RURAL CHILDREN’S MENTAL HEALTH CONSORTIUM
MEETING MINUTES
April 18, 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
Heather Plager, Juvenile Probation
John Munoz, DCFS

MEMBERS ABSENT:
Jessica Flood, Nevada Rural Hospitals

GUESTS:
Stephanie Dotson, DCFS
Kathryn Roose, DCFS
Kristen Rivas, DCFS PEU
Joe Pritchard, SOC
Jill Manit, Consultant
Kathy Spooner, Mesquite Clinic
Lyn Morales NV PEP
Kathy Cavakis, SOC
Linda Guastella, SOC
Kristen Valentine, Rural Wraparound
Megann Johnson, Admin Support

1. Call to order, roll call, introductions

Ms. P. Johnson called the meeting to order at 3:05 p.m.

2. Initial Public Comment

None at this time.

3. For Possible Action: Approval of the Minutes from the Rural Children’s Mental Health Consortium Meeting from March 21, 2019

MOTION: Motion made by Ms. Sandoval to approve the minutes from the 3/21/19 meeting.
SECOND: Ms. McGough
VOTE: Motion passed unanimously.

4. Presentation: Overview of the recent organizational changes within the Division of Child and Family Services (DCFS) – John Munoz, DCFS

Mr. Munoz, Deputy Administrator for Community Services at DCFS introduced Ms. Roose the Deputy Administrator of Quality and Oversight. He began his presentation with an overview of the organizational chart provided. DCFS is no longer siloed in systems. They
realigned systems with services to be more services focused. Mr. Munoz is now responsible for all community-based service programs. Ms. Roose is over quality and oversight. Mandy Davis is over administrative services including grants management, fiscal support and victims of domestic violence. Creates overlap and connects programs, resources and assets. Ms. Roose advised that they are all available to contact and they communicate daily with each other.

Ms. P. Johnson thanked Mr. Munoz and welcomed him to becoming a voting member as the DCFS representative. Ms. Sandoval asked how this restructuring will better serve children and families. Mr. Munoz answered that he has learned a lot from the rural community discussion in Winnemucca. Many efforts are happening at the same time. Child welfare has families first. Decided across all disciplines to go to one evidenced based case management model – the FOCUS model. This will help align with best practices and better coordination of care for youth and families. Aligning and reallocating resources to have better communication with stakeholders and have a deeper reach to the rurals. They want to address concerns and make the necessary improvements.

Ms. Roose added that she sees breaking down silos as benefiting children. Youth that end up in Juvenile Justice (JJ) often touch other systems first. Pulling quality assurance away from the deputies and making it its own system results in more objective data collection. She added there will be growing pains, but these are exciting changes in the division.

Ms. P. Johnson asked for an update at each meeting going forward. Ms. Sandoval added she would like to give feedback on the item. She thanked Mr. Munoz for attending the community discussion and keeping the rurals in mind. Mr. Munoz added another goal was to address the needs of youth further upstream to reach them earlier, before they enter the JJ system. Hopefully parents will not have to relinquish custody to receive services. Feedback and assistance are crucial. Ms. P. Johnson added the Consortium is planning another Community Discussion in a new rural community.

5. **Update on the Pediatric Mental Health Care Access Program Grant Award to the Division of Child and Family Services – Stephanie Dotson, DCFS**

Ms. Dotson, program director for the pediatric mental health care access program. She began her presentation with an overview. This is a 5-year project, with the goal of integrating mental health in pediatric primary care settings using telehealth. There are three components. First is mental health consultation. Opportunity for pediatric mental health providers across the state to consult with a team of clinicians on their patients’ problems or needs. Teams will be in Washoe and Clark Counties using telehealth. Second is training and education. Pediatric providers will be able to access training on mental health topics both online and in-person. Third is care coordination seen throughout the project but especially at the end. As mental health consultation teams are moving out,
care coordination teams are moving in to help the family within their community. The goal is to increase mental health care in under-served and rural communities.

