Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*



**Department of**

**Health and Human Services**

Division of Child and Family Services

*Helping people. It’s who we are and what we do.*

**

Cindy Pitlock, DNP

*Administrator*

**COMMISSION ON BEHAVIORAL HEALTH WITH DCFS**

**DIVISION OF CHILD AND FAMILY SERVICES**

**JUNE 8, 2023**

**MEETING MINUTES**

This meeting used Microsoft TEAMS technology for video and audio capability.

**COMMISSIONERS PRESENT:**

1. Braden Schrag
2. Arvin Operario
3. Dan Ficalora
4. Greg Giron
5. Jasmine Cooper
6. Lisa Durette
7. Lisa Ruiz Lee
8. Natasha Mosby

**COMMISSIONERS NOT PRESENT**

1. None

**STAFF AND GUESTS**

1. Alejandro Ruiz
2. Amanda Haboush-Deloye
3. Amna Khawaja
4. Ann Polakowsi
5. Antonina Capurro
6. Ashleigh Brunner
7. Autumn Blattman
8. Beverly Burton
9. Bill Wyss
10. Carlo DeCicco
11. Charlene Frost
12. Cindy Pitlock
13. Dazzrael Kirby
14. Dorothy Edwards
15. Gwendolyn Green
16. Jacqueline Wade
17. Jennifer Spencer
18. Joelle McNutt
19. Jude Oliver
20. Kaleah Cage
21. Kary Wilder
22. Kathryn Martin
23. Kathryn Rosachi
24. Kelli Knutzon
25. Kristen Rivas
26. Larry Daily
27. Marcel Brown
28. Matthew Bommarito
29. Mignon Hoover
30. Nicole Mara
31. Sabrina Schnur
32. Samantha Jayme
33. Sarah Dearborn
34. Shannon Hill
35. Sherry Sterns
36. **Call to Order and Introductions.** *Braden Schrag, Chairman, Commission on Behavioral Health with DCFS*, called the meeting to order at 9:03 am. *Kathryn Martin, Division of Child and Family Services (DCFS),* conducted roll call and quorum was established with five members present.
37. **Public Comment and Discussion.** No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on the agenda as an item upon which action can be taken.

None

1. **For Possible Action.** Approval of the June 8, 2023 Meeting Minutes *– Braden Schrag, Chairman*

Commissioner Cooper noted that the list of commissioners present at the meeting needed to be corrected.

MOTION: Jasmine Cooper made a motion to approve the June 8, 2023 Meeting Minutes with appropriate changes to the attendance record.

SECOND: Arvin Operario

VOTE: Unanimous with no opposition or abstention

1. **For Possible Action.** Discussion on visiting in state children’s residential programs – *Braden Schrag, Chair*

Chairman Schrag would like the Commission to look at residential programs more proactively and invite facility representatives to provide updates at future meetings. Additionally, he would like to explore having Commissioners do on-site facility visits, possibly on a rotation basis. Commissioner Ficalora agreed and said visits would help provide context to seclusion and restraint report reviews. Commissioner Troop also agreed and supported in person visits or remote video conference calls with facilities. Commissioner Operario asked about clarification of roles for making an official visit since the Commission does not have regulatory oversight of these facilities which is the role of the Nevada Health Care Quality & Compliance (HCQC). Chairman Schrag said he would look at the expectations of whether it is in the purview of the Commission to do a physical visit. Commissioner Ficalora said that one benefit of in-person visits might be to share best practices noted in one facility with others and connect organizations in line with Commission goals of breaking down silos. While some facilities may be hesitant to have Commissioner visits, there is value and benefit in having Commission support and connection in an informal way (sit down with staff, review programs, answer questions, etc.). Chair Schrag said there was no specific action to be taken at today’s meeting on this item. He will work with Kathryn Martin and the Deputy Attorney General to look at some of the statutory requirements and expectations and will bring the information back to the Commission for further discussion.

1. **For Information Only.** Update on Commissioner reviews of seclusion and restraint reports for Never Give Up Youth Healing Center – *Kathryn Martin Waldman, Clinical Program Planner II, Planning and Evaluation Unit, Division of Child and Family Services, (DCFS), Professional Support Staff to the Commission*

Kathryn Martin reported the Deputy Attorney General confirmed that the Commission should continue to review any received seclusion and restraint reports from the Never Give Up (NGU) facility which has closed. News media reports and the HCQC website are providing details that the facility’s certificates have been revoked and some criminal complaints were filed.

