

Joe Lombardo
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Cindy Pitlock, DNP
Administrator

Nevada Children's Commission Behavioral Health Committee Draft Meeting Minutes

DATE: Friday, September 8, 2023

TIME: 11:00 A.M.- Adjournment

VIDEO CONFERENCE:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjE2NjM5YTctNDBjNv00ZGQ0LTg3YTctMzYxYjBjZTBIZDkw%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: 175 257 645#

- 1. Call to Order** – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas
The meeting was called to order at 11:05 a.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

DCFS Staff: Elvira Saldana

Public: Abbey Bernhardt, Elyse Monroy-Marsala

- 3. Public Comment and Discussion**
There was no public comment.
- 4. For Possible Action:** Meeting Minutes August 15, 2023 – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

Gwynneth Smith asked committee members if there were any corrections or changes to the meeting minutes.

There were no recommendations.

Action: A motion was made by Gwynneth Smith to approve the minutes as written, seconded by Dr. Joe Haas, and carried to approve the minutes of August 15, 2023. Kim Abbott abstained.

5. **For Possible Action:** Committee Priorities – Gwynneth Smith, Dr. Sheldon Jacobs, Kim Abbott, Dr. Joe Haas

- Discuss and identify committee priorities.
- Vote and approve committee priorities for 2024.

Gwynneth Smith stated the chairs of the Children’s Commission reached out and requested the committees identify priorities the committees will be focusing on over the next year. Gwynneth Smith will write up a document of what the committee agrees on and forward it to the chairs. Gwynneth Smith suggested keeping the list short and limit it to three areas. The number one area Gwynneth Smith suggested is a continued focus on improving data collection related to tracking mental and behavioral health outcomes for kids in the child welfare system. Over the course of the last year, the committee had the folks in charge of the UNITY upgrade process present at a committee meeting. Gwynneth Smith would like for it to be a continued area of focus. The second suggested area is using the committee to highlight promising practices in the communities. The third suggested area is for the committee to continue to identify and monitor where the gaps are in the continuum of care. Gwynneth Smith reviewed the children’s mental health and behavioral health services continuum developed by Jill Marano, Director of Clark County Department of Family Services.

Dr. Joe Haas asked if the population projected to have their needs met, is the entire population of youth with behavioral health issues in the state or if they are restricted to needs within the child welfare system.

Gwynneth Smith stated it is a good question. It was discussed and developed within the context of child welfare. Gwynneth Smith thinks the continuum of care applies to every child in the state.

Dr. Joe Haas stated he wonders where the state is at in the emergency room data.

Gwynneth Smith stated it could be an area of focus and have folks come in and report to the committee. It might be a good idea to get University Medical Center and other hospitals to provide an update.

Kim Abbott commented she thinks the draft presented is not the most recent. Some updates/changes were made. On the most recent version, residential services was changed to say community based residential services and it was the highest level of need (red). The step-up step-down level of care is an area that needs to be highlighted. Regarding the priorities mentioned, Kim Abbott suggested renumbering them. The gaps and the gap in the step-up step-down level of care should be number one, data tracking number two, and highlighting promising practices number three. Kim Abbott commented she would like to figure out if there are ways the committee can be solution driven or inspire the Commission to be solution driven on some of the issues.

Gwynneth Smith stated she agrees with Kim Abbott. Identifying the priorities and generating the document will be the focus of the Commission meeting. The meeting will be an opportunity to mention what Kim Abbott said.

Kim Abbott stated the overall goal of building out an appropriate continuum of care is a big goal. There is a gap in the continuum when it comes to special populations, i.e., kids with intellectual and developmental disabilities. There is little to no continuum for the population regarding specialized services. Kim Abbott is very encouraged by the legislation out of the last session authorizing ADSD to begin a pilot program to bring in other evidence-based modalities for treatment of FASD. Hopefully there are funding opportunities to get it off the ground, as it did not come with funding. A huge segment of some of the most challenging cases they are struggling to find appropriate placement and services are for kids with FASD. Unfortunately, due to the late diagnoses, the youth have spiraled through the mental health system with increasing mental health needs because of the lack of intervention. It is another critical missing piece in the community and an opportunity to bring it front and center to the Commission.

Gwynneth Smith stated she agrees. Asking ADSD to come and report back on the pilot program over the next 12 months is a great opportunity for the committee. The number of children who have a co-occurring neurodevelopmental diagnosis that are being funneled into the highest levels of the mental health system for acute care or RTC care is huge. In looking at the continuum and thinking of the same population, one area Gwynneth Smith would like to highlight for the Commission and make recommendations is around what are the best practices for screening and assessing earlier.

