

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
JANUARY 12, 2018
MINUTES**

VIDEO TELECONFERENCE MEETING LOCATIONS:
NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES,
2655 ENTERPRISE ROAD, RENO, NV
AND
DIVISION OF CHILD AND FAMILY SERVICES,
4126 TECHNOLOGY WAY, 3rd FL CONFERENCE ROOM, CARSON CITY, NV
AND
SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES
6171 WEST CHARLESTON BOULEVARD, BUILDING 8
LAS VEGAS, NV

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Denise Everett
Barbara Jackson
Pam Johnson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Lisa Durette
Tabitha Johnson (by phone)
Viki Kinnikin
Noelle Lefforge
Lisa Ruiz-Lee
Asma Tahir

COMMISSIONERS ABSENT:

None

STAFF AND GUESTS:

Cara Paoli, Division of Child and Family Services
Kevin McGrath, Division of Child and Family Services
Kathy Mayhew, Division of Child and Family Services
Megan Freeman, Division of Child and Family Services
Kristen Rivas, Division of Child and Family Services
Priscilla Colegrove, Division of Child and Family Services
Julie Slabaugh, Deputy Attorney General
Kelsey McCann-Navarro, Division of Child and Family Services
Michelle Sandoval (phone), Division of Public and Behavioral Health
DuAne Young, Division of Health Care Financing and Policy
Dorothy Pomin, Division of Health Care Financing and Policy
Rique Robb, Aging and Disability Services Division
Tara Phebus, Nevada Institute for Children's Research and Policy UNLV

Charlene Frost, Nevada PEP
Dan Musgrove, Clark County Children's Mental Health Consortium
Lea Cartwright, Nevada Psychiatric Association
Adrianna Wechsler Zimrins, Nevada Psychological Association
Ellen Richardson-Adams, Division of Public and Behavioral Health
Cheril Carrington, Division of Public and Behavioral Health
Lisa Linning, Clark County Department of Family Services

CALL TO ORDER AND INTRODUCTIONS

Commissioner Kinnikin called the meeting to order at 8:45 A.M. Roll call is reflected above; it was determined that a quorum was present.

PUBLIC COMMENT

Commissioner Kinnikin called for public comment.

Dr. Adrianna Zimring, President of the Nevada Psychological Association gave a statement about the tension due to the recent significant changes to Medicaid reimbursement rates that affect many different providers but specifically psychologists and most specifically psychologists who do assessments and mental health evaluation. The reduction in rate is about 18% for mental health evaluations. The announcement was on December 20, 2017 but it indicates that the reduction is effective as of January 1, 2017. They are being told that they will need to pay back the overpayments from 2017. She understands someone is working on it to figure out a way to distribute the re-payment amount over future reimbursement from Medicaid. We are looking at a lot of private practices needing to drastically reduce the number of Medicaid patients. There are quite a few thinking about closing up shop or just stopping taking Medicaid. This is a significant problem. Dr. Zimring submitted a statement in writing that is attached to these minutes.

DuAne Young addressed this issue. This was a mandate from Centers for Medicare and Medicaid Services (CMS). We had not aligned the rates since 2002 and so the mandate was to bring the rates up to at least 2014. There were several public workshops and hearings that were held in mid-June 2016. He recognizes that providers did not understand the significant impact. The system should have been implemented in January 2017 but because of many projects and initiatives was implemented January 1, 2018. CMS does not allow them to give a grace period. We have proposed working with each provider, each is very important to access to care. They are looking at multiple options because they cannot have anyone go out of business because of these changes. Deputy Shannon Sprout will release more information within the next week as to how they can work with all the psychologists in Nevada.

Commissioner Lefforge stated that she is very concerned about the cuts to the rate. Psychologists who take these under-served patients are doing it as social justice and she does not see how cutting the rates even more is helpful to Nevada.

Chair Kinnikin asked how people can find information about the decisions that are made. Mr. Young responded that it would be straight from Medicaid's administration. They also send out provider notifications. There are certain decisions out of their hands. CMS has a rule of the upper

payment level. Given the climate of the federal government, he does not know what will happen, but it is a very important discussion continue. If the federal government continues to move in this direction, Nevada must come up with solutions that fit for Nevada.

CONSENT AGENDA

APPROVAL OF MINUTES AND AGENCY REPORTS

MOTION: Commissioner Lefforge moved to accept the minutes from the September 14, 2017 meeting.

SECOND: Commissioner Tabitha Johnson.

VOTE: The motion passed unanimously.

Commissioner Durette had a question on the Division of Child and Family Services (DCFS) agency reports regarding caseloads and wait lists. What is the purpose of DCFS in the clinical realm? Regarding the SOC grant, it is her understanding that DCFS is moving into the role of clinical oversight for the state. She sees a robust caseload in areas. Why does DCFS continue to have this caseload if the state is moving into the oversight position and why do we have any wait list if the SOC has begun to develop these community partners that should be able to care for these youth?

Kevin McGrath responded that the reason there are still caseloads within DCFS is because major changes need to be made to Medicaid, so these services can be provided by community providers. This will not take place until after the 2019 legislature. We will continue to provide those services until we can get a home community based services waiver in place and some other changes to Medicaid rules that would allow community providers to provide those services and then DCFS would shift to a more oversight agency.

