

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
MARCH 15, 2018
DRAFT 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 (by phone)
Pam Johnson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

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

COMMISSIONERS ABSENT:

Asma Tahir

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
Tracey Bowles, Division of Child and Family Services
Ann Polakowski, Division of Child and Family Services
Susie Miller, Division of Child and Family Services
Megan Freeman, Division of Child and Family Services
Cherylyn Wood, UNR Social Work Intern with Planning and Evaluation Unit
Julie Slabaugh, Deputy Attorney General
Alexis Tucey, Division of Health Care Financing and Policy
Krystal Castro, Division of Public and Behavioral Health
Rique Robb, Aging and Disability Services Division
Dan Musgrove, Clark County Children's Mental Health Consortium

Chris Empey, Washoe County Children's Mental Health Consortium
Michelle Sandoval (by phone), Rural Children's Mental Health Consortium.
Charlene Frost, Nevada PEP
Paula Berkley, Social Work Board

CALL TO ORDER AND INTRODUCTIONS

Chair Lefforge called the meeting to order at 8:35 A.M. Roll call is reflected above; it was determined that a quorum was present. She announced that she is officially the new Chair of the Commission on Behavioral Health.

PUBLIC COMMENT

Chair Lefforge called for public comment. There was none.

CONSENT AGENDA

APPROVAL OF MINUTES AND AGENCY REPORTS

MOTION: Commissioner Kinnikin moved to accept the minutes from the January 12, 2018 meeting.

SECOND: Commissioner T. Johnson.

VOTE: The motion passed unanimously.

Commissioner Durette said she has concerns about the DCFS Mental Health Services Southern Nevada report, specifically about Desert Willow Treatment Center (DWTC). She does not believe that the report reflects how many youths are funded or that otherwise would be served by DWTC are being served elsewhere and most importantly how many youths are being placed in an out-of-state Residential Treatment Center (RTC) currently.

Cara Paoli said she focused mostly on wait-list information that Commissioner Durette requested and did not know of this request. She can work with Alexis Tucey of Medicaid to get that information. Our RTC unit at DWTC is only accepting a small number of children due to staffing ratios and we have been told that we need to dramatically reduce our overtime. We are forced to reduce the number of children that can be served.

Commissioner Durette asked what the plan is in Nevada to address the youth that need residential care and acute care because we have this wonderful resource of a physical building and we are not optimizing it and yet children are being sent out of state and it is not helpful for their clinical success.

Ms. Paoli said the Mobile Crisis team will come out and assess and if there is no availability at DWTC, we have contact with other facilities in Las Vegas that will serve those children and we have state dollars that we can use to pay for that if they do not have Medicaid or other insurance. The process is the same in the North.

Commissioner Durette would like a report of where some of these youths are going. She would also like to know how many youths are being placed out-of-state in RTC, and how many are being placed in acute units other than DWTC and what the cost is. She would assume that the other hospitals are charging a higher fee. She still does not have a clear picture of what will happen at DWTC with multiple residential units being shuttered and youths being placed out-of-state.

Alexis Tucey said there is a report posted to the Division of Health Care Financing and Policy (DHCFP) website that identifies children in-state and out-of-state, the codes, as well as the costs associated with that. The most recent report is October 2017. There were 105 youths placed in-state and 193 placed out-of-state.

Ms. Paoli clarified that not all those youths are coming through our system. Many are coming through Juvenile Justice. Ms. Tucey confirmed that is all youths in the state, not just in one Division or location. There is another more extensive report on the DHCFP website. It is called our Behavioral Health Report Card.

Commissioner Durette asked what the plan is for the two RTC units at DWTC that could probably hold 24 youths which would reduce the number of out-of-state placements by a minimum of 24.

Ms. Paoli responded that 12 beds are for acute care, and 12 beds are for RTC. If we can fully staff than we can be at full capacity. Now we do not have the staff and we are dependent on the Legislature for approval of positions. We were not given any extra positions to provide coverage. If staff is out on medical leave, we cannot admit youths if we cannot keep them safe. Medicaid and the state in general, because of our goals for SOC, are very much working toward bringing RTC in-state. We have one new RTC facility that started up in the South and expecting an RTC to open in the North in the next few weeks. We are working hard to get more options because we do not want to see youth go out of state and be away from their families. We are also working with Medicaid to try to get an intensive case manager that can manage those youth, so when they do go out of state and get services while they are there, we do not have any transition issues when it is time for them to return to Nevada. We are also working to expand in-state community services, so we can provide in-home support for youths when they are ready to come back. Also providing stepdown programs like the Family Learning Homes and Oasis. We do have a variety of options based on what the child and family needs are.

