

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
SEPTEMBER 12, 2019
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:

Debra Scott (by phone)

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Lisa Durette

Tabitha Johnson

Natasha Mosby

Lisa Ruiz-Lee (by phone)

COMMISSIONERS ABSENT:

Barbara Jackson

Asma Tahir

STAFF AND GUESTS:

Ross Armstrong, Division of Child and Family Services

Kathryn Wellington-Cavakis, Division of Child and Family Services

Kristen Rivas, Division of Child and Family Services

Dan Musgrove, Clark County Children's Mental Health Consortium

Julie Slabaugh, Deputy Attorney General

Jenna Brackin, Aging and Disability Services Department/Autism Treatment Assistance Program

Lea Cartwright (by phone), Nevada Psychiatric Association

Alexis Tucey (by phone), Division of Health Care Financing and Policy

1. CALL TO ORDER AND INTRODUCTIONS

Commissioner Durette called the meeting to order at 8:36 A.M. Roll call is reflected above; it was determined that a quorum was present.

2. PUBLIC COMMENT

Commissioner Durette called for public comment. There was none.

3. CONSENT AGENDA

APPROVAL OF MINUTES AND AGENCY REPORTS

MOTION: Commissioner Johnson made a motion to accept the minutes from the July 12, 2019 meeting.

SECOND: Commissioner Scott.

VOTE: The motion passed unanimously.

No agency reports were received.

4. UPDATE ON THE EXPANSION OF BEDS AT DESERT WILLOW TREATMENT CENTER (DWTC)

Ross Armstrong, Administrator of DCFS reported that overall for DCFS:

The Legislature approved the expansion of beds at DWTC and they are currently doing some construction on the units to prepare for that. The start date for the new positions is October 1, 2019. We were able to work on getting the recruitments out and ready to begin the hiring process. The target date for opening those beds is early next year.

DWTC currently has 8 acute and 12 residential beds. He believes it will be an additional 12 beds of Residential Treatment Center (RTC) RTC.

5. ASSEMBLY BILL 457 (LICENSING BOARDS) COMMISSION RESPONSIBILITIES – APPEALS FROM LICENSING BOARDS:

• LICENSING APPEALS.

Commissioner Durette reported that since the last meeting, the Commission had two appeals that were discussed and decided upon. One from MFT Board and one from the LADC Board. As these come through, the Commission has convened a subcommittee to review the documentation, discuss the appeals and apply the rules set forth by AB457 to make decisions to either uphold or overturn the decisions.

Commissioner Scott noted that this is an important role for the Commission. She worked for the Nursing Board for over 20 years. Sometimes decisions are made that are more about emotion. This is a good check and balance that the Commission has.

Commissioner Durette said this has been a good exercise for the Commission to review and apply the statutes. She thanked the Deputy Attorney Generals for helping the Commission walk through the process. Moving forward, unless the volume becomes onerous, we will convene our subcommittee as needed.

Julie Slabaugh said the appeals from the licensing board was set to sunset December 31, 2019. She does not believe the Legislature extended it, so the authority of the Commission over appeals

for these licensing boards will not extend beyond that. The responsibility of the Commission for review of the regulations of the licensing boards will continue.

Commissioner Durette asked who then will have the final authority on the appeals? Ms. Slabaugh will look at it, but she believes it would go directly to petition for judicial review. It would go to the court.

6. AGING AND DISABILITY SERVICES DEPARTMENT ADSD UPDATE

Jenna Brackin reported on the Autism Treatment Assistance Program (ATAP). A report of this information including ATAP growth was distributed. The July monthly caseload to date:

- 63 new applications
- 675 active children with an average age of 9
- 376 total children waiting -average age 7
- Average wait time is 182 days

They just received approval to hire several new positions this year.

Commissioner Durette asked if waiting children on the Autism Spectrum who are under age five are moved forward. Ms. Brackin replied that they do not wait if they come through Nevada Early Intervention Services (NEIS).

The requirement for Registered Behavior Technicians (RBTs) was just implemented this past July, so they will have more data on this at the next meeting.

