

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

AUGUST 22, 2003

VIDEO TELECONFERENCE MEETING LOCATIONS

NEVADA DEPARTMENT OF TRANSPORTATION
1263 SOUTH STEWART STREET, ROOM 301, CARSON CITY
AND
NEVADA DEPARTMENT OF TRANSPORTATION
123 EAST WASHINGTON BOULEVARD, BUILDING B, LAS VEGAS

MINUTES

COMMISSIONER PRESENT AT THE CARSON CITY LOCATION:

Johanna Fricke, M.D.

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Eric Albers, Ph.D.
John Brailsford, Ph.D.
Joan McCraw, Registered Nurse
Rena Nora, M.D.
Elizabeth Richitt, Ph.D.

COMMISSIONERS ABSENT:

David Ward, Chair – excused
Gretchen Greiner, Ed.D. – excused

CALL TO ORDER

Dr. Albers informed that Chair Ward requested that he preside over this meeting. Dr. Albers called the meeting to order at 9:10 A.M.

APPROVAL OF MINUTES

The following corrections were made the June 13, 2003 minutes: clarification was requested on page 3 regarding the statement, "...intervention model that is designed to be like CPR to court appoint special advocates." As there was no one present to clarify the statement, Dr. Brandenburg will follow-up and obtain clarification on this statement. Page 4, 2nd paragraph, 5th line, ...representing [children] *parents* that have children within the system...; Page 5, 2nd paragraph, 2nd line, Dr. Russell [Herbert] *Hurlburt*; Page 7, 8th paragraph, Dr. Brailsford requested that the paragraph be reworded, Dr. Brailsford expressed concern regarding the length of time a child held in foster care and the adoption process. Dr. Brailsford [questioned] asked how the improvement in funding and programs *would* impact the streamlining of the foster care process. Page 9, 4th paragraph, 1st line, Dr. [Buehl] *Buel* stated that...; Page 14, 7th paragraph, AB 156 –

signed by the Governor removes and [places] *replaces* provisions concerning plea of [guilt by] *guilty but* mentally ill that was recently held unconstitutional.

MOTION: Dr. Nora moved to approve the June 13, 2003 minutes as amended, seconded by Dr. Richitt. The motion passed unanimously.

ACTION: Dr. Brandenburg stated that Dr. Richitt would be added to the list of individuals that review the minutes prior to the meeting.

CONTINUOUS QUALITY IMPROVEMENT @ DESERT WILLOW

Dr. Brandenburg provided an introduction of Desert Willow Treatment Center. Dr. Brandenburg stated that it was important for the Commission to be aware of the Performance Improvement Staff at Desert Willow and the work they have been undertaking for a number of years.

Dr. Christa Peterson introduced Terri Buster and Dr. Paula Squitieri from Desert Willow Treatment Center. Ms. Buster reviewed the Continuous Quality Improvement Report dated August 2003. The Teams are one of the foundations for the projects ongoing at Desert Willows. Desert Willows has implemented the following teams:

- ❑ Performance Improvement Team with oversight of all organizational performance improvement;
- ❑ Rights, Responsibilities, and Ethics/Special Procedures Team with oversight of rights, responsibilities, ethics and patient/family education;
- ❑ Medical Services Team with oversight of all medical services and provide quarterly reporting on medical services issues;
- ❑ Information Management System, this team directs the ongoing review of clinical records as well as provides oversight of the information needs of the organization. Data collection and reporting are ongoing duties of this team to include DWTC utilization data;
- ❑ Environment of Care Team, this team provide staff education about the role of environment in safely and effectively supporting care;
- ❑ Human Resources Team, this team provides resource allocation, competencies and competency assessments and includes data collection, assessment and reporting as going duties. There is a data review conducted and includes peer review, staff training, MHT training, and competency data.
- ❑ Credentialing and MHT Certification Board, this team provides coordination and tracking of credentialing and privileging for licensed practitioners, other professional staff and staff holding certifications.
- ❑ Resource Coordination Team, this team is a multidisciplinary team reviewing all referrals to determine appropriate level of care;
- ❑ Quality Improvement Council, this team provides the coordination and oversight of the CQI process. Duties of this team include review of quarterly and monthly reports, and review of project update; and
- ❑ Leadership Executive Team, this team functions as the management team and Governing Body of the organization.

