

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
JULY 13, 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

COMMISSIONERS PRESENT AT THE CARSON CITY LOCATION:

Debra Scott

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Tabitha Johnson
Noelle Lefforge
Natasha Mosby
Melvin Pohl
Lisa Ruiz-Lee
Asma Tahir

COMMISSIONERS ABSENT:

Lisa Durette

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
Jackie Wade, Division of Child and Family Services
Kristen Rivas, Division of Child and Family Services
Tiffany Ontiveros, Division of Child and Family Services
Susanne Sliwa, Deputy Attorney General
Alexis Tucey, Division of Health Care Financing and Policy

Krystal Castro (phone), Division of Public and Behavioral Health
Charlene Frost, Nevada PEP
Roslyn Timmerman, Nevada PEP
Samantha Jayme, Aging and Disability Services Department/Autism Treatment Assistance Program
Jennifer Tseu, Aging and Disability Services/Nevada Early Intervention Services
Sara Hunt, UNLV
John Kucera, Legislative Counsel Bureau
Lea Cartwright, Nevada Psychiatric Association
Savannah Chavez (phone), United Citizens Foundation
Jessica Flood (phone), Rural Regional Behavioral Health Policy Board Coordinator

CALL TO ORDER AND INTRODUCTIONS

Chair Lefforge called the meeting to order at 8:05 A.M. Roll call is reflected above; it was determined that a quorum was present.

PUBLIC COMMENT

Chair Lefforge called for public comment. There was none.

CONSENT AGENDA

APPROVAL OF MINUTES AND AGENCY REPORTS

MOTION: Commissioner Johnson moved to accept the minutes from the March 15, 2018 meeting.

SECOND: Commissioner Everett.

VOTE: The motion passed with abstention from Commissioners Pohl and Scott since they were not present at the meeting.

MOTION: Commissioner Scott made a motion to approve the agency reports.

SECOND: Commissioner Jackson.

VOTE: The motion passed unanimously.

INTRODUCTION OF NEW COMMISSIONERS AND UPDATED LIST OF COMMISSIONERS, THEIR POSITIONS, AND TERM DATES

Chair Lefforge introduced and welcomed the two new commissioners. Commissioners Mosby and Scott. She noted that there is an updated list of Commissioners and term dates in the packet. All positions on the Commission are now filled. Commissioners Johnson and Jackson noted corrections to their term end dates. Laura Adler will make those changes.

UPDATE ON THE REGIONAL BEHAVIORAL HEALTH POLICY BOARDS

Chair Lefforge spoke with a contact at the Regional Behavioral Health Policy Board. Legislation recently changed so there is some mandated interaction with the Commission. The purpose of the meeting was to outline what our mutual responsibilities are. Most importantly, the Regional Boards must deliver a report and a date was decided in late Fall.

FOLLOW-UP ON ISSUES WITH DESERT WILLOW TREATMENT CENTER (DWTC)

Cara Paoli reviewed the handout and noted that the title should read “Desert Willow Treatment Center”:

This gives a picture of wait list, services, tools that are being used to measure satisfaction, assessment tools used in the facility, support systems and discharge planning. It gives an update on the status with the Request for Proposal (RFP) that went out for contracting with a private provider. DCFS is still in the process of looking at that option. There are fiscal pieces we are examining as well as legal pieces involved through The Bureau of Health Care Quality and Compliance (HCQC) that must be worked out before we can move forward.

Question (Q): Chair Lefforge asked if there a timeline?

Answer (A): Ms. Paoli replied that there is no formal timeline. DCFS met with First Med who responded to the RFP and there have been several meetings to look at the options. At the last meeting the plan was that Medicaid offered a meeting with First Med to review the fiscal piece and different avenues for them for billing. That is where it left off.

Q: Commissioner Ruiz-Lee asked if there currently is not a contract in place with First Med.

A: That is correct there is no contract in place currently. It is still in negotiation.

Q: Chair Lefforge asked if DCFS is waiting on First Med to make the next move.

A: At the last meeting there were a few options discussed as far as how to move forward and different ways that First Med could set billing up. A meeting was offered so there could be better understanding. That is where the last meeting left off three or four weeks ago. She is not sure they have had the opportunity to sit down with Medicaid or not.