Chairman Schrag said one of the very important roles of the body is to provide policy guidance and oversight. The Commission made sure they were tenacious in addressing issues at NGU and as a result of the collective actions of everyone involved, children are safer. This is a renewed reminder for everyone that sometimes there is uncomfortable work to be done in order to make sure people are safe. He thanked Commissioners for their focus, tenacity, and unwillingness to let anything go by the wayside. It is the role of the Commission to be dedicated, diligent, and bring issues to light in a public forum so others can take steps needed to address concerns. NGU had a black cloud over it and Chair Schrag does not want to see that happen with any other facility in the state. He encouraged everyone, regardless of roles and responsibilities throughout the state (service providers, Commissioners, agency representatives) to continue to collaborate, break down silos and build relationships needed to ensure vulnerable populations are taken care of.

**For Possible Action.**Presentation, discussion and approval of Division of Child and Family Services (DCFS) Telehealth Policy – *Kathryn Martin Waldman, Clinical Program Planner II, Planning and Evaluation Unit (PEU), Division of Child and Family Services, (DCFS), Professional Support Staff to the Commission*

Kathryn Martin reported that Kristen Rivas, Clinical Program Planner II, DCFS/PEU worked to spearhead the development of this new DCFS policy. The policy provides training, support and guidelines for DCFS staff providing telehealth and teletherapy services and includes procedures to ensure client information is kept safe and confidential. The training will be provided on an annual basis for DCFS staff and revised as needed. Newhire orientation will be given for new staff and each employee who has either direct or indirect contact with children, youth or families will receive the training within 30 days after employment and annually thereafter. The training plan includes an organized curriculum with evidence-based subject matter. Course material includes literature on the effectiveness of telehealth and teletherapy services and provides knowledge and skills on providing telehealth services and supporting professional growth.

Dr. Durette commented that the policy appeared to be specific to telehealth for teletherapy, not telepsychiatry and asked if it was specific to just the therapist work core, or all clinicians such as advanced practice nurses and physicians. Kristen Rivas responded that the policy is not specific to psychiatrists, is basically for DCFS staff (incoming staff) and is not targeted at the upper level of psychiatry. Dr. Durette suggested that it would make sense to potentially change the policy title so clarify the policy is specific to teletherapy, not telepsychiatry. She also commented that the American Telehealth Association (IATA) had good resources for policies and procedures around telehealth.

Chairman Schrag asked about providing training to existing staff and managers and Kristen Rivas replied that information would be developed in the training and policy implementation plan after the policy was formally approved. Mr. Schrag requested an update at the next meeting on the training plans and implementation roll out details at the next Commission meeting.

MOTION: Lisa Durette made a motion to approve the Division of Child and Family Services Telehealth Policy with the addition of the suggested edits to the policy title.

SECOND: Jasmine Cooper.

VOTE: Unanimous with no opposition or abstention

1. **For Information Only.** Aging and Disability Services Division (ADSD) Update – *Yeni Medina, Developmental Specialist IV, Autism Treatment Assistance Program (ATAP) and Jennifer Ahn, Licensed Psychologist I, Nevada Early Intervention Services (NEIS)*
   1. Autism Treatment Assistance Program
   2. Nevada Early Intervention Services

Dazzrael Kirby announced she is now the new contact at Early Intervention Services, replacing Jennifer Ahn. Ms. Kirby reported that NEIS has returned to in-person services and offers telehealth as an option in case family or staff are sick or weather conditions prevent travel. Telehealth services are also offered in cases for families with a child who is medically fragile and there is a need to limit the number of people in the home. NEIS is moving towards more in-person services and offers an Autism clinic which is accessible to NEIS client families. The process can take between two to four months to complete the clinic, followed by interviews, follow-ups, and then actual observations of the child in the Early Intervention programs in the North (Reno). Community play groups have resumed in partnership with various community agencies in locations such as libraries and recreation centers. Play groups are staffed with NEIS staff and therapists. Outreach events are scheduled throughout June, July and September in multiple locations and offer information on referrals and services. A recent Downs Syndrome Connections training was offered and families train with parent mentors and participate in social outing meetups. A Spanish speaking group is available Las Vegas. Ms. Kirby announced that a Downs Syndrome Conference is scheduled in Las Vegas for October 7th, and she put the conference link in the Chat.

