

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

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## COMMISSION ON BEHAVIORAL HEALTH WITH DCFS DIVISION OF CHILD AND FAMILY SERVICES APRIL 13, 2023 MEETING MINUTES

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

### COMMISSIONERS PRESENT:

1. Arvin Operario
2. Braden Schrag
3. Jasmine Cooper

### COMMISSIONERS NOT PRESENT

1. Dan Ficalora
2. Gregory Giron
3. Lisa Durette
4. Lisa Ruiz-Lee
5. Natasha Mosby

### STAFF AND GUESTS

1. Abigail Bailey
2. Alejandro Ruiz
3. Amanda Haboush-Deloye
4. Amna Khawaja
5. Andria Kelley
6. Autumn Blattman
7. Beverly Burton
8. Carlo Decicco
9. Char Frost
10. Charie Falatea
11. Cindy Pitlock
12. Don (Guest)
13. Dorothy Edwards
14. DWKraus
15. Erin Smith

16. Jacquelyn Kleinedler
17. Jennifer Spencer
18. Jessica Goicochea-Parise
19. Joelle McNutt
20. Kaleah Cage
21. Kary Wilder
22. Katelyn Newberg
23. Kathryn Martin
24. Khalileah Daniels
25. Kristen Rivas
26. Kyle Dunlap
27. Linda Anderson
28. Marcel Brown
29. Michelle Bennett
30. Nicole Mara
31. Ryan Gustafson
32. Sabrina (Guest)
33. Sarah Dearborn
34. Sarah Hannonen
35. Serene Pack
36. Shannon Hill
37. Sherry Stevens
38. Stephanie (Guest)
39. Tiffany Coury
40. William Wyss
41. Yeni Medina
42. 775-393-2200

1. **Call to Order and Introductions.** *Braden Schrag, Chairman, Commission on Behavioral Health with DCFS*, called the meeting to order at 9:06 am. *Kathryn Martin, Division of Child and Family Services (DCFS)*, conducted roll call and quorum was established with five members present.

2. **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

3. **For Possible Action.** Approval of the January 12, 2023 Meeting Minutes – *Braden Schrag, Chairman*

MOTION: Lisa Durette made a motion to approve the January 12, 2023 Meeting Minutes with changes as noted.  
SECOND: Gregory Giron  
VOTE: Unanimous with no opposition or abstention

**4. For Information Only.** Presentation of Clark Children’s Mental Health Consortia (CCMHC) Report – *Amanda Haboush-Deloye, Chair, CCMHC*

Amanda Haboush-Deloye reported on CCMHC’s four priority areas and progress to date: 1. Sustainable funding for Mobile Crisis Response Team (MCRT), 2. Family peer-to-peer support expansion, 3. Fully implement the Building Bridges Model of Care to support youth and families transitioning from residential care back into the community, and 4. More service array options so youth and families can access care at earlier stages to reduce the need for crisis service intervention. Some progress has been made for Items 1, 2 and 4. A new category was added this year which is in progress pending American Rescue Plan Act (ARPA) funded programs and services. Implementation of the Building Bridges Model is an important issue in ensuring there are different levels of care available for children and families and CCMHC is talking with the Division of Child and Family Services (DCFS), but funds and plans are not yet available. Workforce development and clear, seamless processes are needed. CCMHC held the 2022 Annual Symposium which offered both in-person and virtual attendance. The 2023 Symposium is scheduled for May 1<sup>st</sup> and Ms. Haboush put the registration link and contact information in the chat. She is collaborating with RCMHC and WCCMHC to attend the May 11<sup>th</sup> day at the State Legislature in Carson City in support of Mental Health Acceptance Week to distribute information, increase awareness, and engage with legislators.

**5. For Information Only.** Presentation of Rural Children’s Mental Health Consortia (RCMHC) Report – *Sarah Hannonen, Vice Chair, RCMHC*

Sarah Hannonen shared the highlights of the RCMHC Annual Report and progress to goals. A major goal has been the redesign of the RCMHC website to add resources, information and links to help build awareness for families to assist in knowing how to access care services. Outreach events were held to share messaging in rural regions about the importance of accessing mental care and behavioral health supports and distribute information. Many times, rural clinicians experience barriers to accessing training due to lengthy travel distances and the Consortium is working to help provide virtual training opportunities. RCMHC approved and sent letters of support for various behavioral health legislative bills to advocate for rural families. Wellness kits are being compiled for distribution to rural and frontier community agencies and families. The kits include a variety of therapeutic items sketchbooks, weighted blankets, noise machines, etc.). Rural clinicians will be able to give the kits to their families so they have access to extra tools to improve wellness. RCMHC is working to include a native American voice on the Consortium and is focused on finding someone who attends tribal council meetings and who can represent that population and help native American families and children access needed supports. Overcoming stigma and barriers to accessing mental health care is one of the hurdles RCMHC is concerned about and working on going forward. Mr. Schrag asked if internet access or connectivity issues were barriers to accessing telehealth care solutions? Ms. Hannonen responded that many rural areas struggle with technology access (Elko, Winnemucca,

