DFS Citizens Advisory Committee		
	Meeting Minutes	
Meeting Location:	VIA: WebEx - Clark County Department of Family Services	
	500 South Grand Central Pkwy, 1 st floor ODC Room #3	
	Las Vegas, Nevada 89155	
Date:	January 20, 2022	
	8:30 am – 10:00 am	

	8.50 am 10.00 am			
	Membership	Present	Absent	
CAC Members:	Shelia Parks	Х		
	Judge Frank Sullivan		Х	
	Andre Bailey		Х	
	Matthew Cox	Х		
	Dashun Jackson	Х		
	Donna Smith	Х		
	Carly Aldis	Х		
	Rhiannon Foreman		Х	
	Ali Caliendo	Х		
County/Department	Tim Burch, Administrator		Х	
Management:	Abigail Frierson, Assistant Director	Х		
	Margaret LeBlanc, Assistant Director		Х	
	Jill Marano, Assistant Director		Х	
	Judy Tudor, Assistant Director	Х		
	Mari Parlade, DFS Legal & Strategic Initiatives Manager	Х		
Public:	Pamela Roberts LCSW (Mental Health Professional)	Х		
Guest:	Kim Abbott, Team Chief Legal Aid Center of Southern Nevada	Х		
	Gwynneth Smith, Chief Deputy District Attorney			
Agenda Item I:	Call to order and welcome			
	• The meeting was called at 8:40am and roll was called by Do	nna Smith.		
Agenda Item II:	General Public Comments			
	• None			
Agenda Item III:	Approval of December 16, 2021, Minutes	(For Poss	(For Possible Action)	

Agenda Item IV:	Department of Family Services Report Out	(Information only)
	Mental Health Crisis in Foster Care	
	Shelia asked if the State could provide more information about Desert Wings, the new facility. If this is an improvement for the	
	Judy shared that DFS has been working with the State to expand 1. Expanding the number of residential beds purchasing or least from the W. Charleston campus. Particularly homes that can as developmental and cognitive delays. The department can creat Treatment Program (QRTP) on that campus as well. 2. Try to created services like mobile crisis unit. That would be able to restable to provide services early on to avoid getting to the stage of	id in two different areas; sing couple of the buildings ssist children with te Quality Residential eate more community- pond to families and be
	Kim Abbott shared updates she received from DCFS interim act Cindy Pitlock. Desert Wings is now accepting Medicaid. They have currently serving 15 youth. Acute care will be their next service late February. They cannot serve youth with an IQ under 70, not group 12 and older. They are also working on the staffing issue have had some success with identifying some contractors. They bed capacity count in four bed increments. They have secured mental health tech's and 1 RN. In the last month they have been contractors to the mobile crisis unit.	ave 36 staffed RTC beds, e array offering in mid to a autism and targeting age s at Desert Willow; they y are hoping to increase the 14 new contractors, 13
	Judy shared that there will be a provider summit for feedback.	
	Donna shared there has only been communication of services I for an age group of 12 and older. There is a significant deficit for younger than 12 years of age.	=
	• Prevention:	
	Judy shared Trust-Based Relational Intervention (TBRI) is part of is currently using TBRI for foster and adoptive parents, but we would like to utilize it for biological parents, relatives, and fiction	are hoping with FFPSA we
	Intervention & Accountability:	
	Donna will be removing stakeholder's survey wording from CR	P report.
	Transitional Aged Youth Supports & Independent Living	
	Judy shared LifeSet has been implemented for a year, currently department has received positive feedback from the young pe as staff and stakeholders. Currently we are structuring to antic	ople in this program as well

to exit the program to fill the upcoming vacating spots. LifeSet is a case management approach that requires weekly contact with the youth. The other portion of the program is a computer software where our staff can enter a primary issue that the youth is struggling with for example depression. The program brings up all evidence-based practices and approaches that are available to work with the young person. The Step-Up program, serves (youth 18-21 yrs.), is currently being trained on that software module and they will start to identify young people from 18-21 who have some of those higher risk behaviors, who have more difficulties or struggles with mental health issues they will start using the Guide Tree program. This program will start in February and towards the end of the year we will roll out Guide Tree program for our 14-17 years old. We are currently meeting weekly for Extended Foster Care and are in the Assessment phase. Once we start to develop interventions, we are hoping to have more conversations on how we would like to expand LifeSet as part of extended foster care program not only to cover Clark County but to cover the whole state.

DaShun asked how long would the department have the program for sustainability beyond the grant period?

Judy shared a young person is typically in the LifeSet program from 9-12 months. That's part of the main reason we targeted the 17 years old population to provide them with that intensive case management as they start to look at transitioning. The grant for the LifeSet program is a five-year grant so what we have built into that every year we requested hard money positions to start to fund LifeSet instead of using grant money. So, when we get to the end of five years it will be fully funded thru hard money.

DaShun asked the Moratorium that expired back in October for those youth who were receiving services has there been a need or has the department received request with specific needs. How is that being addressed?