Q: Commissioner Ruiz-Lee asked if there is an end-date to the conversation? Negotiations started in September 2017.

A: Ms. Paoli responded that there is no end-date to her knowledge. They have the RFP so that gives us the ability to sit down and negotiate with them, it does not guarantee a contract. It is up to them whether they want to move forward based on everything outlined in the RFP.

Q: Commissioner Ruiz-Lee asked about DCFS’ need to move forward based upon service demand. Do you have a timeline in mind?

A: Ms. Paoli responded that we are moving as quickly as we can. There is a need and we do not want to send youth out of state. We know everyone is watching this and the Legislative Council Bureau (LCB) is interested as well to make sure we are moving as quickly as possible. She will have to consult the DCFS administrator regarding the timeline to say when we want to have a drop-dead deadline.

Alexis Tucey from Medicaid stated that it is not simply a negotiation. The issue of how to operate within appropriate licenses and regulations may be the biggest things to work through with First Med, DCFS, and DHCFP.

Commissioner Ruiz-Lee did not see in the data presented the number of youths being sent out of state and if that has increased or decreased. Ms. Paoli said that would not be tracked through this report. Ms. Tucey said on DHCFP’s website, and under behavioral health, they keep an ongoing number of youths that are placed in RTCs, both in- and out-of-state. There is a six-month claims lag of information, so the information is from November 2017. We have 98 individuals that are

in-state, and 196 that are out-of-state. We have been decreasing the number of youths placed out-of-state over the last year. We have averaged around 200 youth out-of-state.

There were questions and lengthy discussion about what is known about out-of-state placements since November 2017. Commissioner Ruiz-Lee said she was trying to get at if there was an increase in out-of-state placements when there was a decrease in the number of children served at Desert Willow. Chair Lefforge stated that she is concerned they are large numbers and if there is some reason to believe they are worse now, than they were then, it sounds expensive and not ideal for families, and she is not hearing a very active plan to fix this.

Ms. Paoli responded that DCFS has been actively engaged in this process. We have had a lot of turnover in our administration, so that is a delay in getting things accomplished. This is a large undertaking. There are a lot of entities and rules in place that we must follow as far as licensing and accreditation bodies. We have had State Public Works come out and they are in the process of writing a report about what would be involved in putting up firewalls to operate two entities. We cannot share any space with the private provider. It could come up to \$1 million and we must figure out where that money will come from. We are working as quickly as possible and it is a very high priority. It is something that is involved in our System of Care (SOC). It is not just the SOC grant, but our whole SOC transformation that we are making in CMH that is trying to bring in more preventative services and community-based services, so we can prevent out-of-state placements and RTC placements. We want to be responsive to parents, families and kids and right now we do not have the service array to accomplish this. We are working hard to get it accomplished.

Chair Lefforge and Commissioner Ruiz-Lee expressed their concern that an RFP went out and there was only one response and that has been tied up for a year. The RFP was limited to two weeks. That is why she is concerned about the number of youths being sent out-of-state and we do not know what that number is today.

Commissioner Pohl stated that it is hard to believe there is not some way to catalog the number of youths sent out-of-state instead of waiting six months. Ms. Tucey responded that she can see if she can run an ad-hoc report to see those who are placed out of state.

(Q) Chair Lefforge asked if DCFS is tracking this.

(A) Ms. Paoli responded that DCFS would track youth in our service system that would go to higher levels of care. A lot of youth that are going out-of-state are not in our service system. There are parents that go to a psychiatrist who works on getting the child sent to a facility and the child has never been involved with DCFS. There are youth in Child Welfare and Juvenile Justice also sent out-of-state that are not involved with Children's Mental Health. It is more complicated to track than you might think because not all the youth are coming through our doors and then being sent out in a systematic way. Ideally, we would love to have some kind of oversight panel that before any youth could go out of state we could offer lower level services to try to prevent that. But that is difficult to coordinate because our system is not set up that way. If they have an intensive need, they must go out immediately. This is something we have talked a

great deal about and realize there needs to be a better mechanism to try to keep youth from going to that level of care if it is not required.

