MEETING MINUTES
CHILDREN'S BEHAVIORAL HEALTH: MEDICAID BENEFITS WORKING GROUP
December 5, 2024

The Nevada Department of Health and Human Services held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Thursdat, December 5, 2024, beginning at 4:30 PM.

1. Call to order: Roll call

By: Ann Jensen, Innovations Officer and Stacie Weeks, Administrator

The meeting was called to order at 4:30 pm by Ann Jensen, Innovations Officer.

Staff Present

Ann Jensen - Innovations Officer, Stacie Weeks - Administrator, Darlene Wolff - Administrative Assistant 3, Sarah Dearborn - Social Services Chief, Carin Hennessey - Social Service Program Spec 3, Theresa Carsten - Deputy Administrator, Dr. Roshanda Clemons - Medicaid Medical Officer, Matt Burdick - Behavioral Health Policy Expert, Malinda Southard - Deputy Administrator, Melissa Knight- Social Services Program Spec 2

Guests Present

De ABS, Jessica Goicoechea-Parise, Deanna Howard, Sabrina Schnur, Dan Musgrove, Char Frost, Jonathan Norman, Sean Gamble, Michelle Guerra, Meambi Newbern-Johnson, Melorine Mokri, Amber Cronn, Kimberly A. Purinton, Cheryl L Fisher, Karen Taycher, Troy, Linda Anderson, James Lutz, Dr. Megan McGrew, Brittany Loyd, Chloe Johnson, Tashanae Glass, Cade Grogan, Esther Badiata, Leah S., Joy Thomas, Barbara A. Scaturro, Dawnesha Powell, Shelly Benge-Reynolds, JayDee Porras-Grant, Carley Murray, Glenda Cruz-Juarez, Alana Rogne, Al Mehbuba, Dylan Malmov, Janelle Hoover, Shayla Holmes, Brooke Greenlee, Alyssa Drucker, Megan Freeman, Stephanie Brown, Carrissa Pearce, David Escame, Casey, Kathryn Smith, Brandon Ford, Luke Dumaran, Serena Kasama, Lisa Mariani, Sarah Paulsen, Natalie Sanchez, Arlene Forsman, Matthew Lehman, Megan Martinez, Kimberly Gahagan, Michelle Sandoval, Casey Casillas, Michael Polston, Amber Wilkins, Beverly Hart, Valerie Wilcox, Nima Alinejad, Korine Viehweg, Nicholas Hollister, Kristen Wall, Lyndia Harris, Jessica Barlow Daniels and Sadie Brown, Suellen Narducci, Eric R Schmacker, Heather Leschinsky, Jason Embra, Anaya Earl, Jimmy Tran, Danny Aldis, Mina Fiddyment, Amy Miller-Bowman, Karen K Rogers, Kim Abbott, Abby Grossa, Cassandra Fox, Jesus Salazar-Sandoval, Beth Kurtz, Janelle Hoover, Philip Ramirez, Starr Jones-Peat, Joseph Filippi, Rose Steffen, Steven, Megan Cochran, Gwynneth Smith, Jinan Barghouti, Carrissa Pearce.

2. Introductions for the Working Group Representatives:

By: Ann Jensen

Innovations Officer, Ann Jensen introduced the 29 selected Representatives for our Children's Behavioral Health Working Group.

Youth, Family, and Disability Self-Advocate Representatives:

Matt Lehman, BCBA with Foster parent ABA Group
Leah Skinner, Parent
LaNesha Battle, Foster Parent, Washoe County School District - Absent
JayDee Porras-Grant, Foster Parent
Devin Daniels, Black Youth Mental Health Project - Absent
Analicia Cruz, Black Youth Mental Health Project
Luke Dumaran, Autism Treatment Assistance Program

Behavioral Health Provider Representatives:

Alana Rogne, DNP, PMHNP-BC with Rural Nevada Counseling
Dave Doyle, Eagle Quest & Family Focused Treatment Association - Absent
Megan McGrew, PhD, BCBA, LBA with Impact ABA Services
Megan Freeman PhD with Boys & Girls Clubs of Southern Nevada
Takesha Cooper, MD, MS, FAPA with UNR Med and Renown - Absent
Glenda Cruz Juarez, LCSW with Veridian Wellness
Natalie Sanchez, LMFT with Health Psychology Associates
Stephanie Brown, Reno Behavioral Health
Janelle Hoover, MSN, RN with Carson Tahoe Health

