

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

FRIDAY, AUGUST 23, 2002

MEETING LOCATIONS

VIDEO TELECONFERENCE

LOCATIONS:

NEVADA DEPARTMENT OF TRANSPORTATION – CARSON CITY

NEVADA DEPARTMENT OF TRANSPORTATION - RENO

NEVADA DEPARTMENT OF TRANSPORTATION – LAS VEGAS

MINUTES

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Eric Albers, Ph.D.

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

David Ward, Chair

John Brailsford, Ph.D.

Johanna Fricke, M.D.

Rena Nora, M.D.

Elizabeth Richitt, Ph.D.

Joan McCraw, Registered Nurse

CALL TO ORDER

Chair Ward called the meeting to order at 9:10 A.M.

APPROVAL OF MINUTES

The following amendments were made to the June 14, 2002 minutes: Page 2, 5th, 6th and 7th paragraphs, change the wording of [Las Vegas Crisis Call Center] to *Suicide Prevention Center of Clark County*.; Page 6, 1st paragraph, ...national average and is in fact [above] *better than* the national average; Page 10, 4th paragraph, ...Dr. Brailsford stated that *he has seen the benefits of early intervention first hand* [does work].; Page 3, 8th paragraph, ...Allow psychiatric nurses to [dispense] *distribute* medications...

MOTION: Dr. Richitt moved to approve the June 14, 2002 meeting minutes as amended, seconded by Dr. Nora. The motion passed unanimously.

The following amendments were made to the Executive Session June 14, 2002 minutes: Page 2, 2nd paragraph, ...Dr. Brailsford feels that the continuity of care is *potentially compromised* [put by the wayside] anytime an individual is placed...

MOTION: Dr. Richitt moved to approved the Executive Session June 14, 2002 meeting minutes as amended, seconded by Dr. Brailsford. The motion passed unanimously.

PRESIDENT BUSH'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

ACTION: This item was postponed until later in the agenda.

INTRODUCTIONS

Chair Ward welcomed Joan McCraw as the new Commissioner, representing registered nurses, to the Commission on Mental Health and Developmental Services. Ms. McCraw stated that she is very pleased to be appointed to the Commission.

Chair Ward welcomed Johanna Triggs as the new Director of SNAMHS.

Chair Ward welcomed Ira Pauly as the Medical Director of NNAMHS.

RESPONSE FROM STATE BOARD OF PHARMACY RE: MOU (UPDATE)

Dr. Ebo, Director of Pharmacy for SNAMHS and statewide Pharmacy Director for the MHDS Division, stated that at the June meeting it was indicated that we were waiting for a review and response from the Department of Health. The Department of Health and the MHDS have already initiated the signing of a Memorandum of Understanding. The Board of Pharmacy has reviewed the procedures involved in this arrangement. This arrangement allows rural clinic psychiatric nurses to dispense limited drugs, such as psychiatric samples and psych meds, with prior Board of Pharmacy approval.

ACTION: Dr. Brandenburg stated the MOU documents would be available for review at the next Commission meeting.

It was discussed that non-medical staff will not be dispensing medications, only medical staff will be dispensing medications. The Health Department is providing a temporary umbrella for MHDS staff (psychiatric nurses) to dispense limited medications.

Upon questioning by Dr. Albers, Dr. Buehl stated that the Rural Clinics are fully staff with psychiatric nurses.

CRISIS CALL CENTER

Misty Allen and Mike Bernstein represented the Crisis Call Center. Ms. Allen stated that over the last fiscal year there were over 18,000 calls and rapidly approaching 5,000 per quarter. Ms. Allen stated that 7,000 of the calls are received on the toll free statewide hotline. Ms. Allen stated that she has hired Linda Flat, for about 10 hours a week, to help with networking in Clark County and public awareness. Ms. Allen stated that they added 16 new volunteers to the Hotline to handle the increased volume of calls. The Call Center has received the Drug and Alcohol Abuse Grant, which will help with the Hotline.

Upon questioning by Chair Ward, Ms. Allen responded that a statewide public service campaign, "Silence This is the Sound of Depression", began in June and will end in September. The Hotline and Crisis Call Line numbers have been renewed in rural

phone books. The Hotline and Crisis Line toll free numbers are now in every phone book in the state.