Dr. Joe Haas commented it seems the committee could take the issues discussed which are on the continuum and ask DCFS as the mental health authority to develop an estimate of the number of children who are projected to meet certain criteria within child welfare, juvenile justice, and the population as a whole. Perhaps the Commission could provide guidelines as to whether to just focus on child welfare or juvenile justice. It could start as simple as asking DCFS to shore up the UNITY data system to accurately identify all the youth the committee has talked about. Once that number is obtained, the committee can ask about the current capacities in Medicaid and in state hardwired positions currently available and ask the boards to report on the number of child specialists who are available in the state. Then begin to go through and put numbers to these gaps and ask what the current efforts are to improve the services and to establish a regular report card that is revisited at these meetings or at whatever meeting within children's mental health. It can start with simple things that the committee has talked about.

Gwynneth Smith stated she agrees with bringing some numbers to try to quantify it and look at over time. Gwynneth Smith stated she will need the help of the committee members to think of what data points they should be asking the state to prepare.

Dr. Joe Haas stated to start they could ask for the number of covered lives they project in children to have a serious emotional disturbance. The Department of Justice report could be addressed by saying what the current waitlist of Wraparound in Nevada is and the open positions. Dr. Joe Haas thinks what they have already heard about can be taken and try to put simple basic numbers to highlight the gaps, and then ask for what is being done to meet the gaps.

Gwynneth Smith stated it is a reasonable request to go back to the state partners with. If the numbers are not easily available, it will be important to know.

Dr. Joe Haas stated they could start with child welfare and then include the number of children coming in to access care. That would be a huge start.

Elyse Monroy-Marsala stated she is present on behalf of Belz and Case Government Affairs. They represent the Children's Advocacy Alliance and Nevada Psychiatric Association. In a volunteer capacity, Elyse Monroy-Marsala is a member of the Division of Public and Behavioral Health's Statewide Epidemiological Workgroup. The group helps inform the state's epidemiological profile which is produced every other year. Elyse Monroy-Marsala provided the link to the most recent epidemiological profile in the meeting chat, https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention,%20Epidemiologic%20Profile%20for%20Nevada,%202020.pdf. The profile looks at mental health and behavioral health morbidity in Nevada. It kind of gets at what Dr. Joe Haas was talking about, in terms of what the disease prevalence is. Elyse Monroy-Marsala encourages the committee members to look at the profile to see if it is helpful. As a member of the statewide workgroup, Elyse Monroy-Marsala can take Dr. Joe Haas's proposal back to the SEOW for consideration of their special data product.

Gwynneth Smith stated she was not aware of the group or it being a data resource. It has the potential to help the committee. Gwynneth Smith thinks folks tracking data at their level and looking at something like FASD in the state, would be incredibly useful.

Elyse Monroy-Marsala stated she would take it back. They are trying to narrow down their special project topic. There are several useful reports posted online. Elyse Monroy-Marsala stated she is glad she was able to bring the report to the committee's attention.

Gwynneth Smith stated if there are other reports Elyse Monroy-Marsala is aware of that may touch on the work of the committee to please let the committee know about them.

Kim Abbott asked Elvira Saldana to email the link to the committee members.

Elvira Saldana stated she would email the link.

Gwynneth Smith asked committee members if there was any input on the areas of focus. Gwynneth Smith agrees moving the consideration of the continuum of care and the gaps of continuum of care to number one and identifying the gaps. The committee will let the Commission know that making requests regarding trying to quantify and track data along the continuum will be their main priority area of focus. Another project that is important for the committee to keep their eye on is the Care Management Entity approved through the Division of Child and Family Services.

Abbey Bernhardt commented she was diagnosed with bipolar at the age of 3 years old and is a suicide attempt survivor. Abbey Bernhardt is being trained as a Youth Peer Recovery Specialist at the National Alliance on Mental Illness. Abbey Bernhardt works the teen text line and appreciates the intensive outpatient/partial hospitalization.

Gwynneth Smith thanked Abbey Bernhardt for joining and for sharing her personal experience.

Abbey Bernhardt stated she is an advocate in the community, has applied for the Early Childhood Advisory Council, and is very interested in helping advocate.

Kim Abbott thanked Abbey Bernhardt for her efforts with the National Alliance on Mental Illness.

Dr. Joe Haas thanked Abbey Bernhardt and stated he appreciated her comments. The most important feedback is from folks trying to avail themselves of services and hearing about their experience from their perspective.

Gwynneth Smith asked Dr. Sheldon Jacobs if there are any items missing or items the committee should be focusing on in a different way.

