RURAL CHILDREN’S MENTAL HEALTH CONSORTIUM
MEETING MINUTES
March 21, 2019

MEMBERS PRESENT:
Pam Johnson, Chair
Michelle Sandoval, Vice Chair, Rural Clinics
Sarah Dearborn, DHCFP
Rebecca McGough, Parent Representative
Jan Marson, Business Representative
Mala Wheatley, Pacific Behavioral Health
Jessica Flood, Nevada Rural Hospitals

MEMBERS ABSENT:
Heather Plager, Juvenile Probation

GUESTS:
Kristen Rivas, DCFS PEU
Joe Pritchard, DCFS SOC
Jill Manit, Consultant
Jennifer McKiernan, MSW Intern
Kathy Spooner, Mesquite Clinic
Theresa Anderson,
Alicia Hamilton NV PEP
Lyn Morales NV PEP
Kathy Cavakis, SOC
Linda Guastella, SOC
Joe Pritchard, SOC
Sarah Hannonen, Pershing county
Molly Blanchet, DCFS
Kristen Valentine, Rural Wraparound
Kadie Zeller, Churchill Community Coalition
Megann Johnson, Admin Support

1. Call to order, roll call, introductions
Meeting called to order at 3:05 pm. by Ms. P. Johnson,

2. Initial Public Comment
None at this time.

3. For Possible Action: Approval of the Minutes from the Rural Children’s Mental Health Consortium Meetings from January 17, 2019, January 24, 2019 and March 5, 2019
MOTION: Motion made by Ms. Sandoval to approve the minutes from the 1/17/19, 1/24/19 and 3/5/19 meetings.
SECOND: Ms. McGough
VOTE: Motion passed unanimously.

4. System of Care Overview, Rural Region Partnership – Presented by Kathy Cavakis, Linda Guastella and Joe Pritchard
Ms. Cavakis let the group know that she, Ms. Guastella and Mr. Pritchard are committed to being actively involved with the rural consortium. Mr. Pritchard gave a detailed presentation on the history and various aspects of the Nevada System of Care (SOC). He began with the SOC history dating back to the 1980’s which came from a need that presented by delivering services through service silos which left many youths lost in the system. The idea of developing a SOC evolved and Nevada expanded the SOC definition to “A System of Care is a spectrum of effective community-based services and supports
for children and youth with or at risk for mental health or other challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community and throughout life.”

The SOC has 3 major components:

- **Set of values and principles:** foundation of acceptance that informs everything else (community based, family driven, youth-guided culturally and linguistically competent).
- **Infrastructure:** needs to reflect core values – governance, financial (SOC grant) planning and evaluation – array of trainings that can be sustained.
- **Interventions:** wide range with children, youth and families that are consistent with SOC values and principles. Not a single program, rather a coordinated network of home and community-based interventions at the level of supports. Not a treatment of intervention or a solid program but allows for some innovation and adaptability to diverse populations such as tribal with the SOC Circles of Care grant.

In 2013 joint bulletin from federal Medicaid & SAMHSA highlighted:

1. Intensive Care Coordination
2. Intensive In-home Services
3. Mobile Crisis
4. Parent & Youth Peer Support Services
5. Respite Care
6. Flex Funds
7. Trauma Informed Evidenced-based Treatments

Mr. Pritchard continued with the history of the Nevada SOC, the initial grant brought Wraparound in Nevada (WIN) in 2002, in 2007 they rolled out WIN rural facilitators in Carson City, Fernley, Fallon, Lovelock, Winnemucca, Pahrump, Ely and Elko. Mr. Pritchard reminded the group that this grant was written for Clark and Washoe counties, but some strategic goals touched on statewide:

- Develop a statewide crisis response system (rural mobile crisis response team)
- Comprehensive and coordinated behavioral health service array to maintain options for youth least restrictive environment (Pacific Behavioral Health, a subgrantee, their IOP provides group programing 2 days/week, 3 hours/day for youth over 15 years-old and over who are in independent living day treatment. They use telehealth to reach out to all the rural region.

Ms. Flood asked for clarification on the program and where they operate from. Ms. Wheatly answered that the IOP program runs out of Carson City but services almost every place in Rural Nevada in person or by telehealth. Ms. Wheatly will send more information to Ms. Flood. Ms. Spooner asked if telehealth services are available in Mesquite in Clark County. Ms. Guastella responded that is available through United Citizens Foundation.

Mr. Pritchard concluded with letting the group know that an important part of the SOC grant is ongoing training. Ms. Guastella acknowledged that even though the intent of the grant was not for the rural region, they did attempt to include the rurals through training opportunities. She added that trainings are available online such as the SOC Overview at [www.mycasat.org](http://www.mycasat.org) on the dedicated training
The online account is free and currently has five trainings up with free CEUs. Ms. Guastella committed to making more of a rural effort regarding the SOC grant.