Dr. Brailsford questioned what has been happening with the Interim Suicide Prevention Subcommittee. Ms. Allen stated that this Subcommittee held their last working session and the Subcommittee developed a bill draft proposal for two statewide positions, one in Carson City and one in Clark County. The main goal being to develop a suicide prevention strategy for the State of Nevada. The Carson City position would focus on uniting the entire State, developing a prevention plan/strategies and the position in Clark County would focus on getting Clark County up and going with their own center and possibly a networking hotline.

Dr. Nora stated that the Suicide Prevention Center of Clark County is closing due to a lack of funding and questioned if there is a plan of action prior to the Center closing.

Ms. Allen stated that Dr. Brandenburg has discussed forming a contingency plan and the volume of calls that could possibly be received by the Crisis Call Center. There has been a discussion regarding the roll over of phone numbers. Ms. Allen stated that the Crisis Call Center is hooked into the National Hotline Network and calls do roll over to the National Hotline if there is an overload of calls. Dr. Brandenburg stated that he would like to send a letter to Dorothy Bryant regarding the roll over of phone numbers, if the Center closes.

MOTION: Dr. Nora made a motion that the Commission designate Ms. Allen to be in charge of planning and directing a contingency plan, in the event that the Clark County Suicide Prevention Center closes. Further, that Ms. Allen would contact Dorothy Bryant regarding the roll over of the Center's phone number into the Crisis Call Center's number, seconded by Dr. Richitt. The motion passed unanimously.

Chair Ward recommended that the phone company be contacted regarding the roll over of phone numbers.

Mike Bernstein, health educator for the Clark County Health District, stated that the Health District is interested in suicide prevention and is currently working to obtain funding, by a grant, for a suicide prevention resources center in Clark County.

Mr. Bernstein stated that he brought copies of an Initial Assessment Report of Suicide Prevention Resources and Services in Clark County. This report outlines the resources available for suicide prevention. This Report is also available on the AFSP web site (<http://www.afsp.nv.org>), also on the web site is a list of resources.

Mr. Bernstein indicated that there are very few suicide prevention services for youths. Mr. Bernstein stated that the survey indicated that there is a need for youth suicide prevention services, general education of the community, increased awareness of suicide, available resources, a 24-hour hotline, and increased support services for survivors. It was indicated that there is a real lack of coordination of services, as services are scattered, and not readily advertised to the public. Mr. Bernstein indicated that there needs to be coordinated county efforts to deal with the problem.

Dr. Nora stated that networking can be helpful to develop a work group to work on a Plan of Action.

ACTION: Dr. Brandenburg stated that the Final Recommendations from the Interim Suicide Prevention Subcommittee would be available at the next Commission meeting for review. Dr. Brandenburg suggested that the Commission begin working with Mr. Bernstein on this process.

Chair Ward stated that the suicide prevention is an important consumer issue.

ACTION: The Suicide Coordination Task Force was formed with Dr. Nora - Chair, Dr. Brailsford, Dr. Brandenburg and Mike Berstein. This Task Force has been designated to begin a concerted effort for suicide prevention, facilitate referrals, and share information. This Task Force will review the Interim Suicide Prevention Subcommittee's recommendations. Mr. Ward suggested that the Task Force contacts and requests Senator O'Connell to participate in the Suicide Coordination Task Force.

Upon questioning by Dr. Albers, Mr. Bernstein stated that information from the Domestic Violence Hotlines were not included in the report. The Suicide Prevention Research Center is a research and development group of protocols, programs, and best practices. They do not provide community services.

Mr. Bernstein stated that funding was received from the tobacco money to start a school based health center, which is in one high-risk school community. Mr. Bernstein stated recently they received funding to do a pilot project over the next two years to bring in the Columbia Teen Screening and will be screening all 8th and 12th graders. The school district supports these programs.

ACTION: Dr. Nora requested that the Suicide Coordination Task Force also focus on the needs of suicide survivors.

SUICIDE PREVENTION TRAINING PROCEDURES/POLICIES

Dr. Brandenburg stated that included in the packet was a Memo, which outlines current certification and licensure requirements of staff and the policies/procedures relating to the recognition of persons at risk for suicide. This was the testimony given to the Interim Suicide Prevention Subcommittee, along with a copy of the Division's policies and procedures.