Ms. Buster stated that the Teams are the foundation for quality improvement at Desert Willows. Dr. Squitieri stated that the Teams meet ten times per year with recorded minutes of each meeting. Dr. Squitieri reviewed information regarding on-going projects for the past five years to include the Consumer Survey questionnaire and data, and the Post-Treatment Team questionnaire and data. The surveys are an essential tool developed at Desert Willows and are utilized on an ongoing basis. The consumer surveys are given every three months, at discharge, and measure seven different domains. The Teams review the data from these surveys and this information drives the performance quality improvement. Treatment teams meet weekly to review and discuss patient and post-treatment data.

Dr. Squitieri reviewed the Restraint and Seclusion Data and stated that Desert Willows has reduced and continues toward reducing the number of restraint and seclusion episodes through staff training and interventions.

Ms. Buster reviewed the ORYX data, which measures client outcome. An ORYX form (assessment form) is given at the time of intake and completed by a parent/guardian/legal custodian and then a follow-up by staff at Desert Willows.

Ms. Buster stated that they are proud of the training offered at Desert Willows. The Human Resources Team provides quarterly Training Data reports which include the trainings offered at Desert Willows and total number of attendees. Ms. Buster stated that Desert Willows provides quality training and certification of mental health technicians in conjunction with the Community College.

Ms. McCraw commended Desert Willows on the reduction of seclusion and restraint episodes.

Dr. Fricke expressed concern regarding post discharge care and discharge planning of patients. Dr. Fricke stated that this relates to a specific autistic patient of Desert Willows and three months later ended up in UMC. The parent alleges that the patient was not placed on regular medications during the stay at Desert Willows and that there was no follow-up appointment made for the child to see a psychiatrist.

Dr. Brandenburg stated that he has attended Treatment Teams meeting and the Team puts a tremendous effort to touch base with the parent/legal guardian prior to the child being discharged. Dr. Squitieri stated that it is the responsibility of the psychiatric caseworker to coordinate discharge and ensure that a follow-up appointment is scheduled. Dr. Squitieri will review this situation and if there was a glitch in the system it will be corrected.

ACTION: Dr. Brandenburg offered that if the Dr. Fricke will give the name of the patient to him, he would provide a follow-up on what occurred with this child and report at the next meeting with no names being mentioned.

Dr. Brandenburg stated that the MHDS Division hosted a two and a half day workshop, in which eleven states participated, on the initiation of elimination and reduction of seclusion and restraint. A Task Force is currently being assembled to review current policies and procedures in an effort to reduce seclusion and restraints. Dr.

Brandenburg stated that seclusion and restraint is no longer considered a treatment option but a treatment failure. Dr. Nora notes that there are exceptions to that generality, except on rare, exceptional, and justified cases.

Dr. Nora stated that the information provided does not cover all patient care areas and that there has been a reduction of restraints by more than one-third. Dr. Nora stated that staff attitude is very important. Dr. Nora noted that there was no training category for suicide training in the Report, and recommended that suicide training be included.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

No representative was present for a report.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE

No representative was present for a report.

DHR BUDGET UPDATE

Mike Willden, Director of the Department of Human Resources, reviewed the handout, "Department of Human Resources – 2003 Legislative Sessions – Budget and Legislative Highlights".

Mr. Willden expressed his appreciation to the Commission for their support during the budget building process and legislative session. Mr. Willden also extended his appreciation to Dr. Brandenburg and his staff during the legislative session.

Mr. Willden stated that MHDS fared very well during the Legislative Session and received a one-third increase in the MHDS budget. Mr. Willden stated that his office tracked/monitored over 300 pieces of legislation during the session. Mr. Willden stated that an Accountability Committee would be appointed to monitor, review, and update the four Strategic Plans that have been developed. Mr. Willden stated that the Department submitted a \$3.9 billion budget request that was approved by the Legislature, with some adjustments. Mr. Willden stated that the Department would be receiving 358 new staff, with a focus in three critical areas: juvenile justice, welfare eligibility, and mental health and developmental services. There will be a new welfare service center located in Las Vegas.