Community Partner Representatives:

Angie Wilson, Reno Sparks Tribal Health Center - Absent
Nikky Redpath,LPC-S with Shoshone-Piaute Tribe - Absent
Gwynneth Smith, PhD, JD with Clark County District Attorney Juvenile Division
Jessica Goicoechea-Parise, MFT with Washoe County Human Services Agency, Children's Mobile Crisis Response Team
Meambi Newbern-Johnson, LCSW, PLLC with Clark County Family Services
Shayla Holmes, MA with Lyon County Human Services
Bre Taylor, MSN with Humboldt County School District - Absent
Karen Taycher, NV PEP
Robin Reedy, NAMI NV - Absent
Jonathan Norman, Esq with NV Coalition of Legal Service Providers (Legal Aid Center of Southern NV, NNLA, SLP, VARN)
Santosha Veeramachaneni, American Academy of Pediatrics, Nevada Chapter - Absent

3. Population Health Data Review:

Presentation By: Ann Jensen

Ann Jensen started out the meeting with introductions and introducing the Behavioral Health Representatives. Today is the second meeting of our Medicaid Benefits Working Group. Ann shared a little bit more about the work our team is building and to get the input of our representatives and community on the transformation efforts. A review of Nevada's data on the behavioral landscape and Nevada Medicaid in particulars. The National Data has a non-profit called Mental Health America that publishes annual ranking of the states bases on outcomes and access to care.

Nevada is ranked 51st out of 50 states in the District of Columbia, and that has been the case for the past 7 years now. Nevada is in 49th in children with at least one Major Depressive Episode, 34th in Children with Serious Thoughts of Suicide, and 50th in Children with Substance Use Disorder. In the statewide results 16% of 1 in 6 children have a Diagnosed Mental Health Condition, 43% of 2 in 5 high school students have reported Prolonged Sadness or Hopelessness, 21% of 1 in 5 high school students have reported Suicidal Ideation, 14% of 1 in 7 children are Diagnosed with a Substance Use Disorder. In Nevada Medicaid, it covers 1 in 2 children in our state. 78% of those children are covered by Medicaid are Black, Indigenous, People of Color (BIPOC). 88% of black children in Nevada are enrolled in Medicaid.

There are significant Health Equity implications for this work we are undertaking and a lot of Behavioral Health outcomes. Across the state there is 1 in 6 children who are enrolled in Nevada Medicaid and statewide have a diagnosed behavioral health conditions. 80% of those children live in Clark County and 74% of children with Behavioral Health Diagnosis identity as BIPOC provided by population.

4. Working Group Feedback:

Natalie Sanchez mentioned that it would be helpful for providers to work with folks on the inpatient side if there was more of a case management aspect in terms of when somebody is being discharged from those services.

Alana Rogne mentioned that case managers would love to have a way to contact hospitals and residential facilities and get a plan started way before the kids are ever discharged. Having different agencies educated on what exactly would be needed to be shared between each one and having a very general ROI which would allow communication. There are not enough facilities, especially inpatient and residential for our children in our area.

Rose Steffen is with the Department of Education and the barriers of treatment centers is that they do not know who to contact and schools do not know who to contact at the treatment centers. There are struggles about transferring records back and forth between facilities and schools. There is also struggles with Re-entry plans and transition plans from providers. There is not enough time before kids are being discharged. Sometimes children are being discharged suddenly and no time to plan for care management for families to take their children home.

Leah S had mentioned that it takes time for case management to put together referrals for the expectation of discharge plans. Adding in a sector above case management, like a counselor working together. Having a consoler to help with parents for home care and then to have case management for discharging the patients.

Karen Thatcher has mentioned that it is difficult to get into a facility because of the child's disability or mental health issues. If there is a high number of behaviors then those children either don't get in or they have to go out of state for treatment. Maybe if there is a no reject, no eject policy. If there could also be a policy for children to maintain their credits for when they are able to go back to school after discharge. So many children are losing their credits for high school when being in a facility and they do not graduate or they fall behind in school. Karen had mentioned there needs to be a discharge plan.

5. Feedback Continued:

Dr. Megan McGrew mentioned that having a coordination of care plan with both going in and coming back out and solution wise. How can we make it reimbursable for providers who have no codes to bull for certain care that is needed.