McDermott, Battle Mountain). Many people resort to using Wi-Fi hot spots on their cell phones or rely on accessing services at schools and local libraries to access teletherapy services. Both Safe Voice and 988 Services are available to rural communities.

**6. For Information Only.** Presentation of Washoe Children’s Mental Health Consortia (WCMHC) Report – *Jacquelyn Kleinedler, Chair, WCMHC*

Jacquelyn Kleinedler shared a PowerPoint presentation and gave a summary of the highlights of the WCCMHC Annual Report. WCCMHC’s long term goals are: 1. Increase access to compassionate care in the least restrictive environment, 2. Decrease or buffer children and youth exposure to toxic stress, and 3. Increase youth, child, and family access to positive community-based experiences. A relevant systemic factor impacting youth behavioral healthcare in Washoe County was the post COVID-9 pandemic environment. The report included a summary of the Surgeon General’s Advisory on Youth Mental Health, the U.S. Department of Justice Civil Rights Division investigation results, and touched on the status of mental health providers, services and family peer support in Washoe County. A Family Voice section of the report described anecdotal experiences of youth and families in the community which are important in keeping the Consortium connected to family issues. Concerns included bullying, youth suicide and overall health and access to compassionate care. WCCMHC is committed to collaborating with a variety of agencies and community partners whose activities impact youth behavioral health. 17 Key activities were identified and WCCMHC is tracking progress and status of each. WCCMHC hosted the first annual Washoe County Youth Mental Health Summit which was very well attended. A letter of support from the Consortium was sent to the Washoe County School Board and new Superintendent supporting their efforts to prioritize youth mental health. WCCMHC is seeing an increase of community member and school district participation in activities and meetings.

**7. Information Only.** Update on Commissioner Concerns Regarding Seclusion and Restraint Reports from Never Give Up Youth Healing Center Facility – *Braden Schrag, Chair*

Braden Schrag reported Never Give Up Youth Healing Center (NGU) declined to attend due to current legal issues. Mr. Schrag said he was comfortable with NGU declining at this time because the appropriate oversight entities to address concerns at NGU were taking actions to work through what needed to take place. A recently published Las Vegas Review Journal article described significant concerning issues at the facility. He asked everyone to allow the processes and legal activities to proceed (which may not be known to the public for a long time). There are questions being asked and issues that are being worked through that will not be known until the investigation is complete. At this point, the Commission will continue to monitor the issues and make requests as appropriate. He will work to obtain an executive summary or the full investigative report at the appropriate time for Commission review and asked Ms. Martin to identify this as an item to review in the fall. Dr. Giron asked if Commissioners would continue to review NGU reports of seclusion and restraint? Mr. Schrag asked Ms. Martin to investigate and provide a status of NGU reports received by DCFS and if they should continue to be reviewed at the next meeting.

**8. For Possible Action.** Presentation, discussion, and approval of Division of Child and Family Services (DCFS) Medication Management Policy – *Kristen Rivas, Clinical Program Planner II, DCFS Planning and Evaluation Unit*

Kristen Rivas said DCFS was the facilitator in coordinating policy review meetings and the identified policy revisions. Changes were made relating to the three residential facilities; Adolescent Treatment Center (ATC), Family Learning Homes (FLH) and Oasis moving to become Psychiatric Residential Treatment (PRTF) facilities. Since the previous policy, these facilities have been accredited by the Commission on Accreditation for Rehabilitation (CARF) and the policy now reflects those updates so the programs are in compliance with CARF.

**MOTION:** Gregory Giron made a motion to approve the Division of Child and Family Services Medication Management Policy as presented.