Mr. Willden stated that in the area of senior services there is expansion in home-based waivers to help keep seniors out of institutional care; Group Care waivers were expanded to accommodate an additional 117 seniors; expansion of protection and advocacy services for vulnerable seniors in the community and institutional settings; re-established the Senior Ride Program – allowing Clark County seniors and disabled persons to purchase discounted coupon books for taxi rides; Senior Property Tax Assistance program was overhauled and simplified income range schedule to provide more equitable distribution of funds to eligible claimants; expansion of the Senior Rx Program from 7,500 seniors in June 2003 to 12,160 in June 2005 (an increase of 62%).

In the area of juvenile justice the re-opening of the Summit View Youth Correction Center in Las Vegas was funded and the Caliente Youth Center and Nevada Youth Training Center in Elko received new resources to address problems cited by the Department of Justice with regards to staffing ratios, proper training, medical and psychiatric services, and managerial oversight.

Child welfare integration was funded to continue. Washoe County was integrated in the 2001-2003 biennium and Clark County will be integrated in the 2003-2005 biennium.

Mr. Willden stated that Medicaid-welfare and food stamp programs continue to grow at a rapid pace and is expected to continue to grow at a rate of 26.08% from fiscal year 02 to fiscal year 04 and an additional 9.44% in fiscal year 2005. A significant state and federal dollars have been budgeted to keep pace with the growth. The "Ticket to Work" Program for individuals with disabilities was approved and funded for implementation in July 2004. Nevada Check-up enrollment can be expanded to 27,532 in fiscal year 2004 and 31,023 in fiscal year 2005.

In the area of people with disabilities, the Office of Disability Services will be created as recommended in the Strategic Plan for People with Disabilities; 160 additional slots will be funded for the Disabled Waiver in the Medicaid Program with 70 of those slots earmarked for people with severe functional disabilities. Early intervention services for children ages birth through two years with known or suspected developmental delays has been consolidated into a single service organization within the State Health Division. The three Developmental Services budgets (Desert, Sierra and Rural) were enhanced to meet caseload growth demands. Rate increases were provided to critical service providers, with a 7% increase in fiscal year 2004 and an 8% increase in fiscal year 2005.

Mr. Willden stated that a new 150-bed psychiatric hospital is scheduled to open in late 2005/early 2006. This \$32 million capital improvement project will help relieve great pressure on the mental health system in the Las Vegas Valley and reduce wait times in local hospital ER's.

Mr. Willden stated that the Medication Clinic Services were funded to accommodate caseload growth of 823 clients in Las Vegas and 700 in northern Nevada. A second PACT Team was funded for Las Vegas. The Mobile Crisis Team was funded in Las Vegas to be available 24/7 to evaluate mentally ill individuals in Las Vegas area emergency rooms to expedite admissions to the State Mental Hospital.

In the area of public assistance, \$36.2 million in general funds was provided to "shore-up" the TANF program due to the rapid caseload growth over the past two years. 159 new positions were authorized to keep pace with caseload growth in the various public assistance programs, primarily Food Stamps and Medicaid eligibility.

Dr. Brailsford expressed concern regarding the growth in Clark County and the increased demands on services. Mr. Willden stated that the Clark County services have not received full attention and the growth needs will need to be addressed in future legislative sessions. Upon questioning by Dr. Brailsford, Dr. Brandenburg stated that in

regards to the medication clinics, the CLEO Project would set the stage for future projections and caseload growth.

Upon questioning by Dr. Nora regarding the plan of the Suicide Prevention Office, Mr. Willden stated that the Suicide Prevention Office has two positions and is funded with soft money. Mr. Willden stated that funds for this office will be identified and collected this year and as funds become available the 4-5 projects identified will be funded. Mr. Willden stated that the earliest for this program to begin would be the first of the year.

Dr. Richitt asked about the early intervention funds for birth through 2 and is autism diagnosed before age 2. Dr. Fricke stated that they are trying to teach primary care doctors to diagnose autism early. Dr. Fricke stated that to her knowledge specific services for autistic children are not yet in place through the new early intervention program (birth through 3). Mr. Willden stated that they are paying for autism services with the goal/intent to flush out all early intervention services so that families receive the assessment within 45 days and receive appropriate treatment, with no children on the waiting list by the end of the biennium. Mr. Willden agreed with Dr. Fricke that the early intervention program transition is rocky but they are making progress.