Commissioner Durette asked about the closed units that could be utilized at DWTC. Ms. Paoli responded that it is dependent on the Legislature and what our Administrator requests for positions. Her understanding is because of the cost of running a facility in the state, it is cost prohibitive and might be more feasible for a private agency to run a facility like DWTC.

Ms. Tucey addressed the 30 additional beds at DWTC that are not being utilized by DHCFP. She said the direction of that is to try to build up community capacity. The state is pursuing what it

can do to utilize those beds in a different way. There are a lot of nuances to flush out and she does not know if that has been completed.

Dr. Durette recommended that we have an update about that to be included in our report so we can continue having a handle on the resources in the youth resources in the state.

Chair Lefforge summarized a couple issues worth following up on:

1. Within the existing issues with DWTC, there are issues with reduced staff. We are interested in what is being done to address that problem.
2. In terms of the DWTC facility, what is being done to get someone to operate the inoperable units. We would like to hear more about that at our next meeting. Is that possible?
3. We would like to track this issue, so we would like to hear from you again at our next meeting.

Ms. Paoli said she can follow-up on the second question. The answer to the first question is that we do not have the staff to operate the facility more fully. The issue will be addressed in the upcoming budget. It goes back to what Ms. Tucey was talking about with looking at all the options. If it is going to be privatized, it would be up to whatever agency is going to run it what capacity they will run it at.

Commissioner Ruiz-Lee asked if the Commission could get some specific information from DCFS about what their plans are for the facility. They issued one RFP and First Med is operating out of portions of it now. What is their intention in regard to the rest of the facility? We do not have comprehensive understanding of where they are headed with regards to services in the facility. It seems to her that if Medicaid is willing to pay to send youths out-of-state, there should be a mechanism to operate the facility. If we could address some of those issues, she thinks it would be helpful.

Chair Lefforge said she heard from Ms. Tucey that there may be elements of this that are not open to the public at this point, but we are wanting to hear as much as possible. Ms. Paoli said she can get an update for the next meeting. We will add to the next agenda specifically DWTC that includes what the plans are for that facility including addressing the current reduction of staff issues, and the plans for the non-utilized units.

MOTION: Commissioner Durette made a motion to approve the agency reports presented for this meeting.

SECOND: Commissioner Kinnikin.

VOTE: The motion passed unanimously.

**COMMISSION ON BEHAVIORAL HEALTH MEMBERS
UPDATED LIST OF COMMISSIONERS, THEIR POSITIONS, AND TERM DATES
UPDATE ON STATUS OF CANDIDATES TO FILL VACANT COMMISSION
POSITIONS (PHYSICIAN OTHER THAN PSYCHIATRIST, AND NURSE)**

Chair Lefforge stated that the Commissioners received some updated documents in their packet for this meeting. The physician position has been vacant for over six months. She identified a physician who is willing to fill this – Dr. Mel Pohl. The reply from Nikki Haag was that they need to comply with the statute. They need the list from the Nevada State Medical Association (NSMA). She believes we have contacted them many times requesting that they provide the list. She is wondering where our ability to enforce this request lies.

Ms. Slabaugh said, if the Governor's office is saying they must follow the statute, then there is not anything the Commission can do. It is the Governor's Office that should be going after the medical association. She thinks the doctor could apply and fill out the application to get that going. No one in her office represents NMSA. Commissioner Durette said she has a contact with NMSA and she will follow-up with this.

Commissioner P. Johnson said she contacted the Nevada Nurses Association. They have three candidates they are ready to put through. When her term ends in June, hopefully there will be someone appointed.

Commissioner Kinnikin said she talked to the Social Work Board and it does not indicate in our requirements that the Social Work Board needs three people. There is someone who expressed interest and she will email her to follow up. Ms. Slabaugh explained that the candidates for her position need to be presented to the Governor's Office by the board. If you have someone interested, they would simply have to apply to the Governor's Office. Commissioner Kinnikin said she talked to Governor's Office and information is online.