She has been focusing on hiring staff, two psychiatric case workers and a supervisor. Purchased training material and is working with Zero to Three. She is also working on a need’s assessment with Nevada Institute for Child Research and Planning. Purchasing technology to host the telehealth platform. She is contacting entities that submitted letters of commitment to see how they envision this partnership. Participating in webinars and national calls to talk to others about lessons learned and opportunities. Ms. Dotson looks forward to working with the Consortium as they move forward.

Ms. Spooner asked if telehealth will be available in rural areas of Clark County. Ms. Dotson answered the consultation teams will be made up of clinicians from Vegas and Reno. Clark County was excluded, but if it is a rural or underserved community they can serve there. Ms. Spooner asked if they are reaching out to pediatricians. Ms. Dotson answered yes, part of the need’s assessment will be to contact pediatricians and providers. She will be attending meetings to help inform the needs assessment. Offered to have Ms. Spooner send the contacts. Ms. Spooner asked if there was a website or document with contact info. Ms. Dotson answered they are working on it. Gave her email address: stephanie.dotson@dcfs.nv.gov. Ms. P. Johnson asked for an update every meeting.

6. For Possible Action: Discuss and Approve the 2019 Fiscal Budget
   - Supply Order Update – Table cloth and pop-up banner
   - Disbursement of Mobile Crisis Response Team Brochures

Ms. M. Johnson gave an overview of the dollars spent on the table cloth, pop-up banner and the money reallocated to her salary. Ms. Sandoval asked for the mobile crisis brochures for the rural clinics spring health fairs. She will pick them up on 5/2/19.

Youth conference needs scholarships for the conference, and gift cards for raffle items. The group discussed the line item dedicated to rural youth for $600 and how they want to spend it down by the end of the fiscal year. Ms. Rivas advised the money can be moved between line items and gave an update of how much money is left in the budget. Advised the motion can be based on need.

**MOTION:** Motion made by Ms. McGough to move $600 from operations to outreach to be used based upon the youth conference’s need with the remainder to be contributed to raffle prizes.
SECOND: Ms. Marson  
VOTE: Motion passed unanimously.

Ms. P. Johnson would like to have the remainder of the money spent as soon as possible. Ms. McGough would like to do two outreach events every year and use the budget for planning these events. Ms. Rivas reported back on the budget for the website domain name and maintenance of the website. She received their contract on yearly maintenance. Ms. P. Johnson asked if the money for the website is for this fiscal year or next. Ms. Rivas reported that building it is this year and maintenance is next year. Ms. Rivas added that the marketing materials look awesome and thanked Ms. P. Johnson for her leadership. Ms. P. Johnson agreed it was a group effort.

7. For Possible Action: Discuss and Approve Membership Applications to include discussion of positions to be filled and possible new members
   - Lana Robards – A Provider of Substance Abuse Treatment Position  
   - John Munoz – DCFS representative of an agency which provides child welfare services in the region

Ms. P. Johnson reported that Lana Robards accepted the invitation to apply and has submitted an application. Mr. Munoz will be the voting member for DCFS. Ms. P. Johnson has not reached out to Jeremy Hurst yet, but is planning on doing so. Currently we have five vacancies. Ms. P. Johnson has spoken to Karen Taycher regarding NV Pep and asked for suggestions. Asked the group to send any suggestions to Ms. M. Johnson. Ms. Marson will work coming up with names for the school trustee position. Ms. Rivas got suggestions from Ms. Roose and passed them on to Ms. P. Johnson.

MOTION: Motion made by Ms. McGough to add Lana Robards, John Munoz to be added as voting members for the Rural Children’s Mental Health Consortium and a tentative membership to Jeremy Hurst upon his acceptance.  
SECOND: Ms. Plager  
VOTE: Motion passed unanimously.

8. For Possible Action: Discuss and Approve Letter of Commitment for System of Care Grant

Ms. P. Johnson confirmed that the letter has been sent out.