**SECOND:** Jasmine Cooper

**VOTE:** Unanimous with no opposition or abstention

**9. For Information Only.** Aging and Disability Services Division (ADSD) Update – *Yeni Medina, Autism Treatment Assistance Program (ATAP) and Khalileah Daniel, Nevada Early Intervention Services (NEIS)*

- a. Autism Treatment Assistance Program
- b. Nevada Early Intervention Services

Yeni Medina shared a PowerPoint presentation and reported that 93 new applications were received in February and 979 children with an average of eight years old were served. There were 14 children in inactive status and average wait times for ATAP program children was 39 days. Progress is being made to reduce and eliminate the wait list, with the longest period being the wait time for families to submit all of the additional documentation required for eligibility determination. Ms. Medina shared trends and comparisons between straight ATAP and service coordination for children receiving Nevada Medicaid seeking case management services. A graph showed professional growth of people providing supervision for clients in home programs. The presentation included statistics and status of active service providers and age breakdowns of children actively receiving services, as well as children on waitlists

Khalileah Daniel said NEIS has returned to doing home visits and is doing a number of community outreach events to help people learn about available services. NEIS recently participated in a “Buddy Walk” with the Downs Syndrome organization. Outreach participation is scheduled at Nelis Air Force Base and other locations. The autism clinic is now fully staffed which evaluates children under three years old. Autism Diagnostic Observation Scale (ADOS) tool training is scheduled in June in Reno. This is the primary tool used for autism evaluations and the training will help expand services throughout the state. Inclusive developmental play groups are ongoing and held at recreational centers, parks and libraries for little ones to have an opportunity to socialize with other children in an integrated therapy study. Speech therapists, occupational therapists, physical therapists and developmental specialists attend and help answer parent questions.

**10. Information Only.** Presentation of the Pediatric Mental Health Care Access Program Grant – *Beverly Burton and Nicole Mara, Nevada Pediatric Psychiatry Solutions (NV Peds), Division of Child and Family Services (DCFS)*

Nicole Mara reported the program is in the last year of the Health Resources and Services Administration Grant (HRSA). The program offered educational opportunities and provided training and information to clinicians and child-serving professionals across disciplines all throughout the state. Accomplishments included several publications (Six quarterly Issue Briefs, 22 Telegrams, 26 Infographics) disseminated to approximately 12,000 recipients statewide. The publications all focus on children's mental health topics and provide guidance for providers and families. Information on resources for screening and referrals is included. 85 Training offerings were made available to approximately 650 participants and included live and virtual attendance options, as well as recordings of content made available on demand. Many trainings offered continuing education credits depending upon the discipline of the attendees and their corresponding professional licensing boards. The program has maintained enduring content offerings on the University of Nevada continuing medical education library for pediatric primary care providers. In partnership with the Center for Application of Substance Abuse Technologies (CASAT), NV Peds sponsored two sessions of The Ripple Effect two-day live and virtual training which was provided to 438 attendees across state child-serving systems. NV Peds sponsored 43 clinicians to attend the Circle of Security Parenting Facilitator training and sponsored Collaborative Assessment and Management of Suicidality (CAMS Care) training for 47 statewide attendees. The REACH Institute Patient-Centered Mental Health in Pediatric Primary Care (PPP) mini fellowship training is scheduled for physicians, nurse practitioners and physician assistants and includes a six-month opportunity for participants to utilize consultation support with REACH facilitators.

Beverly Burton said SOC is partnering with the National Alliance on Mental Illness (NAMI) Nevada to sponsor and fund new youth peer-to-peer support training experiences. Additional funding will assist young adults and young people interested in becoming youth peer-to-peer supports and will also offer them opportunities to complete their community health worker training. These opportunities are a vital and important piece to improving the workforce development shortage Nevada is currently experiencing. These opportunities will get more youth exposed to behavioral and medical fields. Ms. Burton will share data points on attendees and disciplines at the next Commission meeting.

Conversations are being held with DCFS leadership to determine opportunities to continue funding NV Peds programs after the HRSA grant ends. Dr. Durette requested the opportunity to look at the possibility of collaborating on the next funding request to include a partner agency which offers pediatric access line services. Amanda Haboush-Deloye put information in the chat about the child psychiatry access program that is run through a partnership for the Center for Community Solutions, University of Las Vegas Psychiatry, as well as Chicanos Por la Causa. She would like to figure out a way everyone can work together and establish a partnership to obtain funding to continue this important work. A no-cost extension to the SOC grant submission is under development which would provide another year of funding until the end of September 2024.

11. **For Information Only.** Medicaid Update and Changes – *Sarah Dearborn, Division of Health Care Financing and Policy (DHCFP)*

Presentation notes provided by Sarah Dearborn.

**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 they were originally placed. Additionally, Nevada will be adding coverage pages defining Intensive Crisis Stabilization services.
    - [Web Announcement 2975](#) 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 and CMS is receptive of this inclusion and is working with us 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.
- **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).