Yeni Medina was not available and Samantha Jayme, Autism Treatment Assistance Health Program Manager, shared a PowerPoint presentation with a program update. Approximately 100 referrals are being received each month, which is a significant increase than before the COVID pandemic began. Ms. Jayme attributed the increase to the fact that when schools closed during the pandemic, parents and families really understood the need for extra support. Additional statewide providers are being brought in and work was done with the Department of Administration to ensure insurance liability requirements were compatible and accessible to eliminate that as a barrier for new providers. Ms. Jayme reported that AB422 was recently passed through both legislative houses which creates a pilot program for Fetal Alcohol Spectrum Disorder through the Autism Treatment Assistance Program with the goal of meeting the needs of populations that do not meet criteria for regional center support. The bill is waiting for the governor’s signature and Ms. Jayme is hopeful the pilot program can bring programming and sustainable funding for services statewide. Ms. Jayme posted her contact information in the Chat for everyone who would like to partner and obtain additional information.

1. **For Information Only.** Pediatric Mental Health Care Access Program Grant – *Beverly Burton, Clinical Program Planner I, Training and Technical Assistance, Division of Child and Family Services and Nicole Mara, Education and Information Officer, Nevada Pediatric Psychiatry Solutions, Division of Child and Family Services*

Nicole Mara reported that Nevada Peds has completed over 7,000 disseminations of 24 educational and information publications which include quarterly issue briefs, monthly telegrams and infographics covering all topics on children’s mental health. Telegram #24 was released last week covering LGBTQ youth mental health and included information and guidance on gender affirming care support for families of youth who identify as LGBTQ, plus upcoming professional development opportunities and community events. The next issue brief edition will highlight the integration of community health workers into pediatric primary care, followed by an edition focused on youth peer-to-peer support specialists in primary care. This is to support the healthcare workforce initiative NV Peds has been working on in partnership with the National Alliance on Mental Illness (NAMI) and the High Sierra Area Health Education Center (AHEC) which will offer young adults with lived mental health behavioral experience, the opportunity to become certified through paid internships. NV Peds sponsored 700 participants through live and self-paced training opportunities and all participants are on track to completed required elements for the following training: Resource for Advancing Children’s Mental Health (REACH) Institute’s Patient-centered Mental Health and Pediatric Primary Care, Circle of Security, Parenting Facilitator Training, and Collaborative Assessment and Management of Suicidality. Participants will finish all training elements by the end of the grant cycle in September. A new two-part course addressing the needs of LGBTQ youth is available free to primary care providers and any other providers across disciplines. Ms. Mara put her contact information in the Chat for everyone interested in receiving upcoming information on training and events.

Beverly Burton announced that DCFS is going to partner with Dr. Durette and UNLV to focus on increasing the capacity of psychiatric consultations and continue to offer Nevada Peds training opportunities. Dr. Durette was excited about the opportunity to blend the already existing and well-constructed educational CME resources created by DCFS with the child psychiatry access program in Las Vegas (which was created through the Mental Health Block Grant in partnership with Chicanos Por La Causa). Dr. Durette reported the program is based on a traditional Medical College Admissions Test (MCAT) model, whereby primary care clinicians across the state can call the hotline or text to request a consultative discussion with a child psychiatrist. Bilingual care coordinators help manage requests and connect primary care providers with psychiatrists who help improve knowledge, skills, and competency, as well as improve comfort levels in working with behavioral health problems in their practices. When consultation calls conclude, care coordinators help providers with connections to community and educational resources. Dr. Durette reported that the program has completed over 771 consultations on around 500 unique patients and is currently serving 95 primary clinicians statewide. Care coordinators have done 1,969 care coordination encounters and there has been an exponential growth curve. With additional grant funding, they will be able to partner and offer Nevada Peds educational resources along with the program’s child psychiatry resources. In addition, six to eight new sessions of evidence-based hypnotherapy training are planned. Supervision and training of therapists will be done by Sarah Jordan, a nationally recognized Solution-Focused Brief Therapy trainer.

1. **For Information Only.** Medicaid updates and changes – *Sarah Dearborn,* *Social Services Chief II, Nevada Department of Health and Human Services (DHHS)*