Commissioner Durette asked what is meant by Medicaid changes because just regular services can be provided by anybody in the community. We have the SOC grantees of the rural, north and south. Why wouldn't they be able to assume this care? Why would DCFS have a waiting list for youth? She is looking at both the north and south because they both have wait lists in Clinical Services, Early Childhood, and WIN.

Ms. Paoli responded that DCFS is in the process of transferring youth out who are Medicaid eligible to communities and agencies who can take them. It is difficult because many times youth have relationships with their therapists. DCFS has a budget to maintain and we must be conscientious of where we are in our fiscal year and how to make this transition happen with the next legislative session, and with still meeting our budget expectations. We also have to take into consideration whether community agencies are ready. At our next Workforce meeting we are going to have Medicaid come and talk about what their need is showing them as far as community agencies being prepared and if there are enough treatment providers in the community to make this happen. The other piece that factors into this is staff turnover which is on the report. There has been a lot of staff change since the change to the model, which the SAMSHA technical assistance said could happen, but we have seen better fidelity success with

the new model. The clinical services wait list probably has to do with getting a lot of referrals for youth who are uninsured and cannot be served by Medicaid or are not eligible for other reasons. Northern Nevada Child and Adolescent Services (NNCAS) has had an influx of those youth.

Commissioner Durette was under the impression that the SOC grantees were able to care for the uninsured and would still be reimbursed through the SOC funding. Mr. McGrath responded that it depends on the service that child needs. There is no SOC grantee that does Early Childhood.

Megan Freeman said many outpatient positions have converted to Mobile Crisis positions because of the declining caseloads. It would be more helpful to look at a comparison between what were caseloads two or three or five years ago compared to what they are now.

Commissioner Durette requested data for the next meeting to include clinical caseloads for the north and south. Specifically, at 6-month mark of what the clinical caseload is and what the capacity for the current clinical team is and how it reflects to the wait list. She would also like to know on the wait list how many are uninsured and undocumented.

Kathy Mayhew said the Planning and Evaluation Unit could provide this data.

INTRODUCTION OF NEW COMMISSIONER DENISE EVERETT.

Chair Kinnikin welcomed Commissioner Denise Everett. Commissioner Everett requested regulatory information around seclusion and restraints. Chair Kinnikin asked Commissioner Everett to tell everyone about herself. She has been in the field of behavioral health for close to 30 years. She is a licensed MFT, and a licensed clinical drug and alcohol counselor. She has been the executive director of several agencies. Currently, she is the Executive Director of Ridge House which primarily focuses on adults. Many clients have been recently released from the Department of Corrections and they do their best to provide substance use and mental health disorder counseling treatment and wraparound services to have them successfully re-integrated into the community, but also serve any adult in the community with alcohol and mental health problems. She was also the Director of Quest Counseling for ten years, so she has experience with youth. Chair Kinnikin said Commissioner Everett will be a welcome addition.

UPDATED LIST OF COMMISSIONERS, THEIR POSITIONS, AND TERM DATES

Chair Kinnikin asked for any comments about the list that was provided:

- Commissioner Tabitha Johnson said her term end date is incorrect. It is June 30, 2021.
- Commissioner Jackson said her term is from 8/7/17 to 6/30/21.
- We need to look at Commissioner Everett's term of two years.
- Commissioners Pam Johnson and Chair Kinnikin's terms end 6/30/18.
- Commissioner Ruiz-Lee said she believes her term is two years beyond 6/30/18.

Chair Kinnikin said she would like to get with the Governor's office because some Commissioners have two-year terms, some have four-year terms. Laura Adler said she could go back to the Governor's office about the term dates.

Commissioner Ruiz-Lee read from the NRS 233.61 about Commission terms. We have to find out if the initial term is different than the subsequent four-year terms. Commissioner Lefforge would like to clarify because it is important to anticipate when Commissioners will complete their term, so we do not have vacancies. We should identify someone to step in especially since the workload of this Commission is expected to increase with the passage of AB457.

Chair Kinnikin said Dr. Hunt talked to his board and they were supposed to submit names for medical physician. Chair Lefforge asked if we have received any names. Julie Slabaugh said the names go to the Governor, so it would be the Governor's office that would have that information. Chair Kinnikin said she remembers an email from Niki Haag from the Governor's office stating she was not the person who handles this anymore. Chair Kinnikin asked Ms. Adler to contact the Governor's Office of Boards and Commissions and find out who the contact person is.

Chair Kinnikin will notify the Social Work Board. Commissioner Pam Johnson will notify the Nevada Nurses Association that names need to be brought forth to serve on the Commission.

Chair Kinnikin asked Commissioner Tabitha Johnson to get the name of the Social Worker she knows who is interested in serving and get that name to her.