Dr. Sheldon Jacobs stated there are no items missing, everyone is spot on. It is a start in the right direction for the committee to hopefully be able to quantify some of the data that needs to be captured. Dr. Sheldon Jacobs thanked everyone for their input.

Gwynneth Smith stated she would summarize the three priorities, ask for any changes, and then move to a vote. Priority number one will be using the continuum of care rubric, highlighting for the Commission where the critical crisis gaps are. The committee has discussed children with co-occurring intellectual disability or neurodevelopmental as a key population they need to serve on the continuum, as Kim Abbott mentioned there really is no continuum for that population. Dr. Joe Haas highlighted the need to start making requests to bring some quantitative data to the continuum to understand how great the need is currently and projected in Nevada, and what there is for each of the areas. The Care Management Entity was discussed and asking DCFS to report on it and how it will fit. The committee also discussed the need for understanding how to do more and better screening earlier for disorders such as FASD and the importance of the level right below residential and hospital-based services. Gwynneth Smith thinks the development of the QRTP model and the unlocked PRTF model would be good to highlight for the Commission and to focus on the next year. Gwynneth Smith suggested priority number one to be gaps in the continuum using the continuum of care rubric; priority number two to be continued focus on data tracking, i.e., UNITY upgrade project and requests for specific data; priority number three to be promising practices, continuing to have the flexibility to bring in practitioners, members of the community, etc. who are engaged in promising practices in the community that the committee would like to highlight for the full Commission. Gwynneth Smith asked committee members if she is missing anything or if there are any corrections.

Kim Abbott stated it sounds great, however asked if the committee would like to add something to suggest in looking at developing the continuum of care to request reports or updates from various entities in state agencies to accomplish it. Kim Abbott suggested bringing in Magellan to get updates on the contract for the care coordination on how it is being rolled out, how it is helping to fill the gap, if it is meeting the needs, and if additional funding will need to be pursued. Perhaps, also bringing in DCFS and ASD to talk about how the specialized needs are being filled for those with intellectual developmental neurodevelopmental disabilities. Having some language to suggest they will try to hold people accountable and bring them to the table to find solutions.

Gwynneth Smith stated it is appropriate and it will be included. Gwynneth Smith asked committee members if there were any other changes or additions before taking a vote.

Dr. Joe Haas asked if there was agreement or disagreement on the place to start being the health of behavioral health within the child welfare system, and the committee look at numbers when data is requested. Dr. Joe Haas suggested the focus to be on kids coming in to access mental health and to look at the kids in the community who are put into dire straits by having to enter the systems. It would allow for a nice continuum and be able to get some numbers to project the number of kids getting the services, waitlists, and potentially undetected kids in the system.

Gwynneth Smith stated she agrees, however she may need to come back to Dr. Joe Haas. Gwynneth Smith would like to be specific with what is asked to be provided. If the request is too broad, it may be difficult to fulfill and/or may not answer the questions. It may be a task for the committee to drill down on specific data points to track on a regular basis and make the request.

Kim Abbott asked since the meeting end time is coming close and in the interest of moving the priorities forward, if there should be a draft to work from and then try to schedule a meeting to vote on it.

Gwynneth Smith stated she does not have an objection to it. The committee needs to report back by close of business on Monday, September 18, 2023. Gwynneth Smith stated she is not sure if it can be accomplished.

Elvira Saldana stated if something is going to be drafted and presented, a meeting would need to be scheduled for the committee members to review and vote on.

Dr. Joe Haas stated for purposes of the meeting, the committee has enough to sort of state an agenda for the next year and then if a meeting cannot be scheduled, the committee can start with a portion of the agenda. The committee can lay out a blueprint for the Commission on what the committee's general approach will be.

Gwynneth Smith stated her ask would be if the committee members agree the committee needs to focus on the continuum and the gaps; data, number two; and promising practices, number three. If a vote is taken on those priority areas, Gwynneth Smith can take the priority areas and, in the report, let the Commission know the ideas the committee is considering focusing on, based

on what has been discussed today. Gwynneth Smith asked committee members if that is reasonable for today's purposes.

Dr. Joe Haas stated he would be happy to make a motion.

Action: A motion was made by Dr. Joe Haas to approve the outlined items provided by Gwynneth Smith, seconded by Kim Abbott, and carried to approve the three priority areas.

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**
A follow up detailed discussion on the three priority areas, i.e., specific data points, what the report card will look like, what entities will present to the committee.
- **Confirm Next Meeting Date/Time**
The next meeting date was not confirmed.

7. Public Comment and Discussion

There was no public comment.

8. Adjourn

The meeting adjourned at 12:04 p.m.