MEDICAID UPDATE AND CHANGES

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

The rate change which impacted psychologists was based off a rate realignment which impacted the psychologist's rates. Some rates were decreased, and some were increased. The overall services of psychologists wound up being a 5% increase in rates.

Chair Lefforge said it is important to state that assessors got hit with a 14% reduction, and private practitioners are having between \$5,000 and \$11,000 to be recouped.

Ms. Tucey can look into whether there has been an impact on Medicaid's network of providers.

- **UPDATE ON PROGRESS BEING MADE ON SB162.**

Medicaid is moving forward with this. They held a public workshop with the Board of Psychologists, which is still going through their revisions pending feedback from LCB prior to submitting that to the Commission. Then they can implement it to their regulations, and Medicaid can make those revisions to the state plan and submit to CMS.

- **PUBLIC WORKSHOP AND HEARING: PROVIDER TYPE (PT) 14 – BEHAVIORAL HEALTH OUTPATIENT SERVICES REVISIONS TO NEUROTHERAPY – BIOFEEDBACK WITH PSYCHOTHERAPY**

Medicaid received a lot of public comment regarding the changes which they took into consideration. This item was removed from the agenda for the original public hearing date. A new date of August 14, 2018 is set with the changes. Ms. Tucey clarified the difference between the public workshops and public hearings. The change includes that the first three sessions for neurotherapy would not require prior authorization. The planned implementation date is August 15, 2018.

Medicaid is aware of the staffing needs to process the prior authorizations. The five-day turnaround is if it is a clean prior authorization. They are evaluating adjusting the length of the form.

Ms. Tucey explained that Medicaid is constantly evaluating whether there is appropriate access to services. This includes looking at utilization management, waste, fraud, and abuse. Many things are taken into consideration.

The updated announcement is on dhcfp.nv.gov, on the top of the website tab, link for public notices, 2018 meetings. Scroll down workshops and hearings listed.

Commissioner Ruiz Lee noted that the modifications described are responsive, and she applauds the work they did to get to the happy medium point.

Chair Lefforge stated that she continues to be concerned. We have a hard time recruiting providers. Ms. Tucey replied that DHCFP will continue to evaluate and keep track of and will continue to monitor the impacts of that.

AGING AND DISABILITY SERVICES DEPARTMENT (ADSD) UPDATE

Jennifer Tseu reported on Nevada Early Intervention Services (NEIS)

- As of June 29, 2018, the statewide active caseload is 3,402 and the statewide referrals is 563.
- She reviewed their Child Find activities that were included in the handout.
- Their waiting list is 0.

Samantha Jayme reported on the Autism Treatment Assistance Program (ATAP)

- June monthly caseload. 52 new applications, 672 active children, 517 total children waiting, average wait time is 431 days.
- They are working towards reducing the wait time in the new fiscal year. They have nine new providers. They are working on ways to get into the schools.
- They work with Nevada Early Intervention Services (NEIS) for children who age out. They just got a new provider who works in the south who specializes in the Early Start Denver Model.
- They are working with a non-profit in the south that primarily focuses on older children.
- She reviewed the active children by age.
- They try to help with mileage and drive times so that their providers will go to the rural areas.
- Wait time by area currently – 311 in the north, 341 in the rurals, and 471 in the south.
- They help individuals get their Registered Behavioral Technician certification.

POTENTIAL OF WESTCARE CLOSING – CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

Alexis Tucey reported:

They looked at the impact of WestCare closing their CCBHC in Reno. Their pre-existing caseload was around 60 to 70 clients being seen through CCCBC. They felt that number of clients could be absorbed. A Request for Application (RFA) was posted and closed, and they are now in the review process to fund up to six prospective CCBHCs, for the next year to start getting them set up to get certified, with the hopes in this next legislative session that Medicaid's budget concept paper for the expansion of CCBHCs is approved. It took providers one to 1.5 years to come up to those certifications.

Commissioner Everett stated that with WestCare closing their Crisis Triage Center (CTC) it is a huge blow to the substance use disorder community because we have no publicly funded detox in Reno now. Her understanding is that the City of Reno and Washoe County are putting together a Request for Proposal (RFP) for folks to apply to become a (CTC).