General Medicaid Updates

* Medicaid will have a COVID unwinding dashboard available on the COVID-19 Unwinding website with statistics on the numbers of individuals who lost coverage (which will have final numbers for the first month of the unwinding period at the end of June 2023). This information will also be likely communicated through a press release in July.
* Also, as a result of the PHE ending on May 11th, two behavioral health services will no longer be able to be provided through telehealth and must be delivered in person, PSR and Adaptive Behavior Treatment.
* Ms. Dearborn pointed out Medicaid’s Quadrennial Rate Review webpage as many behavioral health PTs are scheduled to be surveyed this year (PT 14s, 26, 82, and 85s). The survey will be available by accessing the webpage and is due to be posted sometime this quarter. The surveys are critical and last year’s surveys resulted in the recommendation of a few PTs having their rates increased.
* Medicaid now has an app available for beneficiaries. The webpage provides several video tutorials to support beneficiaries and providers in learning more about how to use it.
* There is work being done to allow providers to search a recipient’s service history to help determine if service limitations have been met or are getting close and there needs to be a prior authorization soon. Currently this function is available for the substance use treatment providers PT 17 Specialty 215s, so Medicaid is adding it for PT 14 – Behavioral Health Outpatient Treatment, PT 82 – Behavioral Health Rehabilitative Treatment, and PT 85 – Applied Behavior Analysis.

State Plan Amendments

* NV SPA 22-0005 – Reimbursement Methodology for Crisis Stabilization Centers
* The proposed reimbursement methodology was added to Attachment 4.19-B, Pages 4a through 4c and Attachment 4.19-A, Pages 14-14c. As authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021), this SPA proposes the reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization Services are defined by legislation as “behavioral health services designed to: (1) de-escalate or stabilize a behavioral crisis; and (2) avoid admission of a patient to another inpatient mental health facility or hospital when appropriate.” SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. After a provider has a complete fiscal year of providing services, the provider will be allowed to complete a cost report to be used to determine an individual, provider-specific rate for crisis stabilization services.
* This SPA is on Request for Additional Information (RAI), which essentially pauses the 90-day clock under CMS review. The latest discussions involve adding the methodology to different pages within the state plan since the services provided under a crisis stabilization center are outpatient based and may fit better under the rehabilitative services area rather than the hospital reimbursement pages where Medicaid originally placed them. Additionally, Nevada will be adding coverage pages defining Intensive Crisis Stabilization services.
* [Web Announcement 2975](https://www.medicaid.nv.gov/Downloads/provider/web_announcement_2975_20230106.pdf) was created to inform on next steps with this process.
* Also, Medicaid is requesting the inclusion of adding Designated Mobile Crisis Team updates to State Plan under this SPA since these coverage pages are open with CMS. Medicaid met with CMS on 3/1/23 to discuss this and CMS is receptive of the inclusion and is working with Medicaid on language needed to delineate between mobile crisis response delivered by a Designated Mobile Crisis Team that meets Section 1947 requirement and general mobile crisis response or crisis intervention that is already covered under State Plan. Medicaid is waiting for feedback to move this forward with CMS.
* NV SPA 22-0023 – Disaster Relief SPA - Certified Community Behavioral Health Centers (CCBHCs) Prospective Payment System (PPS) pay at the anticipated rates due to effects of COVID pandemics effect on the cost reports
* Nevada is requesting waivers to the Nevada Medicaid State Plan under section 1135 of the Social Security Act using Section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency. This amendment proposes to implement temporary policies and procedures otherwise applied under Nevada Medicaid state plan. Nevada is requesting to allow for State Plan Certified Community Behavioral Health Centers (CCBHCs) to continue with anticipated Prospective Payment System (PPS).
* The waiver was approved on April 26th.
* NV SPA 23-0002 Certified Community Behavioral Health Centers (CCBHCs)
* Medicaid is revising bundled rate and Quality Incentive Payment methodology language and data submission requirement language.
* The Public Hearing was on January 31, 2023 and was submitted to CMS.
* This SPA was just put on RAI but will hopefully get turned around quickly since many of the remaining questions were talked through with CMS during the Disaster Relief SPA.
* 1915(i) Specialized Foster Care
* Synchronizing terminology for agencies’ titles, address monitoring/remediation responsibilities, and modify percentages of QA reviews to ensure QA units are able to meet program requirements.
* The Public Workshop was held January 30th.
* The Public Hearing was held March 28th.
* CMS sent initial questions and the state submitted Medicaid responses on June 1st. Questions were minimal.

**Upcoming State Plan Amendment**

* Targeted Case Management
* The Division will be proposing to amend Nevada State Plan Amendment (SPA) Supplement 1 to Attachment 3.1-A Targeted Case Management to add in Nevada local county agencies as qualified providers under Provider Type (PT) 54 to deliver targeted case management services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying Fee for Services recipients with SMI in need of case management services but are unable to be reimbursed for these services through Medicaid to assist. Current provider qualifications include state agencies and their employees, contractors, or an organization affiliated with the University of Nevada School of Medicine.
* A Public Hearing was held May 30, 2023.
* **Alternative Benefit Plan (ABP) Amendment to include Medication Assisted Treatment (MAT)**
* The Division will be proposing an amendment to the Alternative Benefit Plan (ABP) to add Medication-Assisted Treatment (MAT) as required within section 1905(a)(29) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018. This is already covered within Medicaid State Plan.
* A Public Hearing was held on May 30th, 2023.