Dr. Nora was impressed with the contents. Dr. Richitt commented that it was a wonderful presentation.

ACTION: There are no suicide training procedures/policies for DCFS. Dr. Albers requested that this information be shared by Ed Cotton to develop suicide-training policies for children.

MHDS AUTISM DATA RE: AB 513

David Luke stated that a poll of the regional centers to determine the actual number of individuals with autism in service as of June 30, 2002. There are a total of 86 individuals with autism and of that total 66, or approximately 75%, of that group are children. The 86 total number represents a little bit less than 3% of the individuals in the current MHDS service system. Mr. Luke stated that a closely related diagnosis of Pervasive Developmental Disabilities (PDD) is a group of 22 individuals.

Mr. Luke stated that included in the packet is a preliminary report of the Rates AB 513 Task Force plan for autism. The final report has since been released and is very similar to the report submitted to the Commission.

Upon questioning by Chair Ward, Mr. Luke anticipates a growth rate of up to 25% for services.

DCFS AUTISM DATA RE: AB 513

Ed Cotton stated that autism services are not provided in the north-rural areas of the State, those cases are referred to DMH and the Sierra Regional Center. The Happy Programs estimate that they serve about 10 children with an autistic diagnosis per year. The diagnosis of PPD over the last 2 years has identified 55 children that have been served. This is about 2-½% of the total children served by mental health programs in southern Nevada. The First Step program is about 10 children, which is about 3% of the children they serve. Mr. Cotton stated that approximately 80% were male and the ratio is in line with the population. Mr. Cotton stated that a little more than 1/5th of those children in southern Nevada are in DCFS custody and are already being served. Of the 55 children served, 13% are being served in residential programs.

Upon questioning by Dr. Brailsford, Christa Peterson reviewed how children are identified and referred. There are multiple agencies providing services to these children and DCFS is trying to coordinate services.

Dr. Brailsford stated that for these disorders timing can be critical for diagnosis and treatment. Dr. Brailsford suggested that the Commission might want to address the timing issues and how to get children diagnosed earlier.

A break was granted at 10:25 A.M.
The meeting reconvened at 10:40 A.M.

MENTAL HEALTH CONSORTIUM UPDATES CLARK COUNTY; WASHOE COUNTY; AND RURAL

Christa Peterson and Ed Cotton represented the Consortiums. Mr. Cotton stated that the Consortium plans are complete and being submitted to the Legislative Commission on Children. The Plans include how the plan was developed, an in-depth Needs Assessment, goals, and recommendations. The recommendations fell into three areas: (1) what they needed from the State Legislature; (2) what they need from DCFS and other State agencies; and (3) what the Consortium and the local community should do going forward.

Mr. Cotton indicated that there were two handouts: A summary of the Consortium recommendations of legislative requests; and a Matrix Review that compares the annual plans and reviews each area – a 200 page plan condensed for each region of the State.

Ms. Peterson reviewed the Matrix, an outline form of what is in the Consortium Plans. The Matrix includes accomplishments of each of the three consortia. The Consortia in each of the three jurisdictions conducted a Needs Assessment survey, and each jurisdiction conducted individualized screenings of a sample of children to determine the level of need for behavioral health care services. There was a fairly comprehensive analysis done of the age, eligibility data and the utilization data for the public insurance programs in the State including Medicaid and Nevada Check Up. All three consortia provided oversight to a SED services initiatives that was also funded by Assembly Bill 1 and the immediate funding for that was to begin a pilot project of 32 children (16 children in southern Nevada, 8 – children in Washoe and 8 – children from rural areas).

The Washoe Consortium was able to develop and submit a substantial grant proposal to fund a \$7.5 million service initiative in the Washoe County area. This is a six-year grant initiative.

The Matrix includes the needs identified by the Consortia in each of the jurisdictions. In Clark and rural the Needs Assessment identified that what consumers wanted was access to services at the point of time in which they needed them. In Washoe County there was a high demand for more counseling services in general.

The Matrix includes the Goals Developed by the Consortia. The Matrix includes specific recommendations for the Legislature, State Agencies and Divisions, and local community action.

Each of the jurisdictions did recommend additional funding be maintained for SED service initiative that was Assembly Bill 1 and that other services and supports be funded. Also there was a recommendation to increase the flexibility of the budgeting process to allow for the expansion of citizens and children.