MEDICAID UPDATE AND CHANGES

DuAne Young gave the following update:

- Dorothy Pomin from DCFS was hired as the new behavioral health supervisor.
- They have had early discussions with DCFS to look at the work that all the regional Consortia and SOC have done to see if those pieces will fit into the 1115 Demonstration Waiver. This will be a joint project with DCFS, DPBH, and DHCFP. The three divisions are working on a concept paper that CMS requested.
- They are putting together the many proposals and questions they have received into white papers for the budget season. This is an election year. This Governor will draft a budget and then it will be the responsibility of a new Governor to decide which pieces they want to keep or not to take to the legislature.
- Regarding the state plan amendment for Specialized Foster Care (SFC), a meeting was held with Clark County, Washoe County, and DCFS. They came up with an integrative plan and went back to CMS and DCFS was on the call. CMS asked some questions and they submitted the responses and we are waiting for approval on the path that needs to be taken on their proposed plan. We gave them the models we worked with from Virginia and Florida. CMS is not fond of bundled rates and the proposal is around the federal rate mechanism and we are waiting for them to get back to us.
- Regarding SB162, the legislation that allows for reimbursement of supervised psychological assistants in terms of training, DHCFP has been working with the Nevada Board of Psychological Examiners. He sent them question from CMS regarding licensing requirements. He is waiting for those answers. Initially they thought they would have to

do a state plan amendment change, but it appears they might be able to just re-write the policy. If anyone from the association is present today, could he send them the questions. Dr. Zimring from the Nevada Psychological Association would be happy to look it over.

There was lengthy discussion about the rate changes for Psychologists:

- Mr. Young said DHCFP administration is looking at various ways to handle the reimbursement plans of Psychologists. He encourages Psychologists with concerns to continue to reach out to them, so they can show, even to the legislature that we have to do this with legislative action in the future.
- The rate changes not impacting Provider Type 14 was a CMS issue. The rates increased for some and not for others. Mr. Young thinks with this administration there is a move to more community based behavioral health models.
- The public workshops and notifications to providers were provided in 2016 in anticipation of the rate increase and/or reduction in 2017. Then it was a system glitch that prevented the rates from being re-set in the system. Payments continued at whatever they were previously.
- Commissioner Ruiz-Lee asked how much DHCFP is trying to recapture from providers? Mr. Young responded they will have an update next week on the total amount. Commissioner Ruiz-Lee said this would be a good item to bring back at the next meeting. You potentially could be getting multiple providers across the state effected and it could debilitate services for the Medicaid population. Commissioner Lefforge said some of our most underserved populations could be affected. It is important for the Commission to acknowledge that the populations we are talking about with the change to the Psychologists are children and older adults.
- Commissioner Tabitha Johnson asked about the recoupment of payments from provider type 14. This is a challenge for her, for her license, for security. It is anywhere from \$100,000 to \$500,000 that people are being asked to pay back. Mr. Young said this is a separate CMS federal issue. CMS asked DHCFP to look back six years for those who were not billing the outpatient properly based on limits, and DHCFP exercised its option for discretion and looked back one year and only recouped for six months.
- Commissioner Lefforge commented about what providers say are unclear notices of Medicaid workshops.
- Mr. Young will take all of the comments back to their administration with the hopes you will continue to reach out to us with your concerns, so we can build our appropriate case.
- Commissioner Ruiz-Lee asked if DHCFP does not recoup the dollars, does the state owe those dollars to CMS? Mr. Young responded that it has to show good faith diligence, and if we do not, then yes, we do. It would come from general funds.
- Chair Kinnikin recognizes Mr. Young is on the hot seat but she believes Medicaid must take some responsibility for this. It is DHCFP's responsibility to communicate this. We are losing providers at the old rate and now that they must pay back, and the rate is lower, we are in a worse situation.

- Mr. Young said that since he has been chief, they have held workshops about Medicaid financing and they have not been able to get providers to respond or engage. He would like to take any suggestions from the Commission or others as far as engagement. When we are brainstorming about the future, we have not gotten the engagement we hoped for about building these systems in advance. We hope that people recognize we are trying to build the future system with you and not for you. Medicaid policy is complex, and people do not necessarily understand it and do not ask questions. There must be greater training and they have been working on that. They sent out a survey in October that asked providers about template designs. They sent out 2000 emails and only got 43 responses.
- DHCFP wants to work with and has worked with providers, but some things come down to CMS. Recruitment is a different issue and means somehow you have violated policy. You have to help us to help you understand policy. You must let us know if something is a grey area. We were lenient as far as what the feds wanted us to do.
- Mr. Young said they just started the initial process and had public workshops to move IOP and PHP out of the home and community services waiver and into the Medicaid chapter (actual behavioral health section of the state plan), but it will not change the rates and will not change the codes. They hope this will encourage more providers to utilize IOP and PHP services. If you can get that word out.

Chair Kinnikin asked that DHCFP always include in this standing agenda item so the Commission can discuss and disseminate the information: changes coming to Medicaid, changes that you know will have a great impact, issues you see with Medicaid, behavioral health issues, or just everyday announcements.

Commissioner Lefforge thanked Mr. Young for responding to these concerns and she appreciates his desire to partner with these providers. It is important to keep an eye on this because it affects the lives of Nevadans.

STATE OF NEVADA'S RESPONSE TO THE OCTOBER 1, 2017 SHOOTING IN LAS VEGAS

Ellen Richardson-Adams reported on the following information which mainly focused on the Department of Health and Human Services' response to the shooting.