Upon a question from Ms. McCraw regarding the status of the Mobile Crisis Team, Dr. Rosin stated that that Mobile Crisis Team will be on line October 1, 2003.

A break was granted at 10:45 A.M.
The meeting reconvened at 11:00 A.M.

STATEWIDE MEDICAL DIRECTOR'S REPORT

Dr. Rosin handed out and reviewed his report. Dr. Rosin and Dr. Triggs conducted a review/survey of the Wyoming State hospital, with a survey of both hospital-based and community-based services. Dr. Rosin stated that there are both weak and strong points with each system and brought back several ideas for changes.

Dr. Rosin stated that SNAMHS, in preparation for JCAHO accreditation, conducted a 3-day survey earlier this month by Division Staff using JCAHO standards. Survey results are being prepared for reporting. Dr. Rosin stated that NNAMHS would undergo a similar survey in September, which will help prepare for JCAHO re-accreditation later this year.

Dr. Rosin stated that there was a tour of NNAMHS hospital to familiarize staff with building concepts. There are two sites under consideration – Okey and Jones; and Alta and Martin Luther King Parkway. There will be a kickoff meeting with Public Works and Architects on August 28th. Dr. Rosin reviewed the construction calendar.

Dr. Rosin stated that regarding DS/MH interaction they are forming the joint committee from Sierra Regional Center and NNAMHS. The goal is to increase communication between the two separate treatment cultures and improve services to clients involved in both services. The initial meeting at Sierra Regional Center is scheduled for September 18th.

Dr. Rosin, Dr. Pauly, and Dr. Novalis attended NTAC training last week along with Division and Agency Leadership designed to educate to a roadmap for the eventual elimination of Seclusion and Restraint. The medical staff at NNAMHS and SNAMHS had initial briefing on the new philosophy of care embracing a culture change to client-centered approaches to therapy.

Dr. Rosin stated that overuse of antibiotic medication has lead to an alarming increase in infections that are non-responsive to antibiotic drugs. Patients with drug resistant infections and other seriously communicable diseases are beginning to show up in Psychiatric Emergency Services requiring services. A policy is being formatted to ensure the safety of patients and staff.

Dr. Rosin stated that NNAMHS has been successful in its recruiting efforts with former Psychiatric Residents who have trained in Reno. Consequently, NNAMHS will have a full complement of psychiatric staff this summer. SNAMHS continues its recruiting efforts and has one current vacancy. Dr. Rosin announced that Dr. Ivan Aralecia is planning to rejoin the medical staff as a state psychiatrist on September 8th.

MHDS NORTHERN ADVISORY BOARD

Dr. Wantanabee, on behalf of Kim Spoon, stated that the Advisory Board has been discussing local issues to include housing problems in which there have been increasing difficulties in placing mentally disabled individuals into public housing. The Board discussed about a year ago a proposal concerning the opening of Medicaid contracts with LCSW and non-profit accredited agencies and there has been no recent correspondence. There was an announcement from the University of Nevada Reno's Department of Psychiatry, that they will be developing a program for child psychiatry. The program development takes approximately 2 years.

Dave Profitt stated that NNAMHS has long-term hospitalized clients that do not receive Medicaid and have difficulty finding public housing due to their high need for support. Mr. Profitt stated that within the new budget they have been given authority to fund two ISLA's directly for those types of clients.

ACTION: Dr. Brandenburg stated that Specialty Clinics were discussed during the last session of the Legislature and have been placed on hold. Dr. Brandenburg will follow-up on this issue with Mr. Willden and report back to the Commission at the next meeting.

MHDS SOUTHERN ADVISORY BOARD

Stan Dodd, on behalf of Santa Perez, stated that the Southern Advisory Board at the last meeting discussed agency business and the state budget. At that time the state budget had not been passed and the Advisory Board sent two letters, one to the Governor and one to the Legislators thanking them for not reopening Department budgets and urging them to pass the budgets. The Advisory Board discussed Board vacancies and feel they have good candidates for those positions.