Carol, in Carson City, stated that one of the challenges for the Rural Consortium was to try to design a way to work collaboratively in multiple rural communities. One of the action steps would be to start developing a crisis response team and to begin in Fallon and Winnemucca. They are working closely with many State agencies. The first meeting of this team will be in the next few weeks.

Dr. Richitt questioned the sampling techniques for the screening of children known to the system, but not identified as needing mental health services. Ms. Peterson stated that screenings are specific to children in the child welfare and juvenile justice agencies. The children were not identified, but were selected from each of the county and state agencies. The Consortiums decided to that it was beyond their limited time frame to do the general population, but is a future goal. Ms. Peterson stated that the Consortiums have developed strategies for developing informational materials in brochure format to help parents with early identification, access to services, and a hotline for parents who need to find out whether they need to be referred and where to go.

MHDS ADVISORY BOARDS – SOUTH: DMV LETTERS RE: NAC 483.310

Santa Perez stated, with a translator, that the DRC moved 38 service coordinators to a branch office at Flamingo and Lindell. There are now 50 staff at that location and an open house is scheduled for September 19 from 3-6 p.m. Ms. Perez stated that to improve community input to the Board, e-mail addresses of people serviced, family members, service agencies, and other interested person will be entered into a database. The Board will then inform those on the database of issues before the Board and invite them to mail back their concerns and opinions. This database will be developed over the next year and Ms. Perez will be coordinating the database with her own computer.

Ms. Perez stated that the Board is concerned that school-aged children with ADHD or other health impairment issues do not receive appropriate services through the school district. The parent is either not informed of their right to services or told services are not available. It was decided to invite a representative from the NDALC to the next Board meeting to discuss this issue and plan for advocacy for these students.

Ms. Perez indicated that the Board Chair would be asking DCFS to participate in the Board meetings as many issues involve services to children.

Ms. Perez stated that the Commission has correspondence in the packet between the Advisory Board and DMV. The Board Chair is following up on this issue and will report back at the September Board meeting.

Chair Ward thanked Ms. Perez for the presentation and commented that the Advisory Board is doing great work in Southern Nevada.

NORTH:

Kim requested that the packet of Commission materials be sent to the Northern Nevada Advisory Committee. Following a discussion, it was indicated that Dr. Whatenabee does receive a copy of the agenda, but not the whole packet. It was explained that only Commissioners and Agency Directors receive a complete meeting packet.

Kim stated that the compliment/comment/complaint forms are now out in the community in six or seven different locations. The Board will be reviewing the forms received and following through with responses to individuals.

Kim reported that the Advisory Board has been discussing a serious problem with representative payee programs. Representative Payee programs are sanctioned by Social Security. These programs receive a client's SSI check (voluntary or involuntary) to pay bills and give them their personal use funds for the month. These are extremely important programs for individuals who need this type of service. There are currently three programs in northern Nevada and those programs are currently not accepting new clients. There are waiting lists for these programs. The programs do not have the funding to take on additional clients. This is a desperate need in the community. Kim

stated that the Board wanted to bring this issue to the attention of the Commission and asked if there were any ideas to help in this area.

Dr. Albers suggested that the families of these individuals could help handle finances. Kim stated that families could do this, but they are not eligible to be paid for this service. A business must be non-profit organization to receive funding as a representative payee.

Dr. Richitt suggested that these individuals may be adopted by a church volunteer organization. Dr. Richitt suggested that letters be sent to church volunteer organizations and ask for volunteers to help pay bills for these individuals. Kim stated that this could be an option, but there may be a liability issue with the churches.

Chair Ward questioned the status of the situation in southern Nevada. Kim stated that Clark County has a centralized public guardian program that is county funded. Kim was unsure if Clark County has a waiting list. Kim stated that northern Nevada does not have a centralized program.

ACTION: Mr. Ward requested that the Northern Advisory Board report to the Commission an Executive Summary describing the problem and also send the Summary to the Southern Nevada Advisory Board and share the issue with them. Statewide solutions need to be developed in this area.