Ms. Tucey stated that the closing of the actual CTC and closing of the CCBHC are separate issues. It was a shock throughout the community. From the CTC perspective we have been working with the Washoe County Behavioral Health Policy Commission – Planning and Advisory Board to develop a CTC. We are at the point of it going through our internal review process before it is posted.

Commissioner Ruiz-Lee asked that Ms. Tucey or Dr. Woodard do a presentation at a future meeting to help us understand the integration points between CCBHC and Federally Qualified Health Centers (FQHC). How are they supposed to work together, and how does that model of a SOC work in terms of partnership?

Ms. Tucey explained that it is two initiatives moving forward at the same time. They do intersect. FQHCs are an eligible grouping that could qualify as a CCBHC. With the CCBHC integrative model CCBHC is more focused on behavioral health. It is almost a home health model and then layering in high-level primary care needs. FQHC's primary component has been primary care and then layering in behavioral health. They are not required to provide behavioral health services, but they can. She can reach out to Dr. Woodard if that is something the Commission wants as a separate presentation.

HEALTHY TRANSITIONS GRANT – UPDATE TO COMMISSION ON GRANT CONTENT, STATUS, AND PLAN

Cara Paoli reported:

DCFS in collaboration with DPBH and DHCFP applied for the Healthy Transitions Grant – Improving Trajectories for Youth and Young Adults with Serious Mental Disorders Program. The grant was submitted on May 13, 2018. If we are awarded it, the grant would start September 30, 2018. We anticipate hearing in August. Ms. Paoli read the basic outline of the grant which is through SAMSHA. It would be a 5-year grant and no match is required. The purpose of program is to improve access to treatment and support services for youth and young adults 16 to 25 years of age, who have a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI). They are starting to refer to that group as Youth with Serious Mental Disorders.

We worked with several community partners. One of the requirements of writing the grant was to have agencies that would submit a letter if they are interested in being a provider for this group. We received about 30 letters of commitment.

The two areas of focus are Washoe and Clark Counties. DPBH has a contract for technical assistance from Navigate, a group that has modeled for First Episode Psychosis (FEP) to get up in the rural areas. That population will not be neglected for individuals meeting criteria for FEP.

Chair Lefforge asked how this would be staffed with the shortage of providers in Nevada. Ms. Paoli responded that in addition to the providers who submitted letters of interest, there is a plan that was presented to get more training in evidence-based models. DCFS has had many people

trained in those models, so it would be a matter of getting training for whoever is awarded the RFP. DPBH also has models they have used that we would be passed onto providers identified.

Kathy Mayhew stated there is a lot of training initiative in this grant and a lot of workforce development.

ASSEMBLY BILL 457 (LICENSING BOARDS) COMMISSION RESPONSIBILITIES:

- **LICENSING APPEALS**

Chair Lefforge did not receive any licensing appeals from any of the boards.

- **REVIEW BOARD REGULATIONS**

- **APPROVE CHANGES TO THE STATE OF NEVADA BOARD OF PSYCHOLOGICAL EXAMINERS NAC 641**

These changes were included in the handouts for this meeting regarding chapter 641 relating to SB162 which allows for filling of psychology trainees.

Comments on the Changes:

- Commissioner Scott asked where the definition of psychological trainee is in the document? Chair Lefforge believes the intent is to insert it on p 641-5. She believes SB162 provides the language for definition, and it will be pulled from that. If there are any questions, we will deliver them to the board.
- Commissioner Scott referred to on page 641-28 under section 1 - “Currently enrolled” needs to be defined. Will that be done in policy? Chair Lefforge will take that comment back to the board. Chair Scott would like to know what the duration of that is.

Chair Lefforge said she attended the workshop and it was her impression that they attempted to align these regulation changes by balancing concerns for protection of the public with access to care. The intent is to allow for more service provision, but to do so by qualified people and not take advantage of trainees for financial purposes. This still must go through the LCB for feedback. Her understanding of AB457 is that the Commission has an obligation to review and provide input on the regulations. We do not necessarily have to approve them. Susanne Sliwa said this is correct, but it would be helpful to have a motion.