Commissioner Ruiz-Lee's term is ending soon. Chair Lefforge asked what will happen to her position. Ms. Slabaugh said Commissioner Ruiz-Lee represents the General Public. She will have to go back to the Governor's office and reapply. Commissioner Ruiz-Lee said she will follow-up.

MEDICAID UPDATE AND CHANGES

Alexis Tucey introduced herself as the new Chief of Behavioral Health at Medicaid

They are in the process of getting their budget to be recommended to the Governor, and then to see what gets presented to the Legislative session. This is an interesting year because one Governor will build the budget and another one will be taking it to the Legislative session.

She is trying to catch up on all the projects and where we are at. She is open to any questions, or if you have any areas you want her to report at the next meeting.

- **HOW MUCH IS DIVISION OF HEALTH CARE FINANCING AND POLICY TRYING TO RECAPTURE FROM PROVIDERS?**

Chair Lefforge wants to follow-up from the last meeting. Nevada Psychological Organization brought up concerns about the cuts in rates for evaluations and assessments. What is the status on that issue?

Ms. Tucey said she can look into that and she asked for more specifics. Chair Lefforge explained that technically it was a realignment of rates, but the result of that was an 18% cut to mental health evaluators. They had not billed correctly for over a year and now there is a recruitment effort and she is not sure what they are doing with that, but the Commission is interested in hearing more about it. It is applied to provider type 26 – Psychologists. Specifically, those in private practice. The re-alignment was not applied to provider type 14. This is on top of the delay of services. It is difficult to find people who can do these assessments. Most of these providers cannot stay in business with these rate cuts. Ms. Tucey will find out more about this.

Chair Lefforge asked what progress is being made on SB162 which allowed for reimbursement for trainees.

Ms. Tucey said they are getting some initial clarification about the intent specific to the bill because it could be interpreted in two different directions.

Chair Lefforge said the concerns she heard related to that bill - the intent of the legislation was to allow for licensed qualified supervisors to be able to bill for the services of their trainees. She is hearing that provider type 26 cannot bill for these services, only provider type 14.

Ms. Tucey said they are trying to clarify with CMS who should be getting the reimbursement. Chair Lefforge will ask about both issues at the next meeting.

AGING AND DISABILITY SERVICES DEPARTMENT (ADSD) UPDATE

Rique Robb, Assistant Administrator for ADSD Children's Services gave the following report:
Early Intervention (EI)

- The state program has 1,615 children and community providers have 1,848. There is currently a total of 3,463 children active in the program at the end of February.
- At the last meeting she reported that they are working on policies and procedures and bringing in a true quality assurance component. They have a new quality team. They identified a provider who was not in compliance. That provider was terminated. They are working on bringing those children in-house.

Autism Treatment Assistance Program (ATAP)

- There are currently 721 children on the active case load. There are 577 children on the wait list. There is an average wait time of 384 days.

- They are working with a budget that was approved. They are working on the wait list and doing their best to chip away at it with limited funds.
- They are working closely with Medicaid regarding their billing and that would help them with their revenue.

Commissioner Durette asked once somebody is accepted into the program, how long is the average case opened for?

Ms. Robb replied that it depends on the child. They can be in the program all the way through their 19th birthday. She does not have the average today, but she can provide the information.

PRESENTATIONS OF THE 2018 REGIONAL CONSORTIA 10 YEAR PLAN UPDATES:

• RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

Michelle Sandoval gave a summary of this plan, including their goals, successes, and funding requests. They have made some great progress in children's mental health but have a long way to go. The report identifies the seven main goals. The primary challenges in the Rurals are limited access to services and insufficient provider availability. The most concerning one in the last five years is a decline in providers.

Some highlights:

- Mobile Crisis program is up and running for children and it continues to be very successful and diverting hospitalization. Having the resources available is important.
- Nevada PEP has done great things educating parents across Nevada.
- Working on telehealth. Will continue to be an issue because of broadband issues.
- Adjustment early behavioral health. - REACH program piloted in Carson City helped in those preventive services. They are looking at expanding that to other rural areas.
- Their main wants are identified on page 31 of the report.

• WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

Chris Empey reported on the goals, existing resources and strategies that are included in the report. They brought Jill Manit in as a consultant to help structure their activities. She did a fabulous job to put it in a readable document that gets at the core. She used a logic model. Their four goals have not changed, and the workgroups have those respective goals. The structure of the document is the overall goal identified, the needs, gaps, and barriers, followed by existing resources, and then finally the strategies which he asked everyone to peruse on their own.