Ms. Marson added some historical background on the SOC grant which was what funded the consortia. Ms. Cavakis reported that for the current SOC grant, they are in their 4th year. One area she addressed was their current strategic plan. She asked the subcommittees to stay focused on five priorities for the last seven months of the grant. Those areas are regarding building framework around high fidelity wraparound for the children’s mental health authority:

1. Sustainability – how our communities will get the support they need to continue these models after the grant.
2. Single point of entry – Mobile Crisis.
4. Respite – planned and emergency respite – build capacity among respite providers.
5. ID/DD mental health task force – address youth with a dual diagnosis who are ending up in the juvenile justice system or out-of-state.

The other workgroups have been dissolved in order to focus on these five priorities. Parent partner Karen Taycher forwarded an opportunity for a grant, the SOC Expansion and Sustainability grant. Federal technical assistance is hopeful and happy with Nevada’s successes, especially with Mobile Crisis and high-fidelity wraparound. With this new grant there is the ability to operationalize the priorities and expand into rural areas. She spoke with rural partners who wants the SOC to be more supportive of rural communities. The grant is due April 19th and they should find out by August 31st if they have received it. If they do, they will request that they have a facilitator come in to help develop a strategic plan to guide their work for the next four years. Ms. Cavakis then asked the consortium if they would be willing to contribute by submitting a letter of commitment to support this effort.

The group discussed the commitment letter. Ms. Rivas recommended the letter be directly sent to the chair, if the chair agrees to write the letter it will go on the next meeting for approval by the whole group per the DAG. Ms. McGough asked if the group needs to approve the letter prior to the letter being sent back to Ms. Cavakis. Ms. Rivas said not before the next meeting per the DAG. Ms. P. Johnson has received the letter and confirmed she can respond directly to Ms. Cavakis. Ms. Rivas confirmed.

Ms. Cavakis thanked the group for their participation. Ms. Flood added that it is refreshing having participation on the call. Ms. Cavakis committed to being on the call going forward. Ms. Valentine added that when WIN rolls out Focus in the rural areas, she will reach out to everyone, as she would love to do some orientation when they get trained in April.

Ms. Flood began a discussion on clinical levels of care and how it relates to SOC. The group had a robust conversation on the SOC and answered questions regarding the meaning of a SOC as a framework, not a single program. A service array, the Cal Locus and best practices/promising practices were discussed. Ms. Flood expressed an interest in mapping out levels of clinical care and then seeing how it compliments the SOC to include a gap analysis in rural areas. She wants to do this in a way that empowers each community through education. Ms. Guastella validated that service array is an issue they are working on. Mr. Pritchard added that they are putting together a list of the available supports in each
community and evidence-based practices. Mr. Pritchard offered to sit down with Ms. Flood to review it. Ms. Flood would like more information for the RCMHC so they can guide their planning. Ms. P. Johnson advised this could be included in our community discussion.

For Possible Action: Discuss and Approve the 2019 Fiscal Budget

Ms. Rivas informed the group that Ms. M. Johnson’s funds have been depleted due to supporting workgroups and the community discussion. Advised the group to consider reallocating funds to continue her pay. Ms. P. Johnson agreed and would like a tablecloth for events. Ms. McGough agreed with a tablecloth to identify the Consortium.

Ms. Rivas let the group know that Washoe & Clark Children’s Mental Health Consortia are working on a website to say who they are what their mission is. She also reminded the group that there are promotional materials at PEU. Ms. Sandoval asked if there is a limit to moving money around within categories. Ms. Rivas answered no because they are state general funds.

MOTION: Motion made by Ms. Sandoval to reallocate funds in the budget to support Ms. M. Johnson’s salary and purchase a table cloth and other supplies as needed.
SECOND: Ms. McGough
VOTE: Motion passed unanimously.

5. Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children, Strategic Plan Presentation - Theresa Anderson, Sierra Mountain Behavioral Consulting

Ms. Anderson commended the group for their engagement. She gave a brief presentation on the commercial sexual exploitation of children (CSEC). She is a contractor for the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children which was mandated by Governor Sandoval. They produced three documents. One was a strategic Plan built on two documents. One such document was the model coordinated response protocol. She referred to the handout and how to access the protocol. The protocol is based on promising and best practices and is meant for first responders who see CSEC.

Ms. Anderson did a presentation for Mobile Crisis in Clark County, because they came across many youths who are sex trafficking victims. They learned about the signs of CSEC. The protocol increases awareness and need for screening of CSEC. It is pervasive in Nevada - research shows where there is legal sex work there is more sex trafficking of youth. Within the protocol there is the Nevada Rapid Indicator Tool which can be downloaded off the website. They are working on getting basic CSEC training out statewide. Currently there is some training online.

To create the protocol, they had five survivors as advisors. There are quotes from 11 survivors who shared their stories. The other document included is the Prevention Guide from the prevention sub-committee. This included faith-based organizations (FBOs), the Department of Transportation, Truckers Association, etc. There are nine toolkits that can be used by individuals, parents, FBOs, the Consortium, etc. The prevention guide with the toolkit is digital. There is information on bullying, child sexual abuse, vulnerabilities. Foster Youth are the most at risk of any other demographic. Child Welfare is beginning to identify youth with this new tool.