**Upcoming Medicaid Service Manual Updates**

* Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services Attachment B, C, and D
* Once Nevada receives Implementation Plan approval for the 1115 waiver, Medicaid will propose edits to Medicaid Services Manual Chapter 400 Attachment B, C, and D as well as billing instructions to accommodate for newly approved authority for services within an Institution for Mental Disease (IMD).
* Upcoming MSM 3800 – Medication Assisted Treatment (MAT)
* The Data-Waiver (X-Waiver) Program was eliminated when Congress signed the Consolidated Appropriations Act of 2023 into law on December 29, 2022. On January 12, 2023, the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the immediate elimination of the X-Waiver for prescribing buprenorphine. As a result, Medicaid will be amending Medicaid Service Manual Chapter 3800 to align with that guidance.
* The Goal Public Hearing was scheduled for May 30th, 2023.
* Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services
* On March 31st, Medicaid held a public workshop for the newest addition to Medicaid Service Manual Chapter 400, Mobile Crisis Response delivered by a Designated Mobile Crisis Team. More specifics related to these additions will be reviewed under the Mobile Crisis Planning Grant section of this presentation.
* With the completion of the public workshop, Medicaid presented these additions during the May 30th public hearing.
* Upcoming MSM 2500 – Case Management
* Medicaid will be amending Medicaid Service Manual Chapter 2500 – Case Management in conjunction with the state plan amendment mentioned previously to add in Nevada local county agencies as qualified providers under Provider Type (PT) 54 to deliver targeted case management services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying recipients with SMI in need of case management services but are unable to be reimbursed for these services to assist. This will allow county agencies to continue to see and provide services to these recipients when the need arises at their prospective agencies.
* The Goal Public Hearing was May 30th, 2023.

**SUPPORT Act Post-Planning Demonstration Grant**

* September 17, 2021, Nevada was among five states awarded the CMS SUPPORT Act Post-Planning Demonstration Grant Award.
* Nevada will continue work identified through the Strategic Plan; some major strategies include but are not limited to:
* Development of a new Provider Type and individual specialties for Substance Use Treatment Providers
* Nevada’s Section 1115 Demonstration Waiver application entitled “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project”

**1115 SUD Demonstration Waiver Update**

* Medicaid received 1115 application and authority approval from CMS on 12/29/22.
* The waiver allows for SUD services within an IMD setting to be reimbursable through Medicaid, so the services are specific to these residential levels of care, ASAM 3.1, 3.2 Withdrawal management, 3.5, and 3.7 Withdrawal management.
* Although approval was received, Nevada still needs to submit an approved SUD Implementation Plan for these services to be reimbursable.
* In order to operationalize this waiver, Nevada is required to obtain approval of an SUD Implementation Plan. The SUD Implementation Plan provides a framework for the state to document its approach to implementing SUD policies and develop a strategic approach for meeting the milestones which reflect the key goals and objectives of the program. It also helps to determine appropriate information for the state to report to CMS in the quarterly and annual monitoring reports. Nevada must submit the SUD Implementation Plan within 90 calendar days after approval of this demonstration. Nevada may not claim Federal Financial Participation (FFP) for services provided in IMDs to beneficiaries who are primarily receiving SUD treatment and withdrawal management services until CMS has approved the SUD Implementation Plan. Providers are not able to be reimbursed through Nevada Medicaid for these services until Implementation Plan approval.
* Medicaid submitted the formal SUD Implementation Plan to CMS on May 3, 2023, CMS approved the Implementation Plan on May 24, 2023.
* Medicaid now working out the details with Gainwell to allow for the MMIS to reimburse for services in an IMD for the Medicaid eligible population between the ages of 22-64 and is also working with DPBH on steps to transition providers from billing the substance abuse block grant to Medicaid. Organized communication will be coming soon.
* Medicaid is also working on other deliverables coming due including the Monitoring Protocol and quarterly data and budget neutrality reports.