- She reviewed the facts of the October 1, 2017 shooting in Las Vegas at the Route 91 Harvest Festival.
- There were 58 victims and 489 injured that reported to the hospitals. Many people were affected.
- Immediately for the crisis response piece, the state participated in a daily briefing and the Command Center was set up immediately.
- A Family Resource Center was opened at the convention center. DPBH provided various staff to staff the center.
- Within 24 hours of the event, hospitals reported they had triaged all those impacted.

- The Governor signed an executive order to allow for out of state medical professionals to come in and assist.
- DPBH helped to connect with federal agencies including the Department of Justice for the Antiterrorism and Emergency Assistance Program (AEAP) grant and the National Disaster Hot Line.
- DCFS helped coordinate for the VOCA Intervention side.
- They lifted insurance restrictions, so the ERs could clear out and really help the treatment.
- Currently still actively participating to continue with support to those who need it.
- They have staffing at the Vegas Strong Resiliency Center.
- They created subgroups for services and supports.
- Trying to make sure they are reaching out to first responders and giving them the support they need.
- Created a vetting process to ensure that providers of services have the experience needed for this type of trauma. Dr. Freeman, Kelly Wooldridge and Kathy Mayhew have been very instrumental on that piece.
- Under the AEAP grant they helping to support the needs assessment for the 3-year grant.
- Priscila Colegrove of DCFS has been supporting the VOCA dollars for support and recovery statewide.
- They have focused on recovery in terms of the evidence based models.
- The federal consultant from AEAP grant came out that Wednesday and they were the boots on the ground people from across the nation. They gave DPBH information, guidance, and intensive levels of work. The AEAP grant is by invitation only for communities effected by mass violence. We started the needs assessment process which they are completing. They are very active in assisting with the application. The potential of the grant is up to three years at \$50 million. It helps to cover those covered services for individuals.
- Encourage if you know anyone that was a concert attendant, please have them register. Individuals only have up until September 30, 2018 to sign up.

Commissioner Lefforge said everyone has done a wonderful job in responding but she does not think the information is getting out there about the resources. She has not seen commercials, billboards, etc. Not much public education about what to look for, who should sign up., Why are we not doing a major public education campaign?

Ms. Colegrove said there are two parts of the AEAP grant and two parts of the Victims of Crime. There is a compensation part of that which is an application through the state of Nevada Department of Administration to pay for some of those things like what insurance would not pay for - lost wages, some medical, some behavioral health. What was not reimbursed they can help with. They must submit the application within one year. We are looking at whether we should increase that year to be eligible for benefits. They need to contact the resiliency center. They have advocates to assist with the application and they can be referred to resources. The other side

is the assistance fee for that which funds the community based agencies to provide those services. The Victim's Fund is a private fund.

Dr. Freeman said the Resiliency Center has a master list of everyone who was there, and they are calling each one to encourage them to sign up. She does not think there is a public education campaign and she thinks that is an excellent point.

Ms. Richardson-Adams said there is a specific workgroup focusing on that. The state and county are involved in that.

Commissioner Ruiz-Lee asked about reimbursement to providers. Ms. Richardson-Adams said that process has begun, and they are using a vetting process. There was lengthy discussion about services and reimbursement.

UPDATE ON SUICIDE SAFETY IN TREATMENT ENVIRONMENTS AND RECOMMENDATIONS OF THE USE OF A NATIONAL STANDARDIZED SAFETY CHECKLIST

Tara Phebus, Executive Director, Nevada Institute for Children's Research and Policy UNLV reported that she had presented on this recommendation to the Commission at a meeting several months ago. She participates on the Clark County Child Death Review Team and on the state level Executive Committee.

The local Child Review Death team made a recommendation about looking into a standardized safety checklist for facilities that house children for in an effort for suicide prevention. The Executive Committee sent a letter to this Commission. At the July 2017 Commission meeting they talked about perhaps those environmental checklists exist in some other regulatory bodies. Since then they looked at the Legislative Counsel Bureau's Audit Division that looks at facilities that house children. They are primarily focused on the health, safety, welfare, civil and other rights of those children. Meslissa Faul with DCFS looked at their last report, which was 2015-16, which reviewed 61 facilities. Her assessment of that report, primarily the focus is on policies and procedures, not necessarily on physical environment. It is a requirement for staff in these facilities to take suicide prevention training. According to the report, most facilities reviewed do have deficiencies in staff receiving training. She does not have information in what specifically licensing, or accreditation bodies look at in terms of physical environment. Based on the review they looked at, there is a difference between a policy review and a checklist they presented in July that came out of the Veteran's Administration.

Commissioner Durette said JCAHO has very well established environmental survey expectations for suicide prevention. Ms. Phebus said that would only be for hospitals. The concern of the committee where the recommendations came from was that we are talking about facilities that have suicide protocols that are more than hospitals.

Commissioner Ruiz-Lee asked if the Commission on Accredited Rehabilitation Facilities (CARF) was looked at?