Janelle Hoover suggested a reimbursement for care that are not provided in Medicaid. How do we find things locally so that we are not separating parents and children. Sometimes parents cannot go with their children to out of state programs.

Matt Lehman discussed that there are residential barriers where coding restrictions as enforced will often end up being some of the kids who either is a part of the step down transition.

Megan Freeman suggested that there could be transportation for children to get to their in person meetings. Could there be a supervised Online PHP IOP for boys and girls club staff to be there for the children if their parent is at work. Due to no transportation, children are missing their meetings and are unable to make it to them.

Jessica Goicoechea-Parise has suggested a Safe family transition for kids and their families. Parents don't feel they have a good safety plan and to keep the rest of the family safe, so children are being left at the centers. Families don't have a provider or where to go for therapy when kids come home. They do not have the resources to find care for their children once they are discharged. Some families feel their only option is to let their children go into the welfare system.

6. Population Health Data Presentation:

Nevada is ranked 45th of 51 states and D.C for access to Behavioral Health Care. All 400,000 children on Nevada Medicaid live in an are where a shortage of behavioral health providers. Every county in the state is considered an area of behavioral health provider shortage.

Ann had discussed the Inpatient Services, which would provide short-term intensive care in a hospital setting for children with acute needs. Clinically appropriate for acute mental health treatment that requires 24/7 monitoring. It is not intended to be a ling term management of chronic conditions outside of crisis periods. Residential Treatment Center provides long-term care in a live-in facilities where children receive therapy, education, and support. Children who are enrolled in Nevada Medicaid have a 51% higher risk of an inpatient stay associated with behavioral health diagnoses compared to the national average.

The next meeting will be held on January 9th from 4:30pm - 5:30pm and that discussion will dive deep into the home and community based benefits. A discussion will be held on what is a Medicaid Benefit and what does it mean to develop something as a Medicaid covered benefit. Open up and show what that process will look like internally and focus on family peer support as the first benefit. The February meeting will get into our psychiatric residential treatment facilities as well as the Specialty Managed Care Plan.

7. Working Group Feedback Continued:

Megan Freeman has suggested a provider service for Mental wellness, social and emotional learning and by giving youth the foundations so that facilities are increasing the likelihood or decreasing the likelihood of children getting on a trajectory to needing more higher intensity level of care. Care coordination is also important as well.

Natalie Sanchez has mentioned having some kind of Reimbursement. Most providers do not take Medicaid due to it not being cost effective for an agency or private practice clinician, administrative costs. It is difficult to take Medicaid because if the provider is taking an MCO, there is no representative or somebody to talk to and somebody who can follow through on something. Cases might get lost in shuffle between providers or facilities.

Gwyneth Smith mentioned about having a robust accessible respite services in important to families, for families who want to maintain their child, so families do not have to put their children up for adoption. View respite services as both emergency but also planned, if it can be effectuated. The last thing the state or district offices is to have parents feel that they have to give up their child for adoption so they can get the proper care they need and for their families to be safe.

Dr. Megan McGrew seconds having a Respite Care plan. Megan suggested the state get creative about family and caregiver education, by giving families the skills to cope and kind of make it through from crisis to crisis.

All meeting dates and times will be posted on the DHCFP Public Notices page. Public Notices will be sent to the BH ListServ to notify of future meetings. If you would like to be added to our ListServ, please email ChildrensBH@dhcfp.nv.gov. With that we still conclude with our Public Comment. This is open to anyone on this call if you have trouble providing telephonic comment, please press *5 to unmute.

8. Public Comment:

Char Frost mentioned that one of the data metrics that would be helpful is to capture the data responses for families and children who have not previously encountered the mental health system. Some families have no idea what to do and do not know where to look for help. There is no outreach done to inform them of what is available for them.

Kim Abbott mentioned there are barriers to inpatient services and the residential services is having a hard time getting kids admitted to programs. Especially if they have many behavioral health needs. For kids who have been in and out of care multiple times and they end up on a no fly list and they end up stuck. Having a program that will accept the full child with multiple diagnosis to have access to ABA within a regular treatment setting.

Jonathan Norman mentioned of how has Nevada done with other population that have transitioned from MCO's in the past. Jonathan asked if there was a record to show that has gone well for those populations. There is a population of 138% of the poverty line for the Medicaid expansion. There are not enough providers to help in the state. What is going to be different in the new world that is being created.

9. Adjournment:

Ann Jensen adjourned the meeting at 5:06pm