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Governor



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 Draft Meeting Minutes

DATE: Tuesday, June 11, 2024

TIME: 3:00 P.M - Adjournment

VIDEO CONFERENCE:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzdmZjlmMzItODdlNv00ZjI4LWJhMDYtZTdhOTIwZDBkNjk3%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: 992 364 559#

- 1. Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
The meeting was called to order at 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: Marla McDade Williams, Kyra Morgan, Elvira Saldana

Public: Cynthia Carstairs, Sabrina Schnur, Olivia G., Allison Genco

- 3. Public Comment and Discussion**

There was no public comment.

- 4. For Possible Action:** Approval of May 8, 2024 Meeting Minutes – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

Gwynneth Smith asked committee members if there were any corrections they would like to propose or comments that need to be addressed.

Kim Abbott stated she had no corrections or comments.

Action: A motion was made by Gwynneth Smith to approve the minutes, seconded by Dr. Sheldon Jacobs, and carried to approve the meeting minutes of May 8, 2024.

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 is in the final stages of the data request. At the last meeting, the committee began discussing data related to neurodevelopmental diagnosis. There was some discussion regarding professionals who may not be licensed as a specialist in neuropsychology. The committee left off with the discussion of the number of other specialists. Gwynneth Smith asked if there are any other specializations other than neuropsychology the committee would like to have data on. The way the Ackerman Center conducts its evaluations is they have a multidisciplinary team of which neuropsychology is one profession.

Kim Abbott asked if they have a developmental specialist or something to that effect.

Gwynneth Smith stated she believes they have a pediatric geneticist. Gwynneth Smith asked Dr. Sheldon Jacobs who else is on the panel.

Dr. Sheldon Jacobs stated there is a pediatrician, standard clinical psychologists, a neuropsychologist, and a medical provider. They are a diverse multidisciplinary team.

Kim Abbott stated in reviewing a recent assessment it lists Dr. Morris (geneticist), Dr. Gaspar de Alba (Medical Director), Joshua Harrold (pediatric nurse practitioner), Elizabeth Wilkes (family nurse practitioner) in addition to Dr. Beasley (child neuropsychologist) and Holly Summers (post-doctoral psychological Fellow).

Gwynneth Smith stated she narrowed it down to pediatric geneticist, developmental behavioral pediatrics, and pediatric neurology. The number of licensed neuropsychologists who are contracted with Nevada Medicaid private insurance are important points. Gwynneth Smith asked committee members if the number of neuropsychologists who may be enrolled with Nevada Medicaid and are accepting Nevada Medicaid referrals would be a useful data point.

Dr. Sheldon Jacobs stated it is an ongoing issue and he has spoken about it in many forums in terms of the number of providers across disciplines who are moving further away from Medicaid. For many providers the reimbursement rate is low.

Gwynneth Smith commented it is proportional to the waitlists they see. Another category that is important for the Children’s Commission involves youth referred to ASD for developmental services. Higher level placement types for these children is a prominent issue.

Dr. Joe Haas joined the meeting.

Gwynneth Smith requested the record reflect Dr. Joe Haas being present. Some specialized residential placements for youth with neurodevelopmental diagnoses are supported living arrangement and intermediate care facility. Gwynneth Smith asked committee members if there were other placement types the committee may need data on.

Kim Abbott commented under supported living arrangement there are different categories and is unsure if it should be broken down.

Gwynneth Smith stated it can be proposed to be specific by placement type. Gwynneth Smith asked committee members if there were any other categories.

Dr. Sheldon Jacobs asked if RTC is listed.

Gwynneth Smith stated it is not included. There was an in-depth discussion in the RTC category regarding kids in RTCs with co-occurring neurodevelopmental. It might be captured in another section. The next data point, number of Applied Behavioral Analysis (ABA) providers contracted with Nevada Medicaid is very general. Perhaps it can state by provider subtype.

Kim Abbott commented the two levels she is familiar with is Board Certified Behavioral Analyst (BCBA) and Registered Behavior Technician (RBT).

Gwynneth Smith stated the overarching question for the purposes of the committee and Children's Commission is being able to attach a number and a capacity to it within the state which can be tracked across time. By provider subtype was added to the next data point, number of ABA providers contracted with private insurance providers. Gwynneth Smith asked committee members if it is important to know the number of Medicaid covered youth billed for ABA service by diagnosis.

Dr. Sheldon Jacobs stated he thinks it is important.

Kim Abbott stated the committee has not covered gaps or waitlists and is unsure if it can be captured.