Kristen Rivas reported that the Commissioners asked DCFS to assist with research to see if any of the entities have specific tools we could utilize in Nevada for institutions, including hospitals, RTCs and group homes. The Planning and Evaluation Unit (PEU) did the research. We found for the environment of care (EOC) safety checklist, there is not any other tool out there specifically being used except for when addressing regulatory policies and procedures as Tara mentioned. There were 25 agencies that were checked to see if they had a specific EOC and they did not. All 50 states of the mental health authority were contacted and asked if they use a tool or have developed checklists. Only one-third of those directors got back with us. The feedback was they do not have a specific tool, but they are interested in talking with Nevada further or whoever is going to develop a tool, or the person in charge of the VA tool. That is Dr. Peter Mills, the Director of VA National Center Safety Field Office. DCFS contacted him. He was the lead on the checklist from the VA which was piloted and released in 2007. Dr. Mills confirmed there are no other checklists for children or adults. He said it was applicable for the use of children in facilities. He welcomes Nevada to contact him. He can tailor it to whatever use we want and take it back to the main group that worked on this. He is available to help if needed. DCFS did that research and a white paper was written/developed if you want to look at that and use that in the future.

Commissioner Lefforge appreciates this work and this issue reflects on a conference she went to on suicidal ideology. The tide is turning on the focus of suicide prevention to giving people reasons to live. She supports a checklist and use but she is concerned about what they end up doing with a list.

Ms. Phebus said that if this is something the Commission thinks would be of value they can work with the partners at the Executive Committee as to how to disseminate the checklist as a recommendation to facilities and have as a resource for facilities that house children. Do you support it or think it might not be helpful? Included in the introduction of the VA's checklist is a narrative that talks about the fact that creating a safer environment does not substitute for policies and procedures and clinical treatment. This is merely an additional tool. The Executive Committee would draft a letter to go with the tool to that effect.

Commissioner Ruiz-Lee suggested it could be interesting to take the checklist and have a face to face conversation with the Legislative Counsel Bureau about the audits they do and whether their audits show this checklist could be helpful.

Chair Kinnikin asked Ms. Phebus if she needed anything else from the Commission. She responded that she did not think so and they can update the Commission. They have some good ideas to move forward.

Commissioner Lefforge said, when we review deaths, it is appealing to focus on the more concrete factors. We know that suicide is more complex than that. Suicide doesn't happen just because the means are available. Ms. Phebus said that is part of the conversation during the reviews. She agrees.

AGING AND DISABILITY SERVICES DEPARTMENT (ADSD) UPDATE

Rique Robb, ADSD Children's Services Deputy Administrator said she learned that in the past the report to the Commission was from Developmental Services but there seems to be some overlapping. She will report on Autism Treatment Assistance Program (ATAP) as well as Early Intervention Services (EIS). Please let her know if she should come to this meeting to report. If there are questions on the Developmental side, she can take those questions back to Lisa Sherych or she can report on that at the adult meetings.

Early Intervention:

- As of the end of 2017 they are serving on the state represented side, they are serving 1,609 children, on the community provider side, they have 1,878.
- They are currently going through policies and procedures and reporting mechanisms for ATAP and EI to make sure information is accurate and informative. They are in the middle of this.

Autism Treatment Assistance Program:

- As of the end of 2017, the caseload is 740 and the wait list is at 525. The wait days are about 384.
- Part of the challenge is that the providers were non-existent. They are working on increasing the provider pool.
- They have 44 providers now which is almost double what they had two years ago. Working to transition children to providers.
- Another piece they are working on – there were several children Medicaid eligible that were with a non-Medicaid provider. Working on transitioning those children to Medicaid providers and receiving adequate, quality services.
- This program has been looking at their policies and procedures. They have a new building manual they are assessing. This includes certifications of RTCs.

Please give her any feedback and let her know what the Commission wants her to present at the Commission meetings. She will be here. Let her know if you want anything presented on adult side.

Some of the barriers regarding the wait list are:

- The way the budget was built, they are not even able to take on new children due to the funding restrictions
- Lack of providers. They have increased providers and hope to shift those children to Medicaid providers.
- RDTs not being Medicaid certified.

- Another barrier is the budget that was built on Medicaid revenue and without having the providers, you cannot get the revenue. They are working on getting people certified.
- They are answering to the legislative process and working closely with the budget office to eliminate barriers with funding.

Chair Kinnikin asked whether this Commission should be reviewing ASD's policies and procedures. Julie Slabaugh responded that she will look at the statutes. She believes the Commission looks at Division policy, but not NEIS and ATAP policies. Ms. Robb said the policies were approved by the Autism Commission. They approved the billing policies. Ms. Slabaugh confirmed that right now the Commission just reviews policies for DCFS and the adult population (DPBH).

Ms. Paoli said DCFS is in the process of reviewing policy. There was a lull with the previous Deputy Administrator in looking at policy. We are looking at them with Nevada PEP and managers, so you would likely get some submitted to you in the next couple of months.

BIENNIAL REPORT TO THE LEGISLATURE ON PROGRAMS FOR ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE

Priscilla Colegrove of DCFS said she came to the Commission's September 2017 meeting and reported that per statutes they are required to be advised on grant awards through this Commission. She reported they were putting together this report and she would share it. To clarify some of the information in the report, she was surprised in some of the information they were collecting. She moved into the grant management unit a little over a year ago and this report is due each biennium. They are looking to create this report ongoing and incorporating any suggestions from Commissions. The Commission previously requested numbers and outcomes of the services.