9. For Possible Action: Discuss and Recommend Assignments for the 2020 Strategic 10-Year-Plan – Dr. Jill Manit, Consultant

Dr. Manit asked Ms. Cavakis for quick update on the SOC grant that ends September 30, 2019. Ms. Cavakis asked for an extension to collect data, analyze and submit. The five priorities:

1. Children’s Mental Health Authority
2. Expansion and sustainability of high-fidelity Wraparound and FOCUS
3. Expansion of Service Array to include ID/DD, transitional-aged youth, respite, etc.
4. Defining a single point of entry
5. Continuing the ID/DD Taskforce

New grant has been applied for that is due tomorrow. Goals outlined in the grant is to operationalize priorities. Want to focus on getting the ID/DD taskforce to high level decision makers who concentrate on transitional age youth and ID/DD dual diagnosed youth. October 1st is the start of the new grant if received. Highlighted in the grant to expand to rural areas and build capacity to youth, children and families. Thanked everyone for their support and input.

Dr. Manit began the discussion on the 2020 strategic plan. She discussed the transition from current 10-year plan to next 10-year plan. Items they identified are strongly connected to the SOC framework. Important for the Consortium to stay up on what happens next with the SOC because it will hit many plan objectives. If they choose to proceed with replicating the Community Discussion event in other communities, that will also hit goals they set forth on the 2019 plan.

Looking ahead to the 2020 plan, Dr. Manit said ideally, they would have a comprehensive database on what is going on with youth and children in rural communities. They would use these data to review information, how it translates to needs, identify priorities, and create action steps and goals. Data for 10 years needs to be good data to have an accurate picture. Proposed utilizing a consultant, Heather Kerwin recommended by Dr. Clements-Nolle, to translate the statewide data to be able to consume it. Washoe County Children’s Mental Health Consortium will be using Ms. Kerwin as well. Dr. Manit thinks some of her funds could be used for Ms. Kerwin to get her started on data collection. Dr. Manit emphasized the need to start with gathering comprehensive data for the next 10-year plan. She added Ms. Kerwin is an expert and an epidemiologist who lives for data analysis.

Ms. McGough asked if we use some of the data from the ID/DD taskforce. Dr. Manit answered there are pockets of good data, nothing new needs to be collected. She stated that what usually happens is we get our hands on data that tells a story about a specific population, but it is in a huge report. Hiring someone who can digest and deliver it, so we have a more comprehensive picture is important.

Ms. Marson likes using a professional. Would like to see a scope of work because it could get expensive. Added the state statisticians are available. Dr. Manit said there is a data analytics team who was going to compile data across divisions. Ms. Marson added getting
the focus questions put together with the data would be helpful. Getting her to do some preliminary work within the budget. Dr. Manit has a meeting with Ms. Kerwin next week and can explore costs and scope of work but didn’t want to pursue it until she received feedback from the group.

Ms. McGough asked if the RCMHC, WCCMHC and SOC could share costs and work together to get more for their money. Dr. Manit agreed that seems like it would be more cost effective. Ms. Cavakis and Ms. Roose agreed.

**MOTION:** Motion made by Ms. Sandoval to give Dr. Manit the authority to research and bring more information back to the group on cost and any benefits from a data collection consultant.

**SECOND:** Ms. McGough

**VOTE:** Motion passed unanimously.

Dr. Manit will report back at the next meeting.

10. For Possible Action: Creation of a workgroup or assignment of task to individuals to prepare Rural Children’s Mental Health Consortium events – Chair Pam Johnson

- Churchill Community Coalition’s Third Annual Youth Summit – May 3rd-5th, 2019
- National Children’s Mental Health Awareness Day – May 9th, 2019
- Community Discussion – workgroup update
- Rural Children’s Mental Health Consortium Website – Kristen Rivas, DCFS PEU
- Discuss technology options for meetings to gain more participation from rural communities – Kristen Rivas, DCFS PEU

Ms. P. Johnson gave an events update. She asked if anyone else would be willing to attend the Youth Summit in Fallon or the Children’s Mental Health Awareness (CMHA) day. Ms. Bowen with the Fallon tribe committed to being at the Youth event and may be able to attend CMHA day as well. Ms. Sandoval will attend the Youth Event. Mr. Pritchard will be part of the CMHA day event.