MOTION: Commissioner Pohl made a motion to verify that the Commission received and reviewed the Chapter 641 regulation changes. The Commission wishes to ensure that Psychological Trainee is defined in accordance with SB162 and that we define “currently enrolled”. The Board will be sent a verification with the two requests for clarification.

SECOND: Commissioner Scott.

VOTE: The motion passed unanimously.

MOTION: Commissioner Johnson made a motion to approve these changes with the two requests that were made.

SECOND: Commissioner Tahir.

VOTE: The motion passed unanimously.

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

- **FOLLOW-UP ON LETTERS SENT TO FACILITIES NOT SENDING IN SECLUSION AND RESTRAINTS PER NRS 433.534**

Kristen Rivas reviewed the handout “Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights – Summary of Forms Received Since 1/1/18. This was in response to the Commission’s request. We researched for the Commission what facilities have not been reporting. We sent a second letter to the facilities that did not respond. Is there anything else you would like us to do for the non-responding facilities?

Chair Lefforge asked what the Commission could do about the facilities that are not complying with NRS. Susanne Sliwa stated that the Commission does not have any sanction or power to tell them they must submit the forms. Unfortunately, there is no teeth to the statute.

Possible suggestions were made to file a complaint, invite the facilities to a meeting, and/or notify their accrediting body.

Ms. Rivas said DCFS has contacts for the facilities to send them an invitation to a meeting if that is what is decided. We could send them one more letter. Commissioner Pohl recommends a certified letter to make sure they receive it.

Commissioner Scott recommended copying the Nevada Hospital Association and the accrediting body, so the facilities see that people are going to know.

Ms. Rivas stated that the letter cannot come from DCFS because we do not have authority. It would have to come from Chair Lefforge. Chair Lefforge asked Ms. Rivas to assist her with finding out who the accrediting bodies are, and the name of the Medical Director, and with the preparation of the letter.

Ms. Rivas said many times there are facilities in the south and rurals that she does not know about. If anyone hears of facilities opening or that should be reporting, please send her an email to let her know.

Ms. Rivas reviewed the updates to the DCFS Seclusion and Restraint Review and Tracking Process. DCFS updated the form because new facilities were added based on our research. We have a Denial of Rights Policy through DCFS that is approved by the Commissioners. We are not sure we have to bring the whole policy back to the Commission when the only change is the addition of facilities.

Chair Lefforge said the Commissioner orientation materials needs to be updated generally and this Review and Tracking Process should be included in it.

MOTION: Commissioner Pohl made a motion to allow changes to the programs/facilities listed on the form, without approval of the DCFS policy changes.

SECOND: Commissioner Johnson.

VOTE: The motion passed unanimously.

Commissioner Scott recommended that the DAG be copied on the letter to the facilities about non-compliance. The more people who know about non-compliance, the better results you would get. Commissioner Ruiz-Lee does not think some of the entities have an accrediting body, but they go through Healthcare Quality and Compliance (HCQC) for licensure, so maybe the letter should go to them too. Ms. Rivas was asked to get the names of the medical directors of the facilities, so the letter can be addressed to them.

Going forward, Commissioners will use the new box on the form to add their comments.

Chair Lefforge requested for the September meeting, aggregate data on these reports so the Commission can decide which agencies to invite to the November meeting to respond to the feedback. She wants to see with the accumulated feedback the Commission is providing to agencies, if there are patterns so facilities can have an opportunity to respond on what is being done about the concerns being raised. She wants Ms. Rivas to report on the agencies that report on children and the Division of Public and Behavioral Health (DPBH) to report on agencies that report on adults. She asked Ms. Rivas to let DPBH know of the request for the report and agenda item. Ms. Rivas can inform them, but she does not know if they keep that data. Chair Lefforge asked Ms. Rivas to provide guidance on how to do that. Ms. Rivas stated that she has provided that information to DPBH in the past. Chair Lefforge asked who would be the lead on that? Ms. Rivas responded "Ms. Castro".