- Currently on RAI with CMS, discussions between CMS and Nevada are continuing.
- **NV SPA 23-0002 Certified Community Behavioral Health Centers (CCBHCs)**
  - Revising bundled rate and Quality Incentive Payment methodology language and data submission requirement language
  - Public Hearing January 31, 2023 and submitted to CMS
- **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.
  - Public Workshop coming late January 30<sup>th</sup>
  - Public Hearing was held March 28<sup>th</sup>, 2023

### **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 or contractors or an organization affiliated with the University of Nevada School of Medicine.
    - Public Hearing will be held May 30<sup>th</sup>, 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.
    - Public Hearing will be held on May 30<sup>th</sup>, 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. Medicaid will be amending Medicaid Service Manual Chapter 3800 to align with that guidance.

- Goal Public Hearing for May 30<sup>th</sup>, 2023
- **Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services**
  - On March 31st, a public workshop will be held for the newest addition to Medicaid Service Manual Chapter 400, Mobile Crisis response delivered by a Designated Mobile Crisis Team.
  - With the completion of the public workshop, Medicaid is now on track to be able to present 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 earlier 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.
  - Goal Public Hearing for May 30<sup>th</sup>, 2023

## **Projects**

- **Consultant Health Management Associates (HMA) Children’s Behavioral Health Assistance**
  - Medicaid is currently in the process of gathering analytical data, to assist in narrowing down options that will most effectively address the most critical concerns. HMA and Medicaid are also in development of a white paper, to provide an overview of the systematic problems and resolutions for future budgetary considerations.
  - Ongoing with HMA helping Nevada research how other states are addressing children’s behavioral health issues.

## **Mobile Crisis Planning Grant**

- In December, Medicaid worked to finalize the policy standards as well as incorporated 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 informally through the current SPA for Intensive Crisis Stabilization Services, the draft coverage SPA language to CMS for informal review and initial feedback and have received positive comments.
- In the coming months Medicaid will focus attention to submit proposed SPA updates related to the enhanced rate for mobile crisis delivered by a Designated Mobile Crisis Team as well as Medicaid Service Manual policy at the May 30th public hearing for a requested effective date of July 1, 2023. Medicaid will also be working within their 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 their fiscal agent, Gainwell, on

development of a new Crisis Services Provider Type and several specialties, one being DMCTs that should be implemented in May.

### **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 must submit the revised SUD Implementation Plan within 60 days after receipt of CMS's comments. 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. Nevada will work with CMS to establish an estimated date of approval of the Implementation Plan as Medicaid works through this process to communicate to providers. ***Providers are not able to be reimbursed through Nevada Medicaid for these services until Implementation Plan approval.***
- Medicaid has submitted the drafted SUD Implementation Plan to CMS for informal review and are working with them prior to submitting this formally.
- CMS approved an extension to formally submit the SUD Implementation plan for 4/28/23.

### **12. For Information Only.** Update on System of Care (SOC) Grant – *William Wyss, Division of Child and Family Services (DCFS)*

Bill Wyss announced that the Nevada Care management entity request for proposal was released on March 13<sup>th</sup>, which is funded using ARPA funds secured in August. He thanked Dr. Pitlock for her work to secure the funds for DCFS. DCFS is seeking a qualified vendor to provide a statewide pilot of the Care Management Entity (CME) model for the management and organization for the delivery of services for children and young adults with complex behavioral needs who may be involved in multiple systems. The CME will serve as a centralized accountable hub to coordinate services for eligible children, youth, adults and their families. The selected vendor will partner to coordinate and provide access to high fidelity wraparound intensive home-based services, respite care, youth and family peer supports. SOC is working with partners at the Innovation Institute at the University of Connecticut to develop an oversight structure and an implementation team with the responsibility to monitor the contract deliverables. Mr. Wyss anticipated the \$22.9 billion-dollar, two-year contract would be signed in early July. The contract will include two one-year extensions that extend until December 2026.

The SOC Grant sunsets in September 2023 and Mr. Wyss is working to submit a no-cost extension which will allow completion of identified goals. Work is in progress with sub-grantees to close out work on sustainability and other issues.

Mr. Wyss expressed his gratitude for the Commission and SOC partners who work to collaborate and continue commitments to quality care across the age spectrum for Nevada communities.

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

None

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

- Update on children’s mental health-related legislative bills

**15. 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.*

None

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

The meeting was adjourned at 10:52 am.