Highlights:

- Goal 1 Developing access to care. Worked with DCFS around developing a specific model HINT – Home in Nevada Team. That targets getting at serving youth in their community.
- Goal 2 Helping families help themselves. We focused on getting family involvement, working with Nevada PEP. They successfully did some training with parents by partnering with the University Center for Excellence in Disabilities. It is about helping parents have a voice to change policy.

- Goal 3 Helping youth succeed in school. We recognize that children with SED, especially co-occurring disorders, is a key issue to success in school. They want to continue to support assessment of children and identification around suicidal symptoms. Their funding went to provide evidence-based training in suicide
- Goal 4 Youth in transition. Supporting youth to succeed as adults. They conducted surveys with our youth to get their feedback. Utilized some of our funding to start doing some groups at the Eddy House. Good way to engage youth who get lost out and about.

- **CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM**

Dan Musgrove reviewed the report. He focused on the four priorities they identified.

- Priority 1. Re-structure the public children's behavioral health financing and delivery system to ensure quality. Accountability, and positive outcomes for Clark County's children and families.
- The Legislature with AB366 created the four Regional Policy Behavioral Health Boards. We want them to understand that the Consortia have already done a lot of work in prioritizing what is important for our youth for the individual regions. The 2017 Legislature is working on to determine whether the inadequate provider reimbursements is going to contribute to lack of providers.
- Priority 2. Provide mobile crisis intervention and stabilization services to Clark County youths in crisis. This program is a great success in Clark County. It was a priority for CCCMHC for many years. It needs to be a stable budget line item. They are running into issues with managed care companies. He believes the bigger issue is the private insurance companies.
- Priority 3. Expand access to family peer support services for the families of Clark County's children at risk for long-term institutional placement. They had some success with AB307, but it has not been implemented as the law was intended.
- Priority 4. Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children identified with behavioral health care needs. There has been a lot of work with the Signs of Suicide programs, but we have not done anything to verify whether it is working. They are recommending that a comprehensive study be conducted. We want to make sure that the Social Workers in Schools program is implementing an effective model of school based mental health and suicide prevention.

There will be a call tomorrow between the three Consortia. They have been asked to present their priorities to the Interim Legislative Committee on Juvenile Justice. This is important because we want to make sure our goals are incorporated in the work being done for the 2019 Legislative Session.

ASSEMBLY BILL 457 (LICENSING BOARDS) COMMISSION RESPONSIBILITIES:

- **ESTABLISH WORK FLOW PROCESS FOR BOARDS TO SUBMIT REGULATION CHANGES AND LICENSING APPEALS TO THE COMMISSION**

Commissioner Lefforge reminded everyone that we talked about having this as a standing agenda item for all meetings for the review of the regulations changes and licensing appeals. The problem is she does not think the boards know how to submit what they need to the Commission. She wants to make sure we articulate that. At the meeting where they met at the Southern Nevada Health District there was some time spent talking about timelines and how this work would flow. Have the boards been notified how to get those item on our agenda and to get those material distributed to the Commission?

Commissoner Kinnikin said there are several regulations on the agenda for the meeting tomorrow. She believes it is the Psychological Board.

Ms. Slabaugh said a DAG worked on AB457 with DPBH. The Commission has the same agenda item for the meeting with DPBH tomorrow (item #9). You might ask this question of DPBH staff. They probably have a better answer than DCFS staff would.

Chair Lefforge said even though that is handled primarily by DPBH, we did establish that the review of regulations and licensing appeals needs to be on both agendas for all meetings. When the two meetings occur back-to-back it works out, but when the meetings are staggered, it is important that we complete the reviews at the DCFS meetings.

APPROVAL OF LETTER REQUESTING MODIFICATION AND ADOPTION OF THE STATE'S SERIOUS EMOTIONAL DISTURBANCE (SED) DEFINITION

Commissioner Durette brought up this issue at the last meeting and it was determined they would move forward with a letter to Director Whitley. Commissioner Durette explained that the letter summarizes the rationale for which we proposed the change to the SED definition. The definition included in the Federal Register is included and italicized. We voted that as the accepted definition and the update for the Nevada Revised Statute(NRS). She also suggested that the adult meeting tomorrow they look at the SMI definition and make the same recommendation. She wanted the group to review the letter and decide whether to approve it.