Ms. Sandoval gave an update on the Community Discussion Workgroup. She is working with Ms. M. Johnson to scheduling and post a meeting for April 29th at 10:00 am by phone.

Ms. Rivas shared the website address: [www.rcmhcnv.org](http://www.rcmhcnv.org). Ms. P. Johnson asked for a technology update. Ms. Rivas reported that she talked to IT and video conferencing just needs to be setup. Ms. P. Johnson asked how fast to implement. Ms. Rivas reported that she inquired about Zoom, which DPBH uses, but the DAG didn’t want to approve the use
of Zoom for meetings that follow the Open Meeting Law. Ms. Rivas described that for Lifesize anyone can join if it is listed on the agenda. We will need to give directions how to download an app through a computer or by phone. Ms. Sandoval added DPBH used Zoom and DCFS uses Lifesize. Her system blocked the Lifesize app when she attempted to download and asked Ms. Rivas to investigate restrictions. Ms. P. Johnson asked if we can get more information at the next meeting. Ms. Sandoval offered to do a test to make sure it is user friendly.

11. For Possible Action: Future Dates and Agenda Items for Next Rural Children’s Mental Health Consortium Meeting on May 16, 2019

Ms. M. Johnson reported agenda items so far. Ms. P. Johnson asked Dr. Manit how much time she wants for the 2020 Plan. Dr. Manit answered that it can be flexible, we can do some each meeting. Ms. P. Johnson suggested creating a sub-committee in the future. Ms. McGough suggested an action item on the data analysis. Ms. Sandoval reported that NAMI partners will present next meeting on the new warm line.

12. Community Updates

- Focus Management Training Update – Kristen Valentine, WIN

Ms. Valentine, the rural supervisor for Wraparound in Nevada (WIN) gave an update from the FOCUS training. She learned more about care coordination and case management. Rural Nevada only had high-fidelity wraparound facilitators, now they will have a blend with FOCUS case managers. Referrals will stay the same and someone will decide which the family needs. FOCUS will have 15-17 families and hopes to reach more families. FOCUS is rolling out May 1, 2019. Ms. Sandoval provided her with data on where crisis calls comes from to use for decisions on staffing.

They are accepting referrals from anyone who has youth who need case management. Criteria is the same, youth need a current assessment and diagnosis within 12 months and Serious Emotional Disturbance determination. The new Family Engagement Specialist will work on hunting down opportunities to have an assessment through Mobile Crisis and Rural Clinics. Hopes to keep families in their communities.

Ms. Cavakis added this is a tiered coordination model. High-fidelity wraparound is for the top 5-10% of youth who are most impacted with mental health issues. This target population are in residential programs, out-of-state or at risk of going out of state, etc. FOCUS is less intensive but still will address needs of youth and families. She added Nevada is on the cutting edge; no other states are doing tiered case management. Looking at taking Nevada to the national stage and is excited about the outcomes.
Ms. Valentine added that she has vacancies she will be putting out a recruitment for in Ely or Winnemucca. Psychiatric Case Worker II is a bachelor’s level position. Ms. McGough suggested graduates from the online MSW program at UNR. Shannon Hill and Ms. McGough are interning with SOC.

13. Final Public Comment

Ms. Sandoval thanked Ms. Spooner from Mesquite and added this is a start of a great partnership. Ms. P. Johnson agreed. Ms. McGough thanked Ms. Cavakis for applying for the next SOC grant. Ms. P. Johnson added that the Consortium’s goals are close to completion. She thanked everyone for assisting.

14. Adjournment - Chair Pam Johnson

Ms. P. Johnson adjourned the meeting at 4:45 pm.