**Mobile Crisis Planning Grant**

* In December, Medicaid worked to finalize the policy standards as well as incorporate draft state plan amendment language for coverage to integrate into the current SPA that is on RAI for Intensive Crisis Stabilization Centers. Medicaid also initiated work on the provider rate fee for Designated Mobile Crisis Teams.
* Medicaid was able to submit draft coverage SPA language to CMS for informal review and initial feedback and have received positive comments. There were minor language updates to the current state plan to ensure the eligible providers that can participate in a DMCT were allowable under the state plan, like the incorporation of peers. Through discussion with CMS, they would like Nevada to delineate mobile crisis services delivered through crisis intervention, which is already covered in state plan and mobile crisis response delivered by a Designated Mobile Crisis Team, which in their language will comport with Section 1947 requirements outlined within the Social Security Act.
* Medicaid proposed to CMS the possibility of foregoing a SPA for the enhanced rate for mobile crisis delivered by a Designated Mobile Crisis Team and is waiting on feedback from CMS. The Medicaid Service Manual Policy Chapter 400 was presented and approved at the May 30th public hearing. Medicaid has also been working within the Core Team to continue to work through details related to Medicaid enrollment standards for a DMCT. To support this enrollment, Medicaid has been working with the fiscal agent, Gainwell, on development of a new Crisis Services Provider Type and several specialties, one being DMCTs that should be implemented hopefully by July 1st, pending CMS approval.

1. **For Information Only.** Update on System of Care (SOC) Grant – *William Wyss, SOC Health Program Manager III, Division of Child and Family Services*

Bill Wyss reported that SOC is in the process of developing a response to the Substance Abuse and Mental Health Services Administration (SAMHSA) for approval of the no-cost one year grant extension to provide for completion of work from the original grant. The submission deadline of the no-cost extension is July 29th and current SOC subgrantees will be paid through the end of October. SOC is working with subgrantees on programs and services sustainability options. Final approval of the grant no-cost extension is expected in August.

Work is also in progress to apply for the new System of Care grant due in March 2024. SOC is working with the community and partners to identify the best proposal to meet the needs of children and youth in Nevada. SOC is collaborating with the SAMSHA budget officer to appropriately meet all requirements and will submit the grant for consultant review before it is submitted. Mr. Wyss said that SOC looks at the Commission as an opportunity to partner and collaborate to identify universal community needs.

1. **For Information Only.** Announcements – *Braden Schrag, Chair*

None

1. **For Information Only.** Discussion and Identification of Future Agenda Items – *Braden Schrag, Chair*

* Update on Commissioners making onsite psychiatric facility visits
* Invite representatives from psychiatric care facilities to provide updates
* DCFS Telehealth Policy implementation and training plan update
* Update and information on AB201
* Community options for psychiatric care other than hospitalization

1. **Public Comment.** *No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.*

Charlene Frost, parent representative for the Clark County Children’s Mental Health Consortium and Nevada PEP Statewide Family Network Director, said there is increased urgency for everyone to coalesce around the Department of Justice (DOJ) investigation findings report and work together to call for strict oversight and utilization of effective and best practices as a state that will result in positive outcomes for Nevada’s children, youth and families. Ms. Frost said the Department of Justice findings were no surprise and unfortunately, everyone knows Nevada severely lacks the array of community-based services necessary to avoid unnecessary placements in residential treatment and hospitalization. She said Nevada must invest in the least restrictive mental health care services, and as is known, over-reliance on residential treatment can have traumatic effects on youth and their families. As seen in Nevada, there is a high potential for abuse without continuous quality oversight with immediate action. When abuse is present, research shows that access to a broad array of community-based services reduces the need for higher levels of care. Ms. Frost encouraged the Commission to reconvene the Subcommittee on Children’s Mental Health and include members of each of the regional consortia to focus on the DOJ findings, the State’s response, and the necessary development of Nevada children’s mental health service array and oversight.

Larry Daily reported he has been involved in a case with the Aging and Disability Services regarding denial of ADA rights to services. He reported that Nevada Revised Statutes (NRS) state that when an individual is under the care of the Aging and Disability Services Division, their rights can only be removed for matters to protect the consumers, health and safety and no other reason. The NRS states that when that happens, a note of the denial needs to be sent to the Commission on Behavioral Health. He requested a record of this denial being sent to the Commission, has not received it, and is at today’s meeting to ask the Commission for help. Chairman Schrag requested Mr. Daily work with Kathryn Martin to provide more details so the Commission could review the issue and determine their scope of authority. Mr. Daily will send email to Kathryn Martin with the information so his request can be reviewed to see what assistance might be provided.