7. MEDICAID UPDATE AND CHANGES

Alexis Tucey from the Division of Health Care Financing and Policy (DHCFP) reported:

- Medicaid has been collaborating with DCFS regarding System of Care (SOC) and implementing SOC language and some other things presented at the SOC Subcommittee meeting.
- We have been working with DCFS regarding the 1915i for the Specialized Foster Care population. We worked with the stakeholders to find out the most appropriate services and gaps in services. We are working with contracted vendor Myers and Stauffer to create the 1915i application and are in the process of finalizing that. We will present it to the community stakeholders for community feedback prior to sending it to CMS for approval. We were originally looking at doing a 1915c. A 1915c waiver allows services and required us to be budget neutral. Neither DCFS nor Medicaid put in a request for additional budget. Then when it was submitted to CMS, they said it would not meet the needs of the population. They recommended the 1915i State Plan. We went with that. The downfall is that it does not require budget neutrality, so there is potential for a fiscal impact to DCFS and Medicaid. Unfortunately, we may have to go to the next Legislative session for an increase in budget, but we are running everything in tandem to get the application finalized and submit it to CMS, and looking at back-end fiscal analysis. We

are trying to move everything along. It is a comprehensive service array that the providers asked for. We should have that by the end of the month to present to the community.

Commissioner Ruiz-Lee asked if there is a timeline for implementation?

Ms. Tucey responded that they are working on the timeline. We will present the 1915i by the end of the month to the community for them to look at the service array. We will see where we go from there to determine the fiscal impact. It will be the fiscal piece that determines at what time we can move this forward.

- SB162 out of the 2017 Legislative session. Changes to the Board of Psychological Examiners allowing the Psychological Supervisors to be able to bill on behalf of those they were supervising as intern trainees. This has been fully implemented and will go live August 19, 2019. It moves Intern Assistants under a separate provider type which includes trainees. zee have expanded into the training population, creating more of a provider array. They must go through the Board of Psychological Examiners to register. It is exciting that their services will be billable.
- They are re-modeling the Partial Hospitalization Program and putting it under a more appropriate authority. Hoping to broaden that continuum with the eligibility to increase the service in the communities. It is under CMS right now and they hope to move forward with that provider qualification.

8. UPDATE ON CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTERS (CCBHC)

Ms. Tucey reported:

There are currently three CCBHCs that were under the previous Demonstration Grant through SAMSHA which ended June 30, 2019. Some funding will be extended until September 2019. Out of the eight states that were awarded the grant, only two to this date have been approved. They are still working on approvals and determining the sustainability solution. Reviewing what that looks like fiscally. We will continue to move forward with the seven prospective CCBHCs. Two are currently Federally Qualified Health Centers (FQHC). We are working through the differences between FQHC and CCBHC. We have a state plan for services and rate development in with CMS. We submitted the tail-end of this month with a retroactive date of July 1, 2019. Medicaid is waiting on what CMS's feedback will be.

Dan Musgrove asked how many folks were interested in applying.

Ms. Tucey responded that there is a lot of effort building a clinic into a CCBHC. Medicaid wanted to support in whatever direction Nevada was going to move. We did a Request for Application (RFA) to see who was interested. Seven were selected. Through this year the focus has been building those clinics up to the requirements. We do not anticipate any more than those seven. It takes them about a year to get up and running. We were fiscally approved this last Legislative session to onboard seven.

Commissioner Durette asked how they are distributed across the state.

Ms. Tucey responded that she believes there is one in Carson, a couple more in Las Vegas, a few in Reno. First Med in Las Vegas, Northern Nevada Hopes in Reno, Vitality in Carson. She can follow up with the list of prospective CCBHCs. They tried to spread them out rural and urban. The three current ones are Vitality in Elko, New Frontier in Fallon, and Bridge Counseling in Las Vegas. We are trying to build that network and that support.

9. UPDATE ON THE CHILDREN'S SYSTEM OF CARE (SOC) BEHAVIORAL HEALTH SUBCOMMITTEE AND SYSTEM OF CARE GRANT

- Presentation and approval of the Nevada System of Care, Children's Mental Health Authority Priority Outline

Kathryn Wellington-Cavakis reported that she is currently overseeing the SOC grant. We are not going to do a presentation today because we presented to the SOC Subcommittee last week. The recommendation was to do the presentation at the next Commission meeting because there were some questions about the intermediate care coordination model. We are at the table with our Nevada PEP partners hoping to address the concerns about the model. Once we identify the direction we will go, we will get it on the agenda for the next meeting.