Commissioner T. Johnson said she is all in favor but asked if we could add some language for the Early Childhood (EC) Certified. Commissioner Durette agreed to that.

Megan Freeman suggested a change to the last sentence of the first paragraph of the letter. It is not completely accurate. We use SED as an eligibility requirement for Specialized Foster Care. It is not a diagnosis, but it is used clinically.

Ms. Tucey said Medicaid does use that as another component to determine level of care for services.

Commissioner Durette suggested the following change – “it is used for census and as an administrative term for determination of eligibility and level of care”.

Commissioner Kinnikin asked Ms. Tucey if the definition is re-worded, would that be an easy transition for Medicaid? The response was “yes and no”. She needs to look at it and how it is identified in the State Plan and whether it impacts the prior authorization process.

Chair Lefforge suggested making a motion to accept the language as is but also hold off on completing the letter until we address the SMI portion at tomorrow’s meeting. It would make more sense to send one letter. We could move forward with accepting this part of the letter. We need to insert the NRS in the second paragraph.

Ms. Slabaugh said it is not on the agenda for the meeting tomorrow, so you cannot discuss it. Chair Lefforge said we have some time on this because we are not in Legislative Session. It would be helpful to hear back from Medicaid about how this will affect them and then we could move forward on the SMI portion for the next DPBH meeting, and it will also be on the next agenda for DCFS.

Ms. Tucey recommends reaching out to Dr. Stephanie Woodard because she is looking at revising the definition for SMI. Krystal Castro said DPBH can put SMI on the next agenda and invite Dr. Woodard.

**DISCUSSION AND DETERMINATION REGARDING SECLUSION AND RESTRAINT
EMERGENCY PROCEDURES FOR CHILDREN AND YOUTH DENIAL OF RIGHTS
FORMS QUALITY ASSURANCE PROCESS**

- **SUMMARY OF FORMS PROCESSED IN 2017**
- **SAMPLE OF LETTERS TO FACILITIES**
- **LETTER TO FACILITIES NOT SUBMITTING SECLUSION AND RESTRAINT
FORMS PER NRS 433:534**

Chair Lefforge said we have in our packet a report on Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights.

Commissioner Everett asked if there are any consequences for agencies that did not submit reports.

Chair Lefforge said her understanding is that some agencies have to do this, and others do not. Ms. Slabaugh said the statute says “shall” report to the Commission. She is not aware of any authority that the Commission, or the Division have over the private entities. Perhaps Health Care Quality Compliance (HCQC) could come after them but she is not sure about that. And she does not know what the fallout of that would be. She believes the question is probably for HCQC and DPBH. A complaint would have to be filed with HCQC. She suggests the Division reach out

to private entities first, making them aware of the requirement, and suggesting they start submitting.

Commissioner Kinnikin asked if that could be a letter from Kristen Rivas. Ms. Slabaugh said that is something staff could do.

Commissioner Everett asked if it should be put on next agenda? Do we want to discuss it now? Does anyone have any appetite to pursue it now?

Chair Lefforge said in the last year the Commission made some progress clarifying what happens to our reviews of the Seclusion and Restraint reports. The memos that you see to the facilities are new, so we are now able to verify that the agencies are receiving the Commission's feedback. We can discuss this further and add it to the next agenda.

Commissioner Everett requested background, information - the where's and whys if that is okay. Chair Lefforge said absolutely.

Dr. Freeman has some suggestions about the report. It would be helpful next to the number of forms received to show how many patients were served in that year, so you can put the number of events in context. It could also be helpful to show the past two or three years of data, so you can monitor whether the number of events is going up or down. There are several different best practice plans for reducing the number of seclusions and restraints. Have you considered discussing that?

Chair Lefforge said the Commission gets separate data reports that show the overall rates of seclusion and restraints. What we are looking at here is specifically some summary of the forms that the Commissioners review during the Executive Session. Those other reports are important.

Chair Lefforge hopes that we are also keeping track of the aggregate data as far as the feedback on those seclusion and restraint reports that we review. We want to see if they are anomalies or if there are consistent patterns in the issues that we bring to light. Now that we have the memos it seems we could collect the data. She hopes someone is tracking the data for each agency. At some point, maybe once a year she would like to see the numbers of what is being sent to the agencies. Did this all occur during the same month or over time?