Commissioner Lefforge said she took away from this report that we are spending more money on this but serving fewer clients for potentially longer periods of time.

Ms. Colegrove said it appears we were providing more shelter and potentially less services. Maybe they were staying in the shelters longer. This money can be used for shelter. She believes many of the agencies provide shelter. It depends on whether clients were sexually assaulted or domestic violence. This information was not captured. They are looking at revising the report starting July 1, 2018.

Chair Kinnikin said the type of weapon would be interesting and domestic violence is supposed to be one of the exclusions for having a weapon. She asked how Nevada fits in the country for domestic violence. Ms. Colegrove said she does not know that she has the answer, but we have a needs assessment for the Victims of Crime Grant on our website and she believes the information is in that. The data is very hard to get because it is not centralized. They will start to work with UNLV on this.

Ms. Kinnikin asked if there is a report that shows the stumbling blocks to helping people with domestic violence? Could you look at all the things that impede people from getting services. Ms. Colegrove replied that some of the agencies reported they had wait lists but wait lists were specifically for shelter, not services.

The statute says the funds should be awarded as they are received. DCFS looked at the grant awards and they did enhance the awards for fiscal year 2018 and will look at enhancing the awards ongoing based on the amount of money received in the previous year. If the fees are coming in we can increase the awards.

Commissioner Ruiz-Lee asked if the funds are distributed through a grant award or an RFP. Ms. Colegrove responded that it is through an application process. They issue an RFA and then agencies apply. It is a sub grant award that goes out.

Ms. Colegrove asked if the Commission requests any other information. The statute is very vague in what to provide. We are working through the Nevada Coalition for Domestic and Sexual Violence to determine what the need is. We will look into whatever services need to be provided.

DISCUSSION AND DECISION REGARDING THE MODIFICATION TO THE STATE'S SERIOUS EMOTIONAL DISTURBANCE (SED) DEFINITION

Commissioner Durette stated that SED which means Serious Emotional Disturbance is not a diagnostic term. She read the definition of the term according to SAMSHA. She read the definition of SED from NAC 433.040. The state's definition includes the sentence, "The term does not include a child with a disorder which is temporary or is an expected response to stressful events". She read the federal register definition. The big divide is that the Nevada definition specifically excludes kids who have been abused, kids who have been a victim, or anybody who has a trauma-related diagnosis. The SED definition becomes important for the insurance perspective and the funding perspective. The Nevada definition clearly excludes many children.

Dr. Megan Freeman, Licensed Psychologist with DCFS said we have a definition of SED in the Nevada Medicaid Services Manual that is different than in the NAC. It does not exclude adjustment disorders.

Commissioner Durette said she feels strongly that we have a Nevada definition in NACs that does exclude it. She would like to recommend that we adopt the federal registry definition fully.

At DCFS we use the SED definition in the Medicaid Services Manual. Her question is in what context are we using this definition? She would not want to exclude adjustment disorders. When are we using it?

Charlene Frost read the NAC that the definition is attached to. It refers to the Department of Health. She stated that there have been a lot of changes to this statute and she is not guaranteed the NAC has updated but they are working on bringing all the regulations up to where they need to be. There will be public hearings.

Commissioner Durette said it is her understanding that the Commission can bring forth a recommendation to modify or edit a NAC. She advocates that we take the federal register definition and incorporate that for the state of Nevada.

Charlene Frost asked if Commissioner Durette is concerned that the state is not using the federal definition to determine how many SED youths we have in order to apply for the block grant? She responded that she is concerned that the state is under-estimating the number of youth who need services that could be funded by a block grant. She wants a realistic reflection of children we are trying to serve in the state.

Kathy Mayhew said the definition used to apply for block grants included adjustment disorders. We just report the DCFS numbers, the block grant is submitted by DPBH, so she does not know if they are changing anything with the youth status. The youth DCFS serves would be under the most inclusive definition.

MOTION: Commissioner Durette made a motion that the Commission make a formal recommendation that Health and Human Services (HHS) and the Legislative Counsel Bureau (LCB) adopt the Federal Register definition of SED.

DISCUSSION: Commissioner Lefforge asked if the same should be done for adults.

Commissioner Durette replied yes, but she does not have a federal register definition for SMI. Chair Kinnikin said this will need to be on the agenda for the next Commission meeting with DPBH. We will put this on the agenda to address SMI.

SECOND: Commissioner Lefforge.

ACTION: Motion passed unanimously.

Ms. Paoli asked who would be doing what for this. Chair Kinnikin commented that the Commission would need to get the recommendation to Director Whitley who would then send it to DPBH. Dan Musgrove recommended that the Commission do a formal letter.

Ms. Paoli asked if the Commission will write a formal recommendation letter?

Chair Kinnikin responded, "We will compose the letter and we will submit it to go to Director Richard Whitley". Commissioner Durette said she and Commissioner Lefforge will get that done.