This grant will end September 30, 2019. All SOC staff have been strategically placed. Everyone has a position. The final work as we presented at the last meeting is that we were developing a framework and we have completed that with exception on the agreement of the intermediate care coordination model which will be presented in January 2020. We will do our final report to the Feds.

We found out on September 10, 2019 that we were awarded the new SOC Expansion Grant which will allow us to operationalize the framework that we pulled together and infiltrate the rural region and build capacity for youth and families in rural Nevada. We did a lot of work in partnership with Medicaid and Nevada PEP, internal and external stakeholders. We appreciate everyone's work on the current grant.

10. APPROVE DIVISION OF CHILD AND FAMILY SERVICES – CHILDREN'S MENTAL HEALTH POLICIES

Kristen Rivas spoke on Megan Freeman's behalf. The policies presented to the Commission today for their approval are updates to existing policy, for streamlining and consistency and correcting errors after consultation with Medicaid.

- Medical Supervision Policy (#A-5). Commissioner Durette stated that Dr. Harding and Dr. McClintock reviewed the policy. It does not appear there is anything untoward about this policy. It outlines the Medical Director role and seems appropriate. There was no further discussion.

MOTION: Commissioner Johnson made a motion to approve the Medical Supervision Policy.

SECOND: Commissioner Scott.

VOTE: The motion passed unanimously.

- Supervision Policy and Procedure (#A-3). Commissioner Durette stated that the policy appears appropriate and talks about what clinical supervision is and appears to align with Medicaid chapters. There was no further discussion.

MOTION: Commissioner Mosby made a motion to approve the Supervision Policy and Procedure.

SECOND: Commissioner Ruiz-Lee.

VOTE: The motion passed unanimously.

- Performance and Quality Improvement (#A-7). Dr. Durette stated this policy is all about what the activities of quality assurance programs are, specifically the Planning and Evaluation Unit's role, outcome measures and what is being assessed. There was no further discussion.

MOTION: Commissioner Mosby made a motion to approve the Performance and Quality Improvement Policy.

SECOND: Commissioner Johnson.

VOTE: The motion passed unanimously.

11. SELECTION AND APPOINTMENT OF NEW COMMISSION VICE CHAIR AND UPCOMING POSITIONS

- Status of Appointment of Commissioners to fill the Psychologist position, Physician position, and Person who has knowledge and experience in the prevention of alcohol and drug abuse, and the treatment and recovery of alcohol and drug abuse through a program or service provided pursuant to Chapter 458 of NRS.

Ms. Rivas reported that she has been checking with the Governor's office on a continuous basis since January regarding the appointment of potential people who submitted their application. She checked about two weeks ago, and they have some applicants and they are going to move forward.

- Status of Commissioner Durette's Nomination as Chair from the Governor's Office
They said that is in the works and will come soon. She has checked every month and will continue to check and keep the Commission updated.

Commissioner Durette stated that things just do not move fast. Her recommendation is to follow up with this item.

- Nominate and Approve Appointment of a Commissioner to Serve as Vice-Chair
This item will wait until Commissioner Durette is approved as Chair.

12. APPROVE THE 2020 PROPOSED MEETING DATES FOR THE COMMISSION ON BEHAVIORAL HEALTH

A list of proposed meeting dates for the 2020 Commission on Behavioral Health meetings was distributed.

MOTION: Commissioner Mosby made a motion to approve the proposed 2020 Commission on Behavioral Health meeting dates.

SECOND: Commissioner Ruiz-Lee.

VOTE: The motion passed unanimously.

13. ANNOUNCEMENTS

Commissioner Durette thanked everyone for their patience and support of her over the last year.

14. DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

- Continue all agenda items.
- Any new polices.
- Report on DWTC.
- Mr. Armstrong said Oasis, ATC, and the Family Learning Homes are working on the conversion to Psychiatric Residential Treatment Facilities. This could come under a general agenda item on updates from DCFS and facilities.

15. PUBLIC COMMENT

None.

16. ADJOURNMENT OF PUBLIC SESSION

Commissioner Durette adjourned the meeting at 9:24 am.