Matthew Bommarito, DCFS/PEU, commented about Agenda Item 5, related to the Never Give Up psychiatric care facility. He encouraged the Commission to do a root cause analysis to determine what was missed, what HCQC missed to allow this type of thing to continue to occur? He was appreciative of the Commission going out to make facility visits and building community relationships, but said he was really curious about what the State learned from this situation and why it went on for so long. What kind of quality assurance and feedback is needed? How often do visits need to be made and by which organizations? What was missed? He said he was hearing there are plans, but wanted to know if HCQC had been involved and if the Commission could get them involved to see what kinds of new policies may be needed and what oversight will be put in place in the future to ensure this does not happen again. He expressed his concern and wanted to know what would prevent these issues going forward. Chairman Schrag said the closure of the NGU facility did not mean the Commission’s work was done and NGU may make an appropriate case study to evaluate corrective measures.

Dorothy Edwards read a public comment to honor the recent passing of a dear friend and colleague, Michelle Bennett, who served as the Clark County Coordinator. The purpose of her public comment was to make a public plea for Ms. Bennett’s ideals. Ms. Edwards encouraged everyone to embrace the ideals of courage, collaboration, kindness and the use of professional, sensitive and respectful communications in working together across county, state and private agencies in support of the mutual behavioral health needs of multiple counties.

Autumn Blackman, Regional Coordinator, Washoe County Aging & Disability Services Division (ADSD), announced she will be giving a presentation at the September 21st meeting of the Commission on Behavioral Health with the Nevada Division of Public and Behavioral Health (DPBH). Ms. Blackman reminded everyone that ADSD does not just focus on senior citizens and also offers services for children and youth. Ms. Blattman encouraged everyone to reach out to her with any questions and concerns about service gaps in the communities for children with disabilities. She is happy to take those concerns back to the Division and put her contact information in the Chat.

Jude Oliver, Youth M.O.V.E Nevada, shared his personal lived experience with mental health and asked about plans for developing options for youth to get help in the community other than psychiatric hospitalization. He said that for him personally, and for other youth he works with, psychiatric behavioral health hospitalization is a very hard experience in a very hard environment. There are many issues going on in multiple different hospitals and he personally thought that having more options in the community for getting help with mental health would be a great improvement. He asked the Commission if there were any current plans and if the Commission had ever thought about how to help the community with resources other than just hospitalization. Chairman Schrag said the Commission would look at this topic to possibly bring in partners who are more specifically tasked with the actual implementation of those types of activities. Multiple Commissioners thanked Mr. Oliver for his comment and appreciated his advocacy and speaking in this public forum. Chairman Schrag asked everyone to be thinking about ideas that might be addressed to provide support.

1. **Adjournment. –** *Braden Schrag, Chair*

The meeting was adjourned at 11:17 am.

**CHAT TRANSCRIPT**

[6/8 8:21 AM] Kary Wilder

Welcome to the Commission on Behavioral Health with DCFS meeting.

This meeting is being recorded.

Please enter your name, title and organization in the Chat for the record. Thank you

[6/8 8:22 AM] Kary Wilder

Kary Wilder, DCFS Admin Support, [kwilder@dcfs.nv.gov](mailto:kwilder@dcfs.nv.gov)

[6/8 8:55 AM] Shannon Hill

Shannon Hill, Health Program Manager - DCFS System of Care Grant Unit

[6/8 8:56 AM] Kristen Rivas

Kristen Rivas DCFS PEU

[6/8 8:58 AM] Gwendolyn Greene

Dr. Gwen Greene- DCFS/DWTC

[6/8 8:58 AM] Alejandro Ruiz

Alejandro Ruiz, DCFS PEU

[6/8 8:59 AM] Joelle McNutt

Joelle McNutt, Executive Director Board of Examiners for MFT & CPC

[6/8 8:59 AM] Dorothy Edwards

Dorothy Edwards/Washoe regional behavioral health coordinator/HAS

[6/8 8:59 AM] Sabrina Schnur

Sabrina Schnur, LVRJ reporter

[6/8 8:59 AM] Cindy Pitlock

Cindy Pitlock, Administrator DCFS

[6/8 8:59 AM] Vanessa Dunn

Vanessa Dunn, Belz & Case Government Affairs

[6/8 8:59 AM] Bill Wyss

Bill Wyss, DCFS System of Care

[6/8 8:59 AM] Dazzrael Kirby

Dazzrael Kirby Developmental Specialist, Nevada Early Intervention Services South

[6/8 9:00 AM] Nicole Mara

Nicole Mara,, Education & Information Officer, DCFS NVPeds

[6/8 9:00 AM] Samantha Jayme

Samantha Jayme – Health Program Manager Autism Treatment Assistance Program

[6/8 9:01 AM] Sherry Stevens

Sherry Stevens. DPBH, Administrative Assistant III

[6/8 9:01 AM] Sherry Stevens

Sherry Stevens, sorry.