DISCUSSION AND DECISION ABOUT ANY CHANGES REGARDING THE COMMISSION'S RESPONSIBILITIES INCLUDING THE STRUCTURE OF THE REGIONAL MENTAL HEALTH CONSORTIA'S UPDATES TO THEIR 10-YEAR PLANS

- The Consortia Have Been Good in Advocating Legislatively for Service Delivery but the Commission Has Not
- How Do We Engage in that Dialog?
- How is the State Spending Our Money, Seeing Improved Outcomes?
- How Do We Advocate for That on the Same Side as the Consortia Instead of Being a Passive Body?
- Why Have We Not Had Any Success in Certain Areas?

Commissioner Ruiz-Lee made the following points:

- She clarified that her question was focusing on how are we spending the money and how are we seeing improved outcomes?
- She requested this agenda item because in trying to put the letter to the Governor together we had some difficulty getting the mental health Consortia Strategic Plan updates and we were not able to complete the letter in a timely manner.
- Once we received the plans from the Consortia, we noticed the plans are very different.
- The Commission needs to develop a better understanding of what the various committees, mental health Consortia and Regional Health Policy Board roles are and how they are outlined in statute and whether we meet the statutory requirements.
- The 10-year plans are very different in content and format. She is concerned with the content and whether it meets the statute requirements as outlined in 433b 435. There are 10 elements. Some of the plans contain those elements and some do not.
- The statute requires a slightly different report in even and odd years to be given to the Commission and the Director. Even years should be an update to the plan.
- She knows the mental health Consortia have done extensive work on the behalf of youth, but she is not sure of the role of the Commission in supporting their efforts and activities.
- This is not a simple conversation to have but might be worth it for the Commission to create a subcommittee to explore this issue and how we take it forward.

Dan Musgrove, Chair of CCCMHC on behalf of CCCMHC reported that it takes its reporting role seriously. They will have a special Infrastructure Subcommittee meeting to finalize their report next week. Then they will have a meeting before the end of the month where the full board will approve the report and then it goes to the chair and the Commission on January 31, 2018. They are on track to do their report as required by statute. He agrees with Commissioner Ruiz-Lee. He thinks there should be a much better collaboration. CCCMHC has made sure they get on the agendas of the Interim Health Care Committee, the Interim Children and Juvenile and Justice Committee to make sure they adopted the CCCMHC priorities to send to the legislative session that met in 2017. He believes the Commission should get on these agendas as well. CCCMHC knows that the committees control the budget. He thinks the Commission's role is that the state agencies put whatever you ask for into the Governor's recommended budget that

the Legislature will attack during the Legislative session. This is the time now. He thinks the Commission has the responsibility to prioritize, get a bill draft and determine whether it wants to get it submitted properly.

Commissioner Ruiz-Lee said she thinks we would be better served if we would create advocacy that is a combination of vertical and horizontal. Not sure the Commission has thought about that or looked at how to use the powers of the Commission to do that. In collaboration with the mental health Consortia, and Boards, and partnership with those boards, so we cover a lot of bases more effectively.

Commissioner Lefforge said none of this is a criticism of the fine work the Consortia and agencies are doing. It also seems that the Commission needs to take a step back and define what it is that we do and how do we become an active body. This could translate into updating some of the orientation materials.

Chair Kinnikin said when she has asked about budget for operating, she has been told that there is no identified budget. We cannot travel up to the legislature or take care of anything else.

Ms. Rivas said the Commission has an administrative budget of \$5000/annually with DCFS. This covers the mailings, Commissioner's stipends, and all the logistical items. The travel was brought back from a Deputy several times ago because of problems with the budget.

Chair Kinnikin said as the chair, she has never received anything about the budget or an itemized accounting of it. Within our prevue, we do not have any information with which to base any action on.

Mr. Musgrove said if the Commission wants dollars, you will have to push Director Whitley to allow some funds. You have to advocate as an advocate. You have to let the legislature know that you have statutory powers. This is the voice that should be the voice of the legislature. He volunteers to assist to give guidance to move forward. You have probably not availed yourself of the opportunities to take your role to make change.

Commissioner Ruiz-Lee said the Mental Health Consortia has done a great job but it just seems it might be rather pointless to have a 10-year plan, when over 10 years you have been able to accomplish very little. Wouldn't it be more productive if you identified the mechanism for planning and reporting that is more powerful than a 2001 statute? Maybe it's time for the statute and requirements of the Consortia to be changed.

Ms. Frost said the Consortia are no longer allowed to put forth a bill. If there is any kind of changes to statute, it will require someone to sponsor it. And having people involved in doing the legwork.

MOTION: Commissioner Ruiz-Lee made a motion that the Commissioner would identify a subcommittee, which we have the statutory authority to do. It would be helpful if we had members from the mental health Consortia and the Regional Boards, when they lift off. An inclusive process in that subcommittee is important. The dialog should be focused on how do we create the vertical and horizontal advocacy for services for mental health in Nevada. It is not just necessarily about the Commission, but what can the Commission contribute to it through using some of its authorized powers? She would like to see a subcommittee.