Dr. Joe Haas agrees with Kim Abbott. A possible approach would be to see how many known youth with diagnosis who qualify for ABA are in UNITY. The number by epidemiological studies that are projected in the population or Medicaid population can also be looked at.

Gwynneth Smith stated the last category is juvenile justice/dual status youth. The first data point listed is number of youth in state correctional/county detention facilities with behavioral health diagnosis. Gwynneth Smith asked if the CASII would be a good proxy.

Dr. Sheldon Jacobs stated not necessarily.

Dr. Joe Haas commented there is a docket in Washoe County that could provide information. Washoe County can be approached to let the committee know what current data they have available.

Dr. Sheldon Jacobs stated he would be curious to see what data they use.

Dr. Joe Haas stated the MAYSI could be looked at solely on depression, anxiety, and suicidal thinking. The number of youth who entered and were referred to residential treatment each year can also be looked at.

Gwynneth Smith stated the next data point is number of youth in state correctional/county detention who received therapy/behavioral consult while in custody. The data is available in Clark County detention. The data point, number of youth in state correctional/county detention receiving psychiatry services, Gwynneth Smith is thinking specifically of youth receiving psychotropic medication while in custody. It is a good proxy for youth with significant elevated behavioral health.

Dr. Sheldon Jacobs stated they have the mental health treatment team who would have data for youth tracked.

Dr. Joe Haas stated there is an annual report with data.

Gwynneth Smith asked if the report is promulgated by the juvenile probation department of the county.

Dr. Joe Haas stated it is.

Gwynneth Smith stated the data for number of youth in either DCFS custody or adjudicated to juvenile probation who are in an alternative placement for psychiatric behavioral health treatment should be accessible.

Dr. Joe Haas stated he thinks it is required reporting.

Gwynneth Smith stated the data for number of youth transported from state correctional/county detention for acute psychiatric care should also be accessible. The next data point is number of youth in state correctional/county detention placed on suicide protocols. Competency referrals might also be a proxy for number of youth in state correctional/county detention with a confirmed or suspected neurodevelopmental diagnosis. Gwynneth Smith asked committee members if there is anything missing for the juvenile justice/dual status population category.

Dr. Joe Haas suggested when the committee requests the data from the different departments that they volunteer data they already capture.

Gwynneth Smith stated she agrees. A lot of the data may already exist or be reported in other formats.

Kim Abbott asked if there is a way to drill down the number of days or average length of days for the number of youth in a facility on suicide protocols data point.

Dr. Joe Haas stated he thinks there is a way.

Gwynneth Smith stated the committee is at the end of the list of data points. Gwynneth Smith will review it to streamline it into a document to present to the Children's Commission Chairs as a proposal for the Commission to ask for.

- 6. For Possible Action:** Identify and Approve a Goal to be Accomplished by the End of the Year – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
Gwynneth Smith stated the Co-Chairs have asked for an update and a brief report on the committee's primary area of focus/goal to be accomplished by the end of the year. Last August a report was

submitted to the Commission which outlined gaps in services, data collection, and promising practices as primary areas the committee thought were important. The committee has been working on the data request. Gwynneth Smith's proposal is for the data project to be the primary focus for this year.

Dr. Joe Haas stated gaps and some promising practices are covered in the document.

Kim Abbott commented over the course of the work and breaking it down, the committee is also documenting and laying out different priority areas of concern within children's mental health. The data will help identify other bigger gaps or priorities. Kim Abbott suggested that it not just be presented to the Commission as a data plan, but to also talk about the goals and outcomes of the data plan.

Gwynneth Smith stated she agrees, and it ties back to what was submitted last August. Perhaps what the committee will need to do is refer the Commission back to the committee report.

Dr. Joe Haas stated a section could be added asking what evidenced based practices and promising based practices are available for youth in juvenile justice and child welfare and current capacities.

Gwynneth Smith stated she would like to foreshadow for the Commission what will be presented to them which will be a refined list. Gwynneth Smith's recommendation is either through the drafting of a letter to the Chairs or a presentation recommend the Commission approach the other agencies with the data request.

Action: Gwynneth Smith made a motion to revisit the original proposal from last August with the Commission with a focus on delivering a data ask plan, seconded by Dr. Joe Haas, and carried to approve the committee goal.

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
Agenda items were not identified.
- Confirm Next Meeting Date/Time
A meeting will be scheduled later.

8. Public Comment and Discussion

There was no public comment.

9. Adjourn

The meeting adjourned at 3:53 p.m.