CTC – ENCLAVE UPDATE/EMPLOYEES WITH COMPLETED BACKGROUND CHECKS AT CTC'S

Rosemary Melarkey provided a listing of Certified Community Training Centers (CTC) for 2003, with a final listing to be distributed at the next meeting. The listing includes the name of the CTC's, addresses and contacts.

Ms. Melarkey also provided a listing of the Statewide Enclaves for 2003. An Enclave is a business that employs MHDS clients. The listing includes the type of business, the type of work individuals do, the hours worked, the pay, and the length of service of these individuals. Ms. Melarkey stated that these are positive experiences for the individuals who work for the Enclaves.

Ms. Melarkey reported on the background checks at the CTCs. Ms. Melarkey did a survey of the CTCs and as a provision of service under Medicaid under a waiver it is not required for the CTCs to do fingerprints of employees. Fingerprinting is required for the residential and supportive living arrangements. Ms. Melarkey reported that out of the 20 CTCs, 11 perform fingerprinting on all employees, 4 are in the process of fingerprinting, 2 that only have a couple employees and do not fingerprint, and 3 do not fingerprint at all. Ms. Melarkey stated that the MHDS highly encourages the fingerprinting practice and is working with the CTCs on this issue. The fingerprinting process is very time consuming with it taking approximately 90 days to receive reports.

Dr. Nora suggested that there be an Enclave Business Recognition Program for businesses that participate. Ms. Melarkey stated that she would look into starting a certificate and recognition program.

MHDS DETAILED BUDGET UPDATE/LEGISLATIVE SUMMARY

Dr. Brandenburg provided an update and highlighted the following legislative bills:

- AB 156 – Dr. Neighbors and Mr. Irvin will be developing regulations for the certification of forensic examiners.
- SB 49 – Is the suicide prevention legislation and MHDS will be working with Mr. Willden on this issue.
- SB 301 – This bill establishes the Nevada Mental Health Plan and Implementation Commission. This Commission will take a look at the various recommendations that the President's Commission made and develops a Nevada Plan as to how Nevada is going to implement those recommendations from the President's Freedom Mental Health Commission.

Dr. Brandenburg reviewed fiscal year 2004 budget highlights:

- MH received a 33.74% (approximately \$42 million) increase in the budget. Overall the Division received \$89 million over the past biennium.
- Mental health received 88.79 new positions with 72 positions going to Clark County, 17 positions to Rural Clinics, and Developmental services receiving .25 new positions.

- The Division will get a New Management Information System. Phase 1 is \$2.5 million of new equipment, with a fiscal pharmacy-reporting module and during the second year of the biennium electronic medical records for NNAMHS and Carson Mental Health.
- The Division was funded for a HIPAA Compliance Officer for Central Office.
- There was an increase from 10 beds to 26 beds.
- The PACT Team and the Mobile Crisis Team were funded.
- There was a pharmacy re-classification package. All pharmacists have been placed in the classified medical pay schedule to compete with private pharmacies.
- The Mental Health Court Support Services was funded as a new program.
- Lakes Crossing Center was kept at the maximum bed capacity of 48 with a transfer in of a full time psychologist allowing the participation on the sexual offender panels through the Department of Corrections.

Dr. Luke gave an update on the Developmental Services budget:

- Developmental Services budget was increased by over 33%.
- The Service coordination was funded to increase to 685 individuals.
- The family support and respite activities will be funded for an additional 220 families.
- The Family Preservation Program will be increasing by 68 families with an average payment of \$310.05 a month.
- There were substantial gains in the area of institutional bed reductions. This is in conjunction with the Strategic Plan in working towards developing more community-based care.
- Jobs and Day Training caseload growth to 426 individuals.
- Residential Supports caseload growth to 339 individuals.
- Provider Rate increase in January 2004 and an additional 8% increase in fiscal year 2005, for a total increase of 15%.
- The Rural Clinic will be receiving new office space in Carson City and co-locating with Carson Mental Health.
- All agencies were funded to have accreditation surveys.

ACTION: Dr. Brandenburg recommended that the Commission send a thank you letter to the Governor and Mr. Willden for their support and leadership on MHDS and DCFS issues during the Legislative Session.