[6/8 9:02 AM] Jacqueline Wade

Dr. Jackie Wade-DCFS

[6/8 9:02 AM] Marcel Brown

Marcel Brown, Program Specialist-Behavioral Health Unit-NV Medicaid

[6/8 9:03 AM] Kathryn Rosaschi

Katie Rosaschi - DCFS/WIN

[6/8 9:09 AM] Autumn Blattman

Autumn Blattman, Regional Coordinator- Washoe County region, Aging and Disability Services Division

[6/8 9:10 AM] Sarah Dearborn

Sarah Dearborn - Behavioral Health Unit Chief, Nevada Medicaid

[6/8 9:10 AM] Kelli Knutzon

Kelli Knutzon, Executive Assistant, DPBH

[6/8 9:11 AM] Char Frost

Char Frost, Statewide Family Network Director, Nevada PEP

[6/8 9:12 AM] Antonia Capurro

Antonina Capurro, Medical Epidemiologist, DCFS

[6/8 9:15 AM] Mignon Hoover

Mignon Hoover, DCFS PEU

[6/8 9:17 AM] Amna Khawaja

Amna Khawaja – DCFS System of Care Grant Unit

[6/8 9:18 AM] Natasha Mosby

Yes, I agree! I support the visitation. Having issues with accessing my camera. Commissioner Mosby

[6/8 9:19AM] Kaleah Cage

Kaleah Cage – Rights Advocate, Nevada Disability Advocacy & Law Center

[6/8 9:20 AM] Larry Daily

Has public comment been called yet? I had trouble joining.

[6/8 9:20 AM] Dan Ficalora

Yes, but there will be another opportunity at the end of the agenda

[6/8 9:31 AM] Kary Wilder

Meeting materials are available:<https://dcfs.nv.gov/Meetings/NCBHC/2023MeetingandAgenda/>

[6/8 9:38 AM] Kary Wilder

The next COBH with DCFS Meeting will be September 14th.

[6/8 9:40 AM] Lisa Durette

Here's another really good, comprehensive resource on telehealth for the child psychiatry population: <https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/toolkit_videos.aspx>

Telepsychiatry Toolkit

Telepsychiatry Toolkit Main Videos

[6/8 9:41 AM] Kary Wilder

The correct meeting materials link: <https://dpbh.nv.gov/Boards/CBH/Meetings/2023/NVCBH2023/>

[6/8 9:43 AM] Samantha Jayme

Yeni is out sick so I'll be presenting on ATAP today after Dazzrael

[6/8 9:44 AM] Dazzrael Kirby

[www.downsyndromeconnections.org](http://www.downsyndromeconnections.org)

[6/8 9:45 AM] Kathryn Martin

April 2023 ATAP Presentation\_ADA.pdf

[6/8 9:46 AM] b8384s

Samantha- you are frozen

[6/8 9:47 AM] Samantha Jayme

My apologies I was completely logged off the system

[6/8 9:57 AM] Samantha Jayme

[Sjayme@adsd.nv.gov](mailto:Sjayme@adsd.nv.gov)

[6/8 10:06 AM] Commissioner Mosby

So awesome! My former student and an amazing clinician. Proud of her

[6/8 10:08 AM] Lisa Durette

[www.nvpal.org](http://www.nvpal.org)

[6/8 10:13 AM] Nicole Mara

To be added to our Listserv to receive notifications on NVPeds-sponsored professional development opportunities, periodic materials on children's mental health, and upcoming events, please email nvpeds@dcfs.nv.gov

[6/8 10:40 AM] Gregory Giron

please send a copy of your PowerPoint

[6/8 10:48 AM] Larry Dailey

I would like to participate in Public Comment

[6/8 10:48 AM] Matthew Bommarito

I would like to participate as well.

[6/8 10:58 AM] Kathryn Martin

[kathrynmartin@dcfs.nv.gov](mailto:kathrynmartin@dcfs.nv.gov)

[6/8 11:13 AM] Nicole Mara

Thank you all for your time and support!

6/8 11:17 AM Meeting ended