Judy shared the department has received some questions, see what happened with Public Law 116 temporary extended foster care the eligibility ended as of November 30, 2021. The eligibility time frame for anyone who turned 18 years old between January 2020 – September 2021 had the option to extend that. For those youth trying to reach out to the department, we still have additional funding that we can provide. They cannot remain in care, but they can request additional funding. We can expend that funding to assist in education or housing.

Donna shared that LifeSet, Guide Tree and Step Up will be added to CRP report.

• Education

Mari reported that we continue to convene monthly Education Stakeholder meetings involving child welfare, educators, mental health providers and higher level of care providers. Mental health, as it impacts our children's educational needs, has also taken a priority in the Education forum.

Policies and Procedures

Judy shared the department can still provide the CAC members with updates on any policy and procedures. We are hoping to add more policies to our website besides the three that are currently on there.

Recommendation to remove the second sentence from the policy and procedure category. The department will continue to report out to the CAC members monthly on updates and policy changes.

• Ombudsman's Report

No changes Ombudsman Report.

Agenda Item V: CAC Discussion and / or Recommendations on the Top 7 For Possible Action Priorities (delineated in Section IV)

- Discussion ensued on what should be included in the Statewide CRP Report.
- Legislation will be removed from the CRP report.
- Mental Health Crisis in Foster Care was moved as the first item for DFS and DCFS to report out to CAC members. May take action in the form of asking questions, holding agencies accountable and making recommendations as a member of the Statewide Citizen's Review Panel. What follows are the dialogue and discussion around this Priority Topic.
- CAC members unanimously agreed that DCFS should continue to attend monthly CAC meetings. DFS will invite DCFS Interim Administrator and Dr. Megan Freeman to monthly CAC meetings.
- The need to provide services to younger youth (under 12 years of age) must be included in the CRP Report Ali asked if there is any baseline data on Mental Health Services being collected to compare any potential changes over time. Suggested to have a presentation of the data to be more transparent to see what has changed.
- Judy shared if there were specific data they would like to receive, the department and the state both have reports and maybe some specific data points can be provided.
- Kim A. shared Clark County Collaborate is working with the state about this issue being transparent (data) and easy access to such information has been an issue that they have been tackling. Joanna Jacobs from the county has been working with analytics from the state to create a dashboard to identify how many beds we have and how many we have staffed, and then to coincide that data with the platform that hospitals utilize called Open Beds.

- CAC members would like to incorporate transparency from the state to have a data
 dashboard on the DCFS website into the CRP Report. The Data should delineate: how
 many Beds, how many staffed beds, Open beds, how many Full Beds, Waiting list and
 Step-down services array. Step number two is to ensure accessibility to this Data for
 hospitals using Open Bed Platforms (or a similar platform that allows providers to access
 and connect with the data in real time) Joanna J. is working on this.
- The members agreed to incorporate the Recommendations that were submitted in the 2021 CRP Report:
 - Increase quality engagement of children to assess their wellbeing.
 - Increase quality engagement of caregivers to assess their wellbeing needs.
 - Increase mental health screenings and assessments for children
 - Increase EPSDT's completed timely (previously misspelled on the other CRP report)
 - Increase the number of NEIS referrals for children age 3 and under
 - Increase placement stability outside of RTC placements for SED youth
 - In addition to these 2021 Recommendations, members agreed to include the following Recommendations in the CRP Report:
 - Highlight Mental Health Crisis in Foster Care as a priority item.
 - Invite Administrator DCFS and/or the mental health chair to attend CAC meeting monthly to report out on the status of mental health; specifically, what are they doing about the barriers?
 - Expansion of community-based services and service modules known to be effective, to include provisions of services for adoptive and kinship families early detection, bond, and stability.
 - Expansion of community-based services to include mobile crisis mental health.
 - Expedite timeframes for Medicaid approval for services, or the provision of interim services. Ensure transparency via data points & data dashboards on: Beds; Open Beds; Staffed Beds; Full Beds, Waitlist. Also need collaboration increasing the accessibility of those beds for providers in the community (i.e., Open Beds Platform).

Agenda Item VII: Informational Items/Announcements (Information Only) • Ali Caliendo was welcomed as a new CAC member, former foster parent, current adoptive parent and Executive Director of Foster Kinship. • Dr. Pamela Roberts submitted her application to be on DFS Citizens Advisory Committee representing Private Providers of Mental Health.

	Dr. Roberts would like to share more information about (TBRI) Trust-Based Relational Intervention in the future to be added in the agenda. It's a therapeutic model for children and youth who have experienced foster care and complex developmental trauma.
Agenda Item VIII:	Comments by General Public
	Donna shared a personal scenario about her encounter as a foster parent of a child whose plan is termination of parental rights. She asked if DFS was changing its practice to allow foster parents to make decisions about reunification of the children in their care after having the foster child in their home for six months. Judy asked Donna to share the particulars of the case with her offline so that this matter could be looked into because DFS had not changed their practice.
Agenda Item IX:	Adjournment
	Next meeting will be Thursday, February 17, 2022 @ 8:30 am via WebEx or in person 500 South Grand Central Pkwy, 1 st Floor Pueblo Room Las Vegas, Nevada 89155.