NNAMHS GROUP MEDICATION CLINICS POSSIBILITY

David Profitt, on behalf of Dr. Harold Cook, stated that they are actively exploring the possibility of implementing a medication clinic satellite from NNAMHS to the mental health court. There is a current contract for service coordination through a private non-profit company, "Restart", which will provides service to about 45 mental health court clients to help coordinate and ensure that there is a well organized service delivery for clients. The physician will provide the clinic twice a month at Restart and ensure that the service coordinator and other service providers are actively involved in the clients care. This is an effort to share and communicate for the best client care. Upon questioning by Dr. Albers, Mr. Profitt stated that there will be two charts with Restart

retaining the primary record with all services and information and the physician will write notes in his file and provide a copy to Restart.

Mr. Profitt stated that they are currently rewriting the Scope of Work for Restart to include specifics on what service accomplishments must be viable, how the records will be shared, and perform ongoing quality assurance for this program.

ACTION: Dr. Richitt requested additional information regarding Group Medication Clinics and the possibility of Group Medication Clinics to alleviate the wait listing for medication appointments. Dr. Cook will report at the next meeting.

A lunch break was granted at 11:55 A.M.
The meeting reconvened at 1:08 P.M.

VICTIMS OF DOMESTIC VIOLENCE GRANT REPORT AND EXECUTIVE SUMMARY

Chris Graham stated that the issue at the last meeting was how they collect data and monitor the Victims of Domestic Violence Grant and sub grantees of that project.

Mr. Graham stated that recently he received the Statewide Statistical Report for the Program for the fiscal year 2003. Mr. Graham provided copies of this report to the Commission. Mr. Graham stated that this program statewide provided 59,037 bed nights to victims and served 76,540 contacts during the year divided between phone and face-to-face contacts.

Dr. Nora questioned how programs are kept track of. Mr. Graham stated that currently there is no program evaluation system set up for the marriage license contractors. Mr. Graham stated that they have initiated a project with University of Nevada-Reno to begin a program evaluation project with the sub grantees. There is also a national initiative coming through the Department of Justice that will provide model performance measures. Mr. Graham stated that they are going to proceed with the University of Nevada-Reno for an outcome study, to be available within the next 12 months.

Upon questioning by Dr. Albers, Mr. Graham stated that domestic funds are allocated specifically for domestic violence services in Nevada for Nevada residents; there is also a small provision for sexual assault in counties with populations over 400,000. Mr. Graham stated that they also use funds from the federal Victim of Crime Program.

MENTAL HEALTH CONSORTIUM UPDATES/EXECUTIVE SUMMARIES

Washoe Mental Health Consortium

Les Gruner stated that the most recent progress report was provided in the packet. The Consortium is waiting for the annual plan to be reviewed and feedback by the Legislative Oversight Committee on Youth. The Consortium continues to meet on a consistent basis and continue to work on the areas outlined in the Annual Plan. The Consortium is working to develop common forms for sharing information with other agencies.

The Consortium first surveyed SED children in Washoe County, the second survey was of the SED school population, and the third survey will be of children in child protective services, the juvenile justice system, and the state welfare system.

The Consortium continues to involve parents in the Consortium and the next meeting is scheduled for September 2003.

Upon questioning by Dr. Albers, Mr. Gruner stated that attendance at the Consortium meetings is about 90%, with attendance down during the Legislative Session. There is a high participation rate with high-level administrators at the work committees.

Rural Consortium

Carol Johnson stated that the Consortium has been meeting regularly and the next meeting of the Rural Consortium is scheduled for September 24th. The Consortium has been trying to focus on evaluating the wrap-around positions that are serving the child welfare SED population, all staff have been hired, and DCFS is reporting on the progress at reducing the higher levels of care in the child welfare population.

The Consortium is trying to develop early access to services and have children identified at the earliest point of entry prior to coming into our system, or probation system, and working on multi-disciplinary and community partnership teams to identify those children and provide services to prevent any acute care admissions and case managed out of Rural Clinics as soon as possible.

The Children's Mental Health Block Grant did approve a \$25,000 grant to Rural Clinics to increase and pay for psychiatric sessions in three different communities – Silver Springs, Fallon and Winnemucca – this is providing more support for children services.