ACTION: Mr. Ward stated that he was informed that both of the Advisory Board Chairs have been on the mailing list for the agenda and the minutes. Mr. Ward stated that there would be no future mailings of the Commission agenda or minutes. These documents are available on the MHDS web site (<http://www.mhds.nv.gov>). If an individual does not have access to the web site, they may request in writing to receive the agenda and/or minutes. The Commissioners and Agency Directors will continue to receive the full meeting packets by mail.

Kim stated that the Advisory Board is very interested in the out of state placements and will be discussing this issue in the future.

MENTAL HEALTH CONSORTIUMS' ANNUAL PLANS

There were no plans submitted.

DCFS BUDGET UPDATE

Ed Cotton stated that the budgets have not yet been finalized. Mr. Cotton stated that pursuant to budget cuts, there are two major areas of concern. (1) The first is the AB 1 funds; money was set aside for the integration of services and the SED children. All three of the mental health consortia stated that they support continued funding of those 327 SED children that are viewed as under served. Mr. Cotton stated that the plan that DCFS is offering, is a delay in how the children are phased in. A slower phase in process rather than eliminating the program. (2) The other issue is that the Governor has discussed 3% cuts across the board. This is above and beyond the AB 1 funding. This would be from the general revenue funds. Mr. Cotton stated that for DCFS that

means cuts of over \$2.1 million. The category of services were broken down to determine what the effects would be regarding budget cuts in individual programs. Mr. Cotton stated that the effects are dramatic when you look at individual programs and services. DCFS will be submitting recommendations to the Department of Human Resources and then to the Governor's office regarding what the 3% cuts would mean to DCFS and its programs. Mr. Cotton stated that no decisions have been finalized on budget cuts.

There was a discussion regarding federal funding concerns and if the state budget cuts would effect federally funded positions.

FORMAL JCAHO REPORT ON DESERT WILLOW TREATMENT CENTER - DWTC

Christa Peterson stated that in June 2002, the DWTC underwent a full JCAHO survey and successfully passed with a score of 96 out of 100. There were two Type 1 recommendations. One required immediate corrective action plan to JCAHO. That plan was submitted and approved by JCAHO on July 25, 2002 and the Type 1 was removed. Ms. Peterson stated that the full report has been received by JCAHO.

Phyllis Lee, quality assurance specialist for DWTC, reviewed the Type 1 concerns/recommendations that need to be corrected:

- Environmental Care – regarding not having actual written numbers for the emergency generator testing;
- Revision and Review of Safety Plans on an annual basis – The Safety Plan needs more detail of what and how to improve safety plans. The Plan is due in December.
- Information Management - The physician verbal orders need to be consistent with dates of assignment;

Ms. Lee stated that this is a reference to seclusion/restraint occurrences – DWTC has reduced seclusion/restraint occurrences by 90%. Ms. Lee stated that DWTC staff did an excellent job in preparing and meeting with the surveyor on-site.

This report is good for three years and the JCAHO team may come and visit the facility at anytime.

Chair Ward, on behalf of the Commission, congratulated DWTC on a job well done.

STATEWIDE MEDICAL DIRECTOR'S REPORT

Dr. Montgomery, on behalf of Dr. Rosin, stated that SNAMHS continues recruitment for two staff vacancies. Dr. Montgomery stated that he has been involved in the completion of a major revision of the medical staff by-laws. SNAMHS has reorganized medical staff committees, so that medical staff has a clear voice in all of the aspects of the hospital. The revision will be going to the governing body for approval at their next meeting.

Dr. Montgomery attended the Mental Health Coalition meeting and stated that this group supports the efforts to fund a new and larger psychiatric hospital to alleviate overcrowding.

There was a discussion regarding educational grants and those grants are helpful to bring in speakers of the facilities choosing. This allows for a diverse educational program.

Upon questioning, Dr. Montgomery stated that retention efforts are an ongoing effort. There is an effort to place doctors on hospital committees to give them the responsibility and input to hospital activities.

LCC PROTECTIVE INTERVENTION PROGRAM/COURT DECISION UPDATE

Cindy Pyzel, Deputy Attorney General, and Dr. Elizabeth Neighbors were present to report on the court decision.

Ms. Pyzel stated that the trial began in March 2000 and concluded in June 2002. The Nevada Disability Advocacy and Law Center sued over a policy that had been instituted at Lakes Crossing Center following behavioral analysis of behaviors that were very disruptive to the policies of Lakes Crossing. At issue initially was the seclusion policy and then a policy created by the facility (Protective Intervention Program - PIP) in order to work with clients who were causing behavioral problems, being disruptive and interfering with everyone's ability to achieve the goal of assessment of competency and treatment of competency.