There is a need for providers who will serve this population. Sexual exploitation is a billion-dollar industry, where traffickers view victims as their property. Working with this population takes special training, and there are no evidence-based models. Currently CBT, DBT, and Stages of Change theories are
used now. Recidivism is high which is a challenge in serving this population. The most promising practice is community mentor advocates.

Ms. McGough who specializes in teen girls in foster care asked if the state is working on a foster care program to keep these youths in-state for recovery. Ms. Anderson answered that there is legislation now, but it takes money and training. People are misinformed about this population. Ms. McGough brought up the program CHANCE in Florida. Ms. Anderson advised that they are waiting on the data from CHANCE and Mingus Mountain. Ms. P. Johnson relayed her thanks to Ms. Anderson for presenting on this important topic.

6. For Possible Action: Discuss and Approve Membership Applications to include discussion of positions to be filled and possible new members

Ms. P. Johnson asked the group to look at the membership handout to see positions to be filled. The group determined that Karen Shaw no longer holds the tribal representative position.

MOTION: Motion made by Ms. Sandoval to nominate Cheri Bowen for the representative from a tribal provider of mental health services in the region voting membership position.
SECOND: Ms. Flood
VOTE: Motion passed unanimously.

Ms. Rivas will email Deputy Katheryn Roose for recommendations on state staff vacancies. Ms. P. Johnson talked to NV PEP Executive Director, Karen Taycher regarding membership openings. The group determined that the substance abuse treatment position is not a state position. Ms. Flood suggested the Director, Lana Robards of New Frontier. Ms. Sandoval agreed. Ms. Flood will send her contact information to Ms. M. Johnson.

Ms. P. Johnson moved on to the private industry related to healthcare position. Ms. Hannonen suggested Winnemucca Family Support Center who has several clinicians who work with youth. Jennifer Hood is the clinical director and there are two other clinicians. Ms. Marson advised that previously they used a nurse from Carson City. Ms. Hannonen also suggested Jeremy Hurst who is PA getting his pediatric psychiatric nurse licensing. He currently works at Humboldt General Hospital. Ms. Hannonen will send contact information to Ms. M. Johnson.

Ms. P. Johnson moved on to a representative of school district trustee position. Ms. Marson advised that previously they had a representative from the school board from Winnemucca. Ms. McGough suggested reaching out to Wendy the chair of the ID/DD subcommittee to give suggestions. Ms. Hannonen suggested several candidates in Pershing county such as Project Aware Grant Coordinator, Shauna Bake and Shane Murphy the middle school Principal. Ms. P. Johnson thanked the group for their suggestions.

7. For Possible Action: Creation of a subcommittee or assignment of task to individuals to prepare Rural Children’s Mental Health Consortium events

- 2020 Strategic 10-Year-Plan
- Children’s Week at the Nevada Legislature Update – March 14th, 2019
- Churchill Community Coalition’s Third Annual Youth Summit – May 3rd-5th, 2019
- National Children’s Mental Health Awareness Day – May 9th, 2019
- Community Discussion – future events
8. For Possible Action: Future Dates and Agenda Items for Next Rural Children’s Mental Health Consortium Meeting on April 18, 2019

Ms. M. Johnson gave a recap of the current agenda items. Ms. P. Johnson asked that the SOC has a continual action item. She asked if the new HRSA pediatric grant can do a presentation. Ms. Sandoval advised that they just hired a grant manager who we can invite to present. Ms. Rivas updated that she reached out to the new grant manager and will have her put on the April agenda.

Ms. Flood asked about having a presentation on the zero-suicide prevention grant. Ms. Sandoval advised that grant is to roll out the zero-suicide program and provide services and she has connected them to the SOC. She will ask Bianca to do a presentation for the Consortium. Ms. Flood asked for a greater discussion on the SOC and the service array. Ms. Rivas added that the SOC is a philosophy and not a program and they do an overview training. Suggested we have them present a mini training on the principles and values of the SOC for the Consortium. Ms. Flood asked if we can have both SOC and array of services training. Ms. Rivas advised that the array of services is within the SOC.
Ms. Manit added the timing will work well for the 10-year plan. With SOC being a framework and a philosophy, it encompasses a recommended array of services and a toolkit that outlines a recommended array of services. She gave the example of the idea of step-down services and within that there are evidence-based practices. Ms. Manit added that can be clarified.

Ms. Flood proposed a leadership opportunity for youth from her discussion with Cheri Bowen. She asked the group if there has been a youth council in the past. Ms. Morales stated that it is difficult to bring youth to the table due to school and schedules. Previously they had a youth-guided sub-committee for the Washoe County Consortium. Ms. Flood asked the group if they have heard of Destiny Child’s Youth in Transition grant. They have had successful outcomes in Nevada. Ms. Morales added that NV Pep has a group called Youth Move. There is more information on the NV Pep website. They are hoping to expand to the rurals. Ms. Valentine will provide information about focus management, from her training on April 9th & 10th.

9. Community Updates
   None at this time.

10. Final Public Comment
    Ms. Sandoval announced that she will be attending the national conference in Nashville for Mobile Crisis in Mental Health Programing and Technology. She will report back next meeting.

11. Adjournment
    Meeting adjourned at 5:10 pm.