The Consortium is trying to identify what services the individual communities need. The Consortium has provided wrap-around model training in different communities. Another goal of the Consortium is to have the Nevada PEP organization expand their training in many of the rural communities.

Clark Mental Health Consortium

Dr. Christa Peterson stated that an update was provided in the packet. The update provides information on the 3rd Annual Plan and the progress on the action steps included in the 2nd Annual Plan. The Consortium continues to make progress on the 3rd Annual Plan and will be focusing on the general school population and the unmet mental health needs of that population. The Consortium will be surveying approximately 2,000 Clark County School District children at different grade levels, planned for November 2003.

Another priority of the Consortium is the mental health needs of children transitioning to adulthood (18-21 years) especially transition from juvenile and foster care systems. The Consortium has been reviewing data and talking to stakeholders and consumers of those services.

Dr. Peterson briefly reviewed the progress that the Consortium is making towards state and legislative action steps. The WIN Pilot project was completed earlier this year. This program will translate into 20 new wrap-around facilitators in the Clark County area to serve this population. Dr. Peterson stated that as part of the Consortium there is a subgroup that provides the administrative oversight for those multi-agency sites. There is mid-level management team that is also beginning to work on issues involved in the multi-service sites. The Consortium has also been looking at federal funding to maintain Neighborhood sites.

Dr. Peterson stated that the Clark County Consortium continues to work with the other two Consortia at the state level to facilitate policy reform in the Medicaid area.

EXECUTIVE OVERVIEW OF SUB-SPECIALTY FUNDING DCFS/MEDICAID

Dr. Peterson handed out the "Medicaid Policy News". Dr. Peterson stated that at the last meeting there was a discussion regarding the lack of medical providers for pediatric specialty services. Dr. Peterson stated that DCFS has experienced situations in which foster care children, in hospitals, were unable to access those services in-state and those children were sent out-of-state for services. Dr. Peterson stated that Medicaid has added a modifier to their rate adjustments, for Medicaid recipients who are less than 21 years of age. The surgical reimbursement rates were raised 170%, radiology was increased to 120%, in an effort to regain and retain the pediatric specialty providers for an adequate amount of services available to the Medicaid pediatric population and to reduce to likelihood that these individuals would have to be transferred out-of-state for services.

Dr. Peterson stated that she received a report from Mr. Duarte which indicated that out of the 35 providers who dropped out of the program in May, 15 of those providers have rejoined the program. The result is that no children are being sent out-of-state for services since the rate adjustment.

AGENCY DIRECTORS' REPORTS

Dr. Peterson stated that they are actively searching for an Agency Administrator for DCFS. Dr. Brandenburg stated that Mr. Willden has reviewed applications and selected six individuals for interviews with hopes to have a new Administrator on board by September 1st.

Dr. Albers requested clarification regarding the Commission's role in selecting an Administrator for DCFS. Deputy Attorney General Irvin stated that according to NRS 433, the Commission must approve the credentials, training, and expertise of Deputy Administrators for MHDS, but not DCFS. Mr. Irvin stated that the Commission has no responsibility to help select the Administrator to DCFS.

Dr. Peterson stated that they are working on filling vacancies and there should be a decrease in the waiting list over the next few months.

Larry Buel stated that there is discussion for a rural PACT program to prevent frequent hospitalization. A small team of three, a nurse, social worker, and service coordinator

would work with ten patients to reduce hospitalization. A psychiatrist would always be available by phone.

Dr. Brailsford questioned the waiting list of 110 for Mojave. Mojave responded that the waiting list is directly related to space issues. Reno recently acquired 1,300 square feet of office space.

Dr. Albers expressed concerns regarding the 83 individuals on the waiting list for NNCAS. Mr. Gruner stated the Division was able to secure additional Mental Health Block Grant funding and State Personnel has granted approval to hire three additional outpatient mental health counselors, this will improve the waiting list.

MHDS WEBSITE DEMONSTRATION

Dr. Kevin Crowe provided a PowerPoint Presentation for the MHDS Website. Dr. Crowe stated that the website address is: <http://www.mhds.state.nv.us>. Dr. Crowe stated that Rosie Cevasko is the web master. The website can be converted to different languages.