Ms. Pyzel stated that the outcome included a four-part finding. It was determined that the seclusion policy was a model and should be used all the time. The PIP program had been used as a disciplinary program, to the extent that the facility had no due process procedures in place that was unconstitutional and violated individual's rights. The Judge stated that the facility must use the process/procedures that are in place. If a client is placed under the PIP program based on a medical decision for therapeutic purposes and not for discipline, this does not violate a clients' rights to due process. The behavior management policy must be used as written. The Judge upheld the policy as written and stated that if the policy is being used then the facility must follow policy and due process procedures.

Ms. Pyzel stated that this was a good judgement for the State. The judgement provides safety for both clients and staff.

Dr. Nora questioned when the 72-hour involuntary commitment time begins. Ms. Pyzel stated that the law states that involuntary commitment begins at admission.

Ms. McCraw questioned the legal aspect of a client coming into an emergency room and being placed in restraints. The individual is placed in restraints because there is not sufficient staff to watch them. Ms. Pyzel stated that watchers have to be provided for patients in restraints.

MHDS QUARTERLY TRAINING REPORT

Dr. Kevin Crowe, MHDS, gave a brief overview and highlights of the Quarterly Training Report by Robin Williams.

Dr. Brailsford commented that there are staff listed on the Tables that do not need particular training. Dr. Crowe indicated that the report includes ALL staff, whether the training is required for their position or not.

There was a discussion regarding listing the percentage of individuals that are required to take the training, instead of the total number that have taken the training.

ACTION: The Commission would like to see more detail in the reporting, to include the percentage of individuals that are required to take the training. Dr. Crowe stated that he would discuss with Ms. Williams the possibility of providing an annual summary at the end of this quarterly reporting.

ACTION: Dr. Nora requested that suicide training be tracked and included in the reporting. Dr. Brandenburg stated that because suicide training has been mandated as required training, he would include the tracking in future reports.

PUBLIC COMMENT

There were no public comments.

A break was granted at 12:30 P.M.
The meeting reconvened at 12:55 P.M.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Andrew Zeiser, Administrative Consultant, stated that the Council at their August 26, 2002 meeting will be awarding funds for consumer focus programs. This year the Council received eight proposals and a total of \$35,000 will be awarded for Fiscal Year 2003. The Council is also working with DCFS and MHDS to complete the annual renewal of the Center for Mental Health Services Community Mental Health Services Block Grant. This is a two-year application and entering the second fiscal year of the application period. The current grant award is approximately \$2.8 million for Nevada. Nevada is also scheduled to participate in the annual regional consultative peer review process for the Block Grant, scheduled for November 7th in Seattle, Washington. The Council and the two divisions are also working on the Block Grant implementation report due to the Center of Mental Health Services in December.

Alyce Thomas, Chair for the Mental Health Planning Advisory Council, stated NPAC invited her to Atlanta on September 18-21, to present on client rights and process. Ms. Thomas stated that she will be in West Virginia at the end of September to bring the Nevada model to their Planning Council and provide training.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE

Ms. Thomas handed out a Fact Sheet, in Las Vegas, regarding the Consumer Services Assistance Program and what they are doing. Ms. Thomas reported that all staff have been hired except for one. The rural position will be available for hire in October/November. Ms. Thomas stated that the first statewide staff meeting would be held on September 11, 12, and 13, 2002. This will be a welcome and overview of the

Division for staff. Ms. Thomas stated that she is ready to begin working and in fact has already begun working.

AGENCY DIRECTORS' REPORTS

Dr. Richitt questioned if there is any relief in the near future for children services that is under staffed. Les Gruener, NNCAS, stated that approvals from the State have been received to hire for the vacant positions, and they are currently in the process of hiring staff.

Concerns were expressed regarding staff vacancies and hiring for the positions will become more difficult with budget cuts.

Dr. Richitt stated that there are four pages of a report with no numbers for SNCAS. Mr. Cotton stated that the HIU report is the summary of the other reports. Ms. Peterson stated that there was an oversight and all of the rough drafts were forwarded to the Commission. The drafts should have been compiled into one report. Ms. Peterson stated that a revised corrected report could be provided to the Commission. Chair Ward indicated that the corrected report was not necessary.