DISCUSSION: Chair Kinnikin said the Commission has the authority to set up a subcommittee and to invite people. On the adult side it is harder to find advocates. Commissioner Ruiz-Lee said maybe what we would do is establish a small subcommittee on the Commission to come up with a mechanism for recommending a more long-term subcommittee to evaluate it. Let's figure out how to create a subcommittee and who should be on it and how do we identify participants and come back to make a recommendation for the fuller broader subcommittee. Commissioner Lefforge said it seems to her that the initial subcommittee could do a review of where we are at. What are the current laws, what are we doing to align, what are our powers.

SECOND: Commissioner Lefforge.

Commissioner Jackson said she needs to be clear. She thinks if we have a problem with the legislature, we should have a subcommittee on legislature to bring this to us and then we could set priorities. First of all, we need to set our own priorities then set subcommittees to work on it. Every year we have a problem with meeting the deadline for this letter. If we had a subcommittee reporting to work on this it would not be so hard.

Ms. Rivas reported that the Washoe County Children's Mental Health Consortium (WCCMHC), and Rural Children's Mental Health Consortium (RCMHC) are actively working on their reports and will have them to the Commission within the next week or so.

ACTION: The motion passed unanimously.

The following Commissioners volunteered to serve on the new subcommittee:

Lisa Ruiz-Lee

Noelle Lefforge

Pam Johnson for the next 6 months.

Denise Everett

Viki Kinnikin

Ms. Rivas said she would help set up the agenda and meet Open Meeting Law and provide technical assistance.

The meeting will be February 2, 2018, at 9:00 am. Chair Kinnikin asked that we try to get video conference rooms and if they were not available it would be a phone conference.

Agenda items will include:

- Electing a chair.
- Exploring the duties and limits and responsibilities for the Commission.
- Invitations to the outside stakeholders.

UPDATE ON THE CHILDREN'S SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE

Kevin McGrath reported:

- SOC has 190 children in our system.
- Latest update to the SOC strategic plan and communication plan is on the DCFS website.
- PEU is working to determine what the current total census would be for using the new eligibility criteria for wraparound. After that is established, DCFS will work to develop a tiered case management system for children and families that do not need wraparound.
- Our site visit from SAMHSA has been moved to July 9, 10 and 11.
- The SOC Subcommittee has been identified as the meeting we will use to discuss SOC fiscal reform and Medicaid issues such as possible waiver for home and community based services. The next meeting is 2/1/18 at 9:00 am. Another major issue that we are working on in this area is a waiver for Specialized Foster Care that will also include habilitative services for children with ci occurring issues.
- The next meeting of the Building Bridges Initiative workgroup will be 2/6/18 by conference call.
- Each of the SOC workgroups are being revised to ensure they continue to address the goals of the strategic plan in a way that moves the SOC forward in a productive fashion.
- Oasis, Family Learning Homes (FLH) and Adolescent Treatment Center (ATC) will work toward licensure as a Psychiatric Residential Treatment Facility (PRTF) and this will be added to the strategic plan.
- SOC staff has started the RFP process for the First Episode Psychosis (FEP) program.
- SOC staff are assisting in writing a Screening, Brief Intervention and Referral to Treatment Grant which is for adolescents with substance use disorders and will be done by the CCBHC's.
- Language Link posters have been developed that describe translation services for families will be put up in all client areas.

VOTE FOR A NEW CHAIR OF THE SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE.

Commissioner Pam Johnson said she wanted to step down now because her term as Commissioner on this body is ending June 30, 2018 and so another Commissioner could become familiar with the SOC.

Chair Kinnikin asked if the chair of the Subcommittee must be a Commissioner. Commissioner Johnson responded that it does. The responsibilities of the chair are to chair the meetings that take place every other month, on a Thursday at 9:00 am.

Commissioner Durette said she would do it if no one else wants it, or she would be happy to share the role.

Commissioner Lefforge said we may need to get some incoming Commissioners, such as from Social Work and Nursing involved in the Subcommittee. Chair Kinnikin told Commissioner Everett to feel free to attend any of the Subcommittees.

Commissioner Pam Johnson said the end of her being the chair of the Subcommittee is with the election of a new chair. She will still attend the meetings, but we need a new chair.

Commissioner Durette asked if we can we wait until March and she will be the backup until we see if a new incoming person would be involved.

MOTION: Commissioner Durette recommends that we defer the final decision of changing the chair for the next meeting. In the interim, assess the desire of incoming members. Otherwise she will serve in that role.

SECOND: Commissioner Lefforge

ACTION: Passed unanimously.

ANNOUNCEMENTS

None.

DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

Commissioner Lefforge believes we decided at the last meeting, there would be a standing agenda item on all Commission meetings, which would be our assigned tasks for the AB497. We need to have a standing item to review the licensing boards policies and the appeals as dictated by that legislation. That was supposed to be on this agenda and it was not. Ms. Rivas said that is her misunderstanding, she thought the bill only deals with adults. Ms. Slabaugh said it is any licensed psychologist, social workers, etc. Ms. Rivas said she will have it as a standing agenda item from now on. Commissioner Lefforge said for the Commission to meet the agenda the boards need to meet, it needs to be on every agenda.

PUBLIC COMMENT

None.

ADJOURNMENT OF PUBLIC SESSION

Commissioner Lefforge adjourned the meeting at 11:25 am.