Dr. Crowe stated that the Commission has their own area on the Division's website to include membership, agendas, and minutes. Dr. Brandenburg informed Commissioners that if there is anything that they would like to add to the website or corrections to contact Dr. Crowe or Troy Williams.

Dr. Crowe reviewed the following areas of the website: Publications and Reports; Suicide Resource Directory; Consumer Assistance Program; Consumer Involvement; Maps to agency locations; The Mental Health Council; and Employment Opportunities.

Dr. Crowe requested feedback from the Commission on what other information they would like to have placed on the website. Dr. Crowe stated that links and resources are provided on the website and if there are additional links that the Commission would like added, contact himself or Troy Williams.

ACTION: Dr. Crowe will provide a Web Report at the next meeting.

CRISIS CALL CENTER/SUICIDE PREVENTION RESOURCE COORDINATION TASK FORCE UPDATE

Stacy Heiser was not present at the meeting, as she is in the process of hiring staff.

Dr. Nora stated that Ms. Heiser's report was impressive and the Crisis Call Center is doing a lot of work. Dr. Nora observed that there were approximately 4000 calls for help with 10% of those in completed suicides.

ACTION: The Commission will hold questions and concerns for Ms. Heiser until the next meeting.

A break was granted at 2:44 P.M.
The meeting reconvened at 3:00 P.M.

PUBLIC COMMENTS

There were no public comments.

MHDS THIRD QUARTER TRAINING REPORT

Dr. Richitt questioned why NNAMHS training indicators are low.

ACTION: Dr. Cook will report on NNAMHS training indicators at the next meeting.

Dr. Nora stated that she was pleased to see the suicide prevention and assessment training included.

Dr. Brandenburg stated the trainings are on going for staff and trainings are scheduled during an individual's shift or after shift. It was indicated that the trainings are curriculum driven with PowerPoint Presentations.

MHDS POLICIES

#4.054 – Sentinel Event Policy. Dr. Brandenburg stated that this policy is JCAHO driven with the reporting of an extreme event. Every sentinel event is reported to JCAHO.

MOTION: Dr. Brailsford moved to approve Policy #4.054, seconded by Dr. Nora. The motion passed unanimously.

ACTION: Policy #5.030 will be on the next agenda for approval.

INFORMATIONAL

Dr. Brandenburg reviewed the following information in the packet:

- ❑ Reappointment of Commissioner Brailsford.
- ❑ SAMHSA Emergency Preparedness Grant with BADA.
- ❑ Timetable for New Hospital in Las Vegas.
- ❑ President's New Freedom Commission on MH Final Report

Dr. Crowe stated that the Division would receive \$100,000 this year and \$100,000 next year for the SAMHSA Emergency Preparedness Grant, to build our capacity to respond to disasters (especially of bio-terrorism). The funds for this year will be used to develop a training curriculum and then provide training to double/triple the number of responders. The disaster response program is very heavily funded and the program expects to spend over \$2 million in four years.

ACTION: Dr. Brandenburg requested that Commissioners let Dr. Crowe know if they are interested in being trained as a responder.

Dr. Brandenburg stated that in response to the President's New Freedom Commission on Mental Health. Senator Townsend is in the process of developing a Subcommittee on SB 301 that will develop a Nevada plan.

ACTION: Dr. Brandenburg stated that he will advise Commissioners of the date and times of the public hearings and requested Commissioners be involved with this Subcommittee.

Dr. Brailsford expressed appreciation to Dr. Brandenburg and fellow Commissioners for their support to continue to serve on the Commission.

Dr. Nora stated that gambling counselor certification is being folded into the Alcohol and Drug State Board. This Board has added two new members from the gambling counseling area. Dr. Nora stated that it is also possible that when someone is certified in Nevada that they will also be nationally certified. Nevada will be administering the same exam as the national exam.

Dr. Richitt offered her editing expertise to Dr. Neighbors for the competency examination that she is developing.

MOTION: Dr. Richitt moved to close the regular meeting at 3:24 P.M., seconded by Dr. Nora. The motion passed unanimously.

Respectfully submitted,

Christina Harper
Recording Secretary