UPDATE ON PROGRESS OF THE DUTIES, LIMITS, AND RESPONSIBILITIES OF THE COMMISSION ON BEHAVIORAL HEALTH SUBCOMMITTEE

Commissioner Ruiz-Lee reported that there are no updates. We had a detailed spreadsheet that split out the statutory requirements of the Commission, but there were some portions of activity that were not currently happening. She thought we were going to send that list to the Attorney General's office to seek some legislative history on the items where the work activity was no longer being done. She does not know if we ever got a response.

Ms. Rivas said she was waiting for direction from this committee to send it to the DAG. She did not know what elements we were looking for. It was decided that the subcommittee would hold another meeting to go over that document.

APPROVE DCFS POLICIES

Tiffany Ontiveros gave a brief review of the three policies presented to the Commission.

- **DCFS CHILDREN'S MENTAL HEALTH GRIEVANCE POLICY**

This policy includes an attachment to provide to families on grievance information, a grievance form and a resolution report. This would be posted on the DCFS website, so families can send to the grievance coordinator electronically. We have collection boxes where families and children can submit grievances and it will be checked daily.

Commissioner Scott asked that CPM (Clinical Program Manager) be spelled out the first time it is used in the document. On page 4 – Planning and Evaluation Unit (PEU) should be spelled out in m instead of n. On page 1 of 2 on Grievance Information under ‘What kind of issues can be addressed’ – the paragraph below should be a sentence to make it consistent.

MOTION: Commissioner Pohl made a motion to approve this policy with the revisions to defining the abbreviations.

SDCOND: Commissioner Scott.

VOTE: The motion passed unanimously.

- **CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)**

This is a new policy. Ms. Ontiveros described a couple of changes she needs to make.

Commissioner Scott said sentences need to be consistent to say ‘children, youth, and family’, or ‘youth and family’. On page 5 she suggested that all the definitions should be stated consistently. The writing should be consistent within a document and then checked across polices.

Chair Lefforge said she is concerned about interpreters. The policy defines people who have expertise in interpreting, but it does not stipulate that they must have behavioral health backgrounds. That is a substantial difference. Ms. Paoli stated that SOC just had its site review for the grant and they offered technical assistance (TA) in this area. Kevin McGrath will take that to our TA and have them weigh in on that and we can report back to the Commission.

MOTION: Commissioner Ruiz-Lee made a motion to have DCFS utilize some technical assistance through the SOC grant to review and modify as they deem appropriate. The revised policy will be brought to the next meeting for review.

SECOND: Tabitha Johnson.

VOTE: The motion passed unanimously.

- **ADHERENCE TO SYSTEM OF CARE CORE VALUES AND GUIDING PRINCIPLES**

This is a new policy. It has an attachment with the core values and principles, which employees will have to sign.

Commissioner Scott referred to, on page 2, the responsibility of DCFS Staff “Providing pathways and skills for emerging leaders to advocate for social justice and lead work of the social sector”. What does “lead work of the social sector” mean? Following discussion, it was

decided to change the sentence to ‘Providing pathways and skills for emerging young leaders to advocate for social justice’.

MOTION: Commissioner Pohl made a motion to approve the policy with the requested revisions.

SECOND: Commissioner Tahir.

VOTE: The motion passed unanimously.

UPDATE ON THE CHILDREN’S SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE AND SYSTEM OF CARE GRANT

Kevin McGrath reported:

- The Building Bridges Initiative (BBI) workgroup had a training for residential program leaders, child welfare, juvenile justice and family partners on Developing a Foundation of Business Transformations for residential Provider Leaders in Las Vegas. On June 21st BBI staff will conduct an in-person training on Business Transformations for Residential Provider Leaders in Las Vegas. On July 19 Residential leaders will participate in a conference call on Strategies to develop youth–guided care. In September BBI staff will conduct an in-person training for all staff involved in residential programs.
- DCFS took over the First Episode Psychosis program statewide on 5/1/18.
- DCFS WIN has been meeting in a workgroup with DFS staff to help ensure that the highest need children are being referred to WIN. A referral process has been established for their AFC program and we will continue to meet monthly to work on any barriers.
- DCFS and SOC staff had our SAMHSA site visit on July 9 thru 11. They reported they saw significant strengths in our SOC implementation and made some recommendations. We should get a complete report in 30 days and will discuss those results with the workgroups and the subcommittee.
- Mr. McGrath also reported on the SOC Subcommittee and the activities of the workgroups.