Chair Kinnikin said in the past we invited the private hospitals to present about their plans and what they were trying to do to make that difference. We did several of those and then quit doing them for some reason. Chair Lefforge said that is helpful.

Chair Lefforge said she will loop Ms. Rivas into the conversation, so she knows what we are asking for.

Commissioner Everett asked about the 1,434 reports received from Willow Springs Treatment Center on February 7, 2018. Ms. Slabaugh said it is her understanding that they experienced a management change and did not send the seclusion and restraint reports in. Ms. Rivas had emailed her and the DCFS administrator about this. Willow Springs found this stack and just sent them in.

REPORT FROM THE DUTIES, LIMITS, AND RESPONSIBILITIES OF THE COMMISSION ON BEHAVIORAL HEALTH SUBCOMMITTEE

- **COMMISSIONER RUIZ-LEE WAS ELECTED CHAIR**
- **UPDATE ON PROGRESS OF THE SUBCOMMITTEE**

Commissioner Ruiz-Lee, Chair of this Subcommittee, reported that they met twice. They had the opportunity for Subcommittee members to give thoughts and ideas around Commission rules and responsibilities. They worked with Ms. Rivas to develop a matrix of responsibilities and requirements. We are pending on our third meeting while Ms. Rivas breaks down all the statutory and administrative code requirements that we have identified. Our intent is to review those and make some recommendations/suggestions for potential modifications and bring those back to the full Commission for review or discussion. We hope to do that at the next Commission meeting.

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

Kevin McGrath reported:

- There are 263 children in the System of Care (SOC) AVATAR.
- The Building Bridges Initiative (BBI) Workgroup met twice. BBI staff began with an overview of BBI and then moved into a plan for further implementation. There will be meetings with the help of BBI staff in May and July. Talked about a plan for further implementation. In June BBI staff will conduct an in-person training on Business Transformations for Residential Provider Leaders in Las Vegas. In September they will conduct an in-person training for all staff involved in residential programs.
- SOC Quality Assurance staff began the next round of clinical service reviews as part of their ongoing CQI process. This process will be done quarterly.
- The SOC webpage was changed so that all links are on the one page. We are working to put all agendas and minutes from all meetings on that site as well..
- SOC staff is working with our SAMHSA Technical Assistance staff to discuss potential contractors for a possible Medicaid waiver for home and community-based services.
- SOC staff are in the process of ensuring all DCFS staff are trained on LGBTidentified youth and are working on a webinar that should be available soon.
- SOC staff recently attended the Tampa conference.

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

- **NOMINEE: COMMISSIONER RUIZ-LEE**

Commissioner Ruiz-Lee explained that when the Duties Subcommittee met, there was conversation regarding a meeting to formalize the Chair of the SOC Subcommittee. At the last meeting, we agreed that Commissioner Durette would work with Commissioner P. Johnson over a period of time and we would revisit the Chair of the committee. Commissioner Ruiz-Lee did not know she was a voting member of the SOC Subcommittee. She has not been able to attend the SOC meetings. She was asked if she would be interested in that role. In June she would have the ability to participate in the SOC Subcommittee. It was not formalized but a conversation and a request. She is willing to do whatever is necessary, as long as she does not have that conflict.

MOTION: Commissioner Durette nominated Commissioner Ruiz-Lee to take the Chair position of the SOC Subcommittee effective June 2018.

SECOND: Commissioner Kinnikin.

Ms. Slabaugh said the Commission could elect.

VOTE: passed unanimously.

ANNOUNCEMENTS

None

DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

- Everything we have on the agenda will continue.
- Hear more about DWTC on the agency reports.
- Follow up with Medicaid on the status of those rate re-alignments for psychologists and the status of SB162.
- Agenda item #9 with the SED definition. We will want to hear from Alexis regarding the impact on Medicaid.
- Agenda item #10 - spend more time talking about seclusion and restraint reporting and how it works.
- Agenda item #4 - The follow-up with the correspondence with NSMA with the nominations of Dr. Mel Pohl.

PUBLIC COMMENT

None.

ADJOURNMENT OF PUBLIC SESSION

Chair Lefforge adjourned the meeting at 10:30 am.