crises. For example, there could be way, a part of the dashboard, to get a ballpark number of yearly incidents of youth requiring crisis defined by suicide or by being at risk of being placed out of their home either through child welfare or juvenile justice. The model kicked around for the last 3 to 4 years would give you an idea of how many kids might need access to mobile crisis. A large percentage of kids in residential or at risk of losing placement could access wraparound or the midlevel form of case management. Dr. Joe Haas has not seen in advocacy to say if we are faced with this number of youth who are projected to need services what would be the required caseload to meet the services for mobile crisis and wraparound. It would clearly layout where the growth needs to occur should the crisis need to be addressed.

Kim Abbott stated in intermediate level of care, intensive outpatient, and partial hospitalization there is a huge gap and it needs to be addressed. Understanding what there is and what the needs are is very important.

Dr. Sheldon Jacobs stated a lot of the kids sent to RTCs is due to the lack of the intermediate level of care.

Gwynneth Smith asked if there is an equivalent to the Open Beds tracking system for the lower levels of care.

Ross Armstrong stated his understanding is the vision is the Open Beds system can be used to identify capacity in community-based services. To figure out what services are out there; the different children's consortia are calling people in their communities who know what services are available. Once the information is gathered, perhaps requesting a monthly report from Medicaid of providers who have enrolled and disenrolled would help maintain the list.

Gwynneth Smith stated the capability with Medicaid discussed would be an area to prioritize.

Dr. Joe Haas stated there are ways to do a ballpark estimate. There are studies around the prevalence of mental health conditions in the child welfare system. If the estimate was applied to Nevada and the number of clinicians in Nevada who serve children can be obtained, it would provide a sufficient gap

analysis. Dr. Joe Haas suggested narrowing down the focus to two populations and pulling data on the prevalence of different diagnosis within children in the child welfare system and look at the indicators of youth who are in some form of behavioral health crisis.

Dr. Domonique Rice echoed the sentiments of Kim Abbott and Gwynneth Smith on the intermediate level of care. Being able to build the intensive in-home services allows for the middle medium to get services. Lyon County is doing a pilot program called Multi-Dimensional Family Therapy which involves the community building into the capacity, coming to the schools, going to juvenile justice and the home. The program is pointed to the child staying in the home with the goal of assisting the parents and child throughout the moment of intensive care that is needed.

Gwynneth Smith stated she would like to learn more about the program and asked if Lyon County is piloting the program through a DCFS initiative.

Dr. Domonique Rice replied it is through DCFS, through System of Care. System of Care is spearheading it.

Gwynneth Smith stated the main challenges she thinks the Commission should take a role on are the issue of parents relinquishing to access services, the issue of creating a robust sustainable continuum of care, and workforce development. The cost structure issue has not been discussed. The Commission may want to take a stance on it.

Kim Abbott stated she is not sure where the continuity of services and care and eliminating the barriers that get in the way fit in the structure. Medicaid seems to be the barrier with kids who are moving in and out of different levels of care and the coordination of continuity of services. Kim Abbott thinks the barriers that get in the way of continuity of care and services need to be looked at.

Gwynneth Smith stated she agrees, and it is crucial to address. Having Medicaid involved in the discussion is a key thing.

Dr. Domonique Rice stated she echoes the continuum of care, being able to see if there is a possibility to bring various players already at the table together to continue to build on the continuum of care and access to services and not inadvertently becoming barriers to families and their services.

Dr. Joe Haas stated one thing that can be done to bring these issues to an endpoint is to create a catalog of dilemmas that are faced and the solution to the dilemma. Dr. Joe Haas supports the talk about intermediate intensive home services. A healthy System of Care in the country can be looked at and ask them, of their child welfare kids how many access the level of services they are talking about and apply that percentage to Nevada to determine the number of in-home services needed.

Dr. Sheldon Jacobs agrees with everyone's sentiments however he thinks it is an education piece too.

Gwynneth Smith stated there is a lot of agreement from the group. Gwynneth Smith suggested identifying action steps the committee can take knowing the next step will be the feedback to the broader Commission.

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

Gwynneth Smith suggested the Committee be prepared to identify a limited number of key areas to highlight as priorities for youth mental health for the broader Commission to discuss and consider. Gwynneth Smith stated she would like more information coming to the committee regarding the systems currently being utilized, what their capabilities are, and if new systems need to be considered.

Dr. Joe Haas suggested looking at the current capacities in the System of Care as defined by DCFS services and Medicaid providers across the levels discussed.

- Assign Tasks to Committee Members (if needed)
Each committee member identify a key dilemma and proposed solution.
- Specify Agenda Items for the Next Meeting
 - Discuss key issues/dilemmas and proposed solutions
- Confirm Next Meeting Date/Time
A meeting will be scheduled prior to the December 17, 2021 Full Commission meeting.

7. Public Comment and Discussion

Dr. Tiffany Tyler-Garner thanked Gwynneth Smith for her commitment.

Gwynneth Smith thanked everyone present. Gwynneth Smith stated she is aware of all the people and systems that will have to work together to move the needle on the issue. The needle has to be moved; the current circumstances are not ok for our kids.

Brigid Duffy commented she is proud of Gwynneth Smith.

Kim Abbott asked if there is a formal schedule for meetings and what the plan is.

Ross Armstrong replied there is no minimum or maximum requirement of how many times the committee must meet. There must be a quorum of the committee to hold a meeting.

Dr. Joe Haas asked if it is permissible for the Chair, in forming the agenda or getting background, to talk to a committee member one at a time around specific issues.

Ross Armstrong stated for agenda building, one on one contact is fine.

8. Adjourn

A motion was made to adjourn by Gwynneth Smith, seconded by Kim Abbott, and carried to adjourn the meeting.

The meeting adjourned at 4:33 p.m.