## CHAT TRANSCRIPT

[8:17 AM] Meeting Started

[8:17 AM] Kary Wilder

Welcome to the Commission on Behavioral Health Meeting with DCFS.

This meeting is being recorded.

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

[8:19 AM] Kristen Rivas

Kristen Rivas PEU DCFS.

[8:26 AM] Cindy Pitlock

Cindy Pitlock Administrator DCFS

[8:28 AM] Autumn Blattman

Autumn Blattman, Executive Assistant, DPBH

[8:29 AM] Khalileah Daniels

Khalileah Daniels, Psychological Developmental Counselor NEIS

[8:38 AM] Kary Wilder

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

[8:41 AM] Kary Wilder

Please state your full name for the record before speaking. Thank you

[8:51 AM] Joelle McNutt

Joelle McNutt Executive Director MFT CPC Board of Examiners

[8:54 AM] Shannon Hill

Shannon Hill, DCFS System of Care Grant Unit

[8:57 AM] Alejandro Ruiz

Alejandro Ruiz, DCFS PEU

[8:59 AM] Amna Khawaja

Amna Khawaja - DCFS System of Care Grant Unit

[9:17 AM] Nicole Mara

Nicole Mara- DCFS Nevada Pediatric Psychiatry Solutions

[9:19 AM] b8384s (Guest)

[9:25 AM] Jennifer M. Spencer

Jennifer Spencer - w/ NV Attorney General's Office

[9:25 AM] Yeni Medina

Yeni Medina, Developmental Specialist, ATAP

[9:26 AM] Sarah Dearborn

Sarah Dearborn - Behavioral Health Unit, Nevada Medicaid

[9:26 AM] Jacquelyn Kleinedler

Good morning. Jacquelyn Kleinedler with WCCMHC

[9:26 AM] Goicoechea-Parise, Jessica

Jessica Goicoechea-WCHSA

[9:26 AM] Amanda.Haboush (Guest)

[https://www.ccmhc.org/files/ugd/cd1b7b\\_389fa5ba215e4eb29771b48a4c0349a7.pdf](https://www.ccmhc.org/files/ugd/cd1b7b_389fa5ba215e4eb29771b48a4c0349a7.pdf)

[9:27 AM] Edwards, Dorothy A

Dorothy Edwards/Washoe Regional BH Coordinator.

[9:36 AM] Gustafson, Ryan

Ryan Gustafson- Division Director Washoe County Human Services Agency

[9:37 AM] Amanda.Haboush (Guest)

<https://www.eventbrite.com/e/6th-annual-southern-nevada-summit-on-childrens-mental-health-tickets-588045177957>

[9:44 AM] Lisa Durette (Guest)

I'll put it in the chat shortly

[9:46 AM] Lisa Durette

<https://www.reviewjournal.com/local/local-nevada/complaints-of-child-abuse-sexual-assault-plague-youth-psychiatric-facility-2758778/>

Complaints of child abuse, sexual assault plague youth psychiatric facility

Years after officials shut down a Nye County boarding school, another facility on the same property is facing allegations that have led to fines and criminal charges.

[9:46 AM] Lisa Durette

<https://www.reviewjournal.com/local/local-nevada/complaints-of-child-abuse-sexual-assault-plague-youth-psychiatric-facility-2758778/>

Complaints of child abuse, sexual assault plague youth psychiatric facility

Years after officials shut down a Nye County boarding school, another facility on the same property is facing allegations that have led to fines and criminal charges.

[10:11 AM] Lisa Durette

[www.center4cs.org](http://www.center4cs.org)

[10:14 AM] Khalileah Daniels

Unfortunately, the autism training in Reno is not open to everyone and is limited in attendance. If there is more information or a change I will let the Commission Board know

[10:39 AM] Dan Ficalora (Guest)

Apologies - I need to drop off - thank you everyone for your contributions today!

[10:39 AM] Kathryn Martin Thank you!

[10:49 AM] Edwards, Dorothy A

That is after the Leg ends

[10:50 AM] Char Frost

But then there is a time lag waiting for the Governor to sign or veto bills

[10:51 AM] Sherry Stevens

I will put it on the agenda for May 18

[10:52 AM] Sarah Hannonen

Thank you All! Have a great DAY!

[10:52 AM] Nicole Mara

Appreciate the opportunity to share on behalf of NVPeds.

[10:52 AM] Sherry Stevens

Kathryn Martin session ends June 2nd

[10:53 AM] Char Frost

Session actually ends on June 5th

[10:54 AM] Sherry Stevens

Thank you.

[10:54 AM] Meeting ended