NOMINATE AND APPROVE APPOINTMENT OF COMMISSIONERS TO SERVE ON THE COMMISSION ON BEHAVIORAL HEALTH SUBCOMMITTEE ON CHILDREN – (CHILDREN’S SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE) AND VOTE ON NEW MEMBER(S)

Mr. McGrath stated that SOC needs a Commissioner for the Communications Workgroup. Pam Johnson is no longer a Commissioner and Viki Kinnikin was also a voting member on the Subcommittee. He explained the SOC Subcommittee’s role is the governance committee of the Nevada System of Care. The SOC Subcommittee addresses larger issues that affect the system like becoming the lead authority on Children’s Mental, Health, the state plan amendment, or becoming the certification agency for Medicaid. Currently, Commissioners Durette and Ruiz-Lee serve on the Subcommittee. Commissioner Ruiz-Lee is the chair.

Ms. Rivas explained that the Subcommittee is a subcommittee of this Commission that is in statute. The Subcommittee voting members are the Commissioners and Consortia members.

Those are the only members on the subcommittee. When you lose Commissioners, you would want to replace them because the Commission has a limited number of voting members on the Subcommittee.

Commissioners Mosby and Scott volunteered to serve on the Subcommittee.

MOTION: Commissioner Pohl made a motion to appoint Commissioners Mosby and Scott to serve on the Commission on Behavioral Health Children's System of Care Behavioral Health Subcommittee.

SECOND: Commissioner Everett.

VOTE: Motion passed unanimously.

NOMINATE AND APPROVE APPOINTMENT OF A COMMISSIONER TO REPRESENT THE COMMISSION ON BEHAVIORAL HEALTH ON THE NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

The Nevada Children's Behavioral Health Consortium needs to replace Pam Johnson as the representative of the Commission to that body.

Chair Lefforge asked if all the Commissioners must sit on the local governing boards. Now that we have a lot of Commissioners in the south, we probably do not need everybody to serve, so perhaps we can free up some of those people to serve on the other committees. We can talk about this with DPBH. Ms. Castro said she does not have the information today about how many people are needed for a quorum. but she can look into it.

ANNOUNCEMENTS

There were no announcements.

DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

- Approve Meeting Dates for 2019.

A request was made to send out the remaining meeting dates for 2018. DCFS will follow-up on that.

MOTION: Commissioner Pohl made a motion to approve the 2019 meeting dates.

SECOND: Commissioner Scott.

VOTE: The vote passed unanimously.

- Discussion and Identification of Future Agenda Items.
 1. Commissioner Ruiz-Lee requested that Item #6 – Follow-up with Desert Willow Treatment Center should be posted for possible action, in case the Commission wants to write a letter. Ms. Sliwa said the agenda must reflect the type of action that may be taken. You cannot put 'for possible action' on everything.
 2. An in-depth report on the integration and plans for the CCBHC and FQHC, preferably by Stephanie Woodard.

3. SOC presentation by Kevin McGrath, on what the Children's Mental Health Authority means. What scope does that entail, what authority does that give them, what are the benefits?
4. Additional items to carryover to September meeting: Update on Regional Behavioral Health Policy Boards, follow-up about DWTC, Medicaid update, updates from ADSD, concern about services to the substance use community, along with an update on the CCBHC and CTC (more what is happening in the community with the loss of those services), status of the Healthy Transitions grant, Boards - Policy recommendations, update from the SOC Subcommittee, DCFS policies, Seclusion and Restraint aggregate report, appointment of Commissioner to the Nevada Children's Behavioral Health Consortium.

Ms. Paoli stated regarding the Children's Mental Health (CMH) authority - right now, we have a single state authority and that lies within DPBH. That impacts them as well, as far as how we move forward. It is not strictly just a CMH decision. It impacts the single state authority and their willingness for that to happen.

PUBLIC COMMENT

None.

ADJOURNMENT OF PUBLIC SESSION

Chair Lefforge adjourned the meeting at 11:25 am.