AUTISM INFORMATION – EARLY DIAGNOSIS/EARLY INTERVENTION

Dr. Fricke reviewed the Diagnostic Criteria for Autistic Disorder and gave examples.

- Qualitative impairment in reciprocal social interaction;
- Qualitative impairments in communication;
- Restricted repetitive and stereotyped patterns of behavior, interests and activities;
- Delays or abnormal functioning in at least one the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication or (3) symbolic or imaginative play;
- The disturbance is not better accounted for by the Rett's Disorder or Childhood Disintegrative Disorder.

Dr. Fricke stated that the MMR shot for measles and mumps is not linked to autism. There is a genetic disposition or medical causes for autism.

Dr. Fricke stated that CHAT is the screening mechanism for Autism at 18 months of age. This screening takes approximately 10 minutes and can be done at a well baby check up.

Dr. Fricke reviewed the characteristics of Autism at different levels of severity. Dr. Fricke stated that the children hardest to get help for are the high functioning autistic children.

Dr. Fricke stated that Jan Crandy and the Families for Effective Autism Treatment North and South are compiling their own list of the number of autistic children and the number receiving services. Ms. Crandy and the Families for Effective Autism Treatment North and South have submitted a bill to the Nevada Legislature for the funding of early intervention for autism.

Chair Ward questioned how often there is a misdiagnosis of autism. Dr. Fricke answered that it is very unusual to see a child diagnosed with autism that does not have autism, but more often an autistic child is diagnosed as having ADHD or opposition defiant disorder.

MHDS POLICY - #4.044 WAITING LIST FOR MENTAL HEALTH AGENCIES

Dr. Brandenburg stated that Policy #4.044 – Waiting List of Mental Health Agencies is a new policy. Dr. Brandenburg stated that this policy gives the Division a way to monitor the waiting lists and tell agencies what they have to do when there is a waiting list.

There was a concern and discussion regarding the statement that if a client is on a waiting list for more than 89 days shall be immediately reviewed for needs by the Agency Director or designated department head, which shall determine appropriate available action. Dr. Brandenburg responded that the statement indicates that if a person has not been seen within that time frame that the Division monitor and document that. It may result in that individual going to the head of the list if necessary. The 30-day review of the list is to make sure that those individuals are still in need of services.

MOTION: Dr. Brailsford moved to adopt Policy #4.044 – Waiting List of Mental Health Agencies, with the clarification of the 89 days, seconded by Dr. Nora. The motion passed unanimously.

INFORMATIONAL

Dr. Brandenburg stated that included in the Commission packet were as follows:

- Nevada Alliance for the Mentally Ill (article and response);
- Senator Ann O’Connell’s memo to Governor Guinn;
- SPRC Activity Update;
- NASMHPD – Recommendations for Change and Future Directions;
- Alliance Fund Grant Application; and
- NNAMHS Notice of Privacy Practices.

Dr. Richitt expressed concern regarding the NNAMHS Notice of Privacy Practices. Dr. Richitt stated that there are 3 items for Uses and Disclosures that DO require a prior written consent and 10 items for Uses and Disclosures DO NOT require a patient’s consent. Dr. Richitt expressed concern that it seems that a lot is being taken away from individuals. Dr. Richitt felt that the item on organ donation needs further explanation. Dr. Richitt reminded that clients will be reading this booklet.

Dr. Cook stated that this brochure is a result of HEPA. It is an effort to legally inform patients what HEPA is all about. This is a federal mandate.

Dr. Richitt suggested combining the items, so that it is not 3 against 10. Dr. Cook stated that there is a continuing effort to review/revise the brochure. Dr. Cook stated that patients have been receiving this brochure, and as of yet there has been no feedback. It was discussed that the Agency needs patient feedback on this brochure.

Dr. Nora felt that the brochure gives patient basic information and a patient can request further explanations if necessary.

CONSUMER SATISFACTION SURVEY UPDATE

Dr. Crowe stated that the Consumer Services Assistance Program along with this data collection comprises the two formal mechanisms put in place to involve consumers and their input into program development. The data collected from the 1st survey in May 2000 and the data in the documents is from that report. Dr. Crowe stated that there has been revisions to both the process in which the information is collected, as well as the instrument itself. In terms of the instrument, the direction is to use less unstructured responses and the entire MHSIP (the Mental Health Statistical Improvement Project) battery of questions – nationally standardized items.

Dr. Crowe stated that the 1st data collection surveys were mailed, with a low response rate. There were many factors that lead to a low response rate such as outdated billing addresses and mail was not forwarded. The mail out survey did not yield an adequate response. There was a response rate of 11% and had anticipated a 30% response rate. Dr. Crowe stated that in future surveys, the 2nd survey was completed in June 2002, will be done by a more condensed survey that is handed out at the time a client comes in for services. During the 1st data collection there were over 1,000 responses were received statewide.

Dr. Crowe stated that in June 2002 the surveys were sent to the clinics to handout to clients. Those surveys have been received and are currently being scanned/analyzed. The first report is due out to Agency Directors by September 30. The Agency then has 90 days to review the information and develop an Action Plan based upon their perceptions and analysis of the information.

This will be an annual data collection and it may need to be moved to a Fall data collection.

Dr. Crowe reviewed the data collection process and the data received from the first survey.

Dr. Crowe stated that the Division is working on the Report Card format and a more public presentation of the data. Dr. Crowe informed Commissioners if they have any questions they would like to have incorporated into the survey to either voice them now or e-mail the information.

Dr. Crowe stated that they are pleased with the results of the data, as it shows that a majority of clients are reporting high levels of satisfaction with services.

Upon questioning, Dr. Crowe stated that open-ended questions will continue to be used, but only at the agency level. Open-ended questions are very labor intensive.

Dr. Crowe indicated that the next data report to the Commission would be January/February 2003.

INCONSISTENCY IN FORMS/POLICIES OF LAKE MEAD AND MONTE VISTA INCONSISTENCY IN FORMS/POLICIES IN DWTC

Dr. Nora stated that she contacted Lake Mead and Monte Vista and questioned them regarding their compliance with policies. Dr. Nora was told that restraints are hardly used and are only used as a last resort. The yellow form is for physical restraint and the white form is for medication restraint. In response to the tracking of statistics, they are complying with policy/procedures. Dr. Nora stated that this was a positive report and was pleased with the responses she received.

GRANT WRITER UPDATE

Chair Ward stated that he has not yet received a response from Mike Willden regarding the Grant Writer position.

ACTION: Chair Ward will report at the next Commission meeting.

REVIEW NRS 433.316 – COMMISSION POWERS

There were no questions from Commissioners.

POLICIES/PROCEDURES OF FACILITIES

Chair Ward indicated that the Washoe Medical Center's policy was received.

Dr. Richitt questioned if there is a list of facilities who have sent in their policies. Mr. Irvin stated that he has a list of the facilities that have sent in the policies. Mr. Irvin stated he has received policies from all of the facilities, except for Willow Springs Center and West Hills Hospital. Mr. Irvin stated that he has been unsuccessful in sending out follow up letters.

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE DISCUSSION

Dr. Fricke stated that at some point she would like additional information regarding what is the appropriate process and procedures to get concerns to the appropriate individual/place.

Chair Ward stated that the Commission is required to give a written report to the Governor on an annual basis and to the Legislature on a bi-annual basis. Above and beyond that the Commission has the power and authority to communicate anything that needs to be communicated.

Dr. Brailsford stated that the October meeting will be two days, so that the Commission can formulate ideas and letters prior to the legislative session.

Dr. Nora stated that she is retiring from the VA after 27 years on October 4, 2002. Dr. Nora will continue to work part-time as a consultant for the VA.

Chair Ward stated that he feels that it would be appropriate for the Commission to provide feedback to the Governor on budget cuts, staff shortfalls, and a reduction in services.

ACTION: Chair Ward suggested considering including feedback on budget cuts, staff shortfalls, and a reduction in services as part of the report to the Governor.

Chair Ward questioned the status of the new facility in southern Nevada. Dr. Brailsford responded that in the newspaper, word has it that the Governor has earmarked funds towards creating a facility similar to the Townsend facility in the north. This has received opposition from other entities.

ACTION: Dr. Brailsford proposed that the Commission support a letter encouraging the Governor to