

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
SEPTEMBER 17, 2020
DRAFT MINUTES**

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

This meeting used Lifesize Technology for video and audio capability.

COMMISSIONERS PRESENT:

Melanie Crawford
Lisa Durette
Barbara Jackson
Tabitha Johnson
Natasha Mosby
Asma Tahir
Jasmine Troop
Lisa Ruiz-Lee

STAFF AND GUESTS:

Ross Armstrong, Division of Child and Family Services
Kathryn Wellington-Cavakis, Division of Child and Family Services
Linda Guastella, Division of Child and Family Services
Kristen Rivas, Division of Child and Family Services
Sarah Dearborn, Division of Health Care Financing and Policy
Julie Slabaugh, Deputy Attorney General
Susanne Sliwa, Deputy Attorney General
Jennifer Ahn, Aging and Disability Services Division
Yeni Medina, Aging and Disability Services Division
Cara Paoli, Washoe County Human Services Agency
Ryan Gustafson, Washoe County Human Services Agency

1. Call to Order and Introduction – *Lisa Durette, Chair*. Chair Durette called the meeting to order at 8:33 am.

2. Public Comment – *Commissioners/Public*
There was no public comment.

3. For Possible Action. Approval of the July 10, 2020 Meeting Minutes – *Lisa Durette, Chair*

MOTION: Commissioner Crawford made a motion to approve the minutes from the July 10, 2020 meeting.

SECOND: Commissioner Mosby.

VOTE: The motion passed unanimously.

4. For Possible Action. Discussion and Approval of the DCFS Agency Reports – *Ross Armstrong, Administrator, Division of Child and Family Services (DCFS)*

Mr. Armstrong said the official report is attached as part of the meeting materials.

Regarding the special session and budget reductions - everyone had a cut. For DCFS, the majority of cuts came in the Juvenile Justice facility operations and we had some substantial cost cuts in Child Welfare that were restored in the special session. We did not have a reduction in any Children's Mental Health (CMH) beds. We have five positions in CMH that will be held vacant at the current time. There is some clinical staff in our Child Welfare teams that can pick up some of that caseload. We are constantly looking for ways to mitigate the budget reductions. We were appreciative of Medicaid in their approach in minimizing the reductions specifically to children.

Another big thing is the conversion of our three residential programs, ATC, Oasis and Family Learning Homes to Psychiatric Residential Treatment Facilities (PRTF). They have been licensed by HCQC and received their 3-year CARF accreditation. This will enhance the services available at those three facilities and make it more efficient for us for billing. That was approved last session and it is finally here. We are working out some intake procedures and education to our partners about what the changes mean. Overall, it means improved standard of care for those youth.

Last session we received an expansion of Desert Willow Treatment Center (DWTC) and we got the approval of HCQC. Sometime in the next 30 days we should have the full RTC beds as well as operating at DWTC. In addition, on the DHHS top 20 capital improvement list, is the planning stages to build a hospital residential treatment facility building on the Charleston campus next to DWTC. The intent is not for us to operate it. The actual physical building is a barrier for entry. We would have a private provider come in and operate. The initial plan will be for a 54-bed facility. We do not know if it would be approved in the next Legislative session with the current environment. Let's bring those kids out of state home. That is exciting news.

We received some grant/CARES money to temporarily expand Mobile Crisis. We have seen increased need since COVID 19. They are tracking which calls are primarily COVID 19 related stressors. There is a lot of data in the report. We are working on public facing dashboards and we have it in the DCFS Data Book. We want dynamic dashboards to better inform all the different policy makers.

Kathy Cavakis is doing great work on the System of Care.

Chair Durette said this is exciting about expanding the services to youth and trying to keep them in-state. We can do it better for our kids and our community.

Chair Durette asked Mr. Armstrong if he could amend the DWTC section of the agency report – it is the UNLV Resident instead of DWTC Resident. Yes, we will amend it and get it re-submitted. The commitment of the medical school and that relationship to DWTC is really solid.

Commissioner Troop said as a person who relies on grants, the idea of the dashboard would be amazing! Thank you.

Mr. Armstrong said DCFS has submitted its initial budget for the next session. At this time there is not a request for agencies to make additional reductions. We anticipate that will not hold and

we will be asked to come up with reductions. There are two positions that are still alive. One would be a dedicated person in the Health and Human Services Data Analytics team that just focuses on CMH, and another is a data position that focuses on Juvenile Justice Youth and Victims of Crime.

5. Aging and Disability Services Division (ADSD) Update – *Jennifer Ahn, Nevada Early Intervention Services Program (NEIS), Yeni Medina, Autism Treatment Assessment Program (ATAP)*

Dr. Jennifer Ahn reported on the Nevada Early Intervention (EI) Services

- Trying to do more outreach with telehealth. They are offering a number of play groups through telehealth. They have one for the visually impaired population, and one for the hard-of-hearing population. They have a yoga play group.
- They are hopefully finally opening up their specialty clinics. Hope by the beginning of October, opening for just their audiology kids, limited pediatric appointments, and autism diagnosis.
- They will start a training cohort for the Pyramid model which will be implemented statewide to increase social-emotional and behavioral outcomes for kids in EI Services. They will start training staff towards the end of September. This is a long-term project they are looking at.

Chair Durette asked how they do telehealth with their visually impaired population? Dr. Ahn answered that at this point most of the sessions are just parent oriented. For services like PT or hands on, it is limited. Since the model has shifted to telehealth, the responsibility of the session has shifted to the families. It has shifted toward a coaching model, vs the therapist or Developmental Specialist doing more of the teaching. It has been challenging for some families. On the other hand, they have had many families step up to the occasion.

Yeni Medina reported for Autism Treatment Assessment Program Nevada Early Intervention Services – Numbers for July

- There are 35 applications, 915 active children, 32 total inactive children.
- Average wait time is about 100 days.
- They continue to make progress in the wait list which is currently 156 children.
- There has been a decrease in requests for service that could be related to The Governor's declaration of non-essential businesses and social distancing
- As businesses reopen, they will continue to seek outreach opportunities to promote the program
- Continuing to work with providers to allow telehealth services. The majority of children receiving telehealth are receiving a combination of in-person and telehealth services. They have received positive feedback about the services.
- They are providing additional support to the families they serve by providing an extra hour of services through the end of the year.

6. Medicaid Update and Changes – *Sarah Dearborn, Division of Health Care Financing and Policy*

- Update on 1915i State Plan Amendment (SPA) for Specialized Foster Care (SFC) Population (SFC). The SPA for SFC was approved in August by CMS. They are moving forward with their coinciding Medicaid Services Manual chapter which will be new Chapter 4000. She will present at public hearing on 9/29/20. They are working on some system updates. This will be a new provider type for SFC agencies to enroll and provide intensive in-home services as well as crisis stabilization. They are establishing some new CPT codes and modifiers in their system.
- Update on Certified Community Behavioral Health Clinics (CCBHC). Not much update. We have 9 currently functioning in Nevada scattered throughout the state doing a lot of wonderful work out there.
- Other Updates
 1. They are working on changes to their main Medicaid Services Manual Chapter 400 policy related to behavioral health services. They have a public workshop on 9/28/20 at 9am to propose some new policy around the Intensive Outpatient Program and Crisis Stabilization program. They had recent state plan approval in March for that. They will outline more policy around what those services look like and they would like some feedback. It is posted on their Public Notices website for DHCFP. Please attend.
 2. They are in the initial phases of discussion looking at Chapter 400 language and what changes they may need to make related to their insurance for Advance Practice Registered Nurses (APRN), so that they are able to function to their full scope of practice, similar to physicians. They are looking at possibly being able to change policy to allow for APRNs to sign the psychiatric evaluations that support a youth being admitted to a Residential Treatment Center (RTC). Will have public workshops on that.
 3. In the initial phases of the new policy and SPA related to adding two new target groups to their Targeted Case Management (TCM) Services for the criminal justice involved adults and well as pregnant recipients. Have submitted some informal draft to CMS for review to start the process. The two target groups will be able to have TCM services from the county agencies.
 4. Continue to develop rates related to AB66 which includes rates for non-emergency behavioral health transport. In the works of developing a rate for transport for crisis stabilization services. There will be an adjoining policy for this. Please look for future public workshops on that.

Chair Durette asked if for crisis stabilization, does that also include respite? Ms. Dearborn responded that is a separate service.

7. Update on the Children's System of Care (SOC) Grant – *Kathryn Wellington-Cavakis, Division of Child and Family Services*

- They held the kickoff for the SOC expansion grant with the catchment area of rural, frontier and tribal communities. They have been working on the strategic plan, which is almost completed, and they will send it out to the Commission and the Regional Consortia.
- There are five goals in the grant including building capacity within DCFS to facilitate appropriate mental health services for children, youth and families. They built in creating

the CMH Authority to provide the policy work, the standards the legislative work, training, and Quality Assurance. They built the framework in the last grant and they want to move toward the implementation of that.

- They identified the need to have the Single Point of Entry which they changed to the Nevada Point of Entry so that families can access CMH services by coming in through one door.
- They created a Tier Care Coordination model that includes High Fidelity Wraparound for the most complex youth and families. They are pulling in outcome data which they will present. They are pleased with the data.
- They are adding a bottom layer that will do Turbo-Case Management to provide services needed.
- Expanding the service array. They focused a lot on mobile response and how they can expand and build capacity within our current system. They have been working closely DPBH to see if there is a way to use their telehealth platform, so families have faster access. With that we can serve more families and for longer periods of time.
- They have respite dollars and have been meeting with Technical Assistance at the University of Maryland and our goal is to create a continuum of respite services, a self-directed model, where families can access respite services outside of their home for a period of time.
- During the last grant, there were a lot of questions and requests around special populations – transitional age youth, our IDD population and what we are going to do with that group. They will move from a subcommittee to a steering committee with high level decision makers who can work through some of the challenges we face with funding, etc. They will pull together with our administration to see who will sit on that committee.
- Partnering with the Pediatric Care Grant. Stephanie Dotson is the grant manager. Working with Dr. Durette and the fellows out of UNLV to provide the consultation piece. We are working on a scope to focus on more complex families, who are under-insured or not insured to access the fellows.

8. Discuss Terms of Commissioners Expiring – *Chair Durette, Commissioners, Joseph Filippi, Division of Public and Behavioral Health (DPBH), Kristen Rivas, DCFS*

Chair Durette said a couple of the Commissioners have sent their packets to the Governor's office and have not heard anything, and the Nevada Psychological Association has sent us a couple of names.

Ms. Rivas reported that she and Joseph Filippi have been working together on this. For the Psychologist, we have four applicants who have submitted their names. We have two vacancies, one for the Registered Nurse (RN), formally held by Debra Scott. We are so grateful that Commissioner Crawford is filling in until we get the Psychologist position filled.

Several Commissioners have submitted their packages. We have been in touch with the Director's and Governor's office and we have not heard anything back, but she and Joseph are actively working on that.

Another vacant position is the Physician who is not a Psychiatrist. Chair Durette reached out to the Nevada State Medical Association and did not get a response. If anyone has a suggestion for RN, please send it forward.

9. Announcements – *Lisa Durette, Chair*
None

10. For Possible Action. Discussion and Identification of Future Agenda Items. – *Lisa Durette, Chair*

An update on what is happening with vacancies and other activities discussed today.

11. Public Comment – *Lisa Durette, Chair*

12. For Possible Action. Adjournment of Public Session – *Lisa Durette, Chair*
Commissioner Durette adjourned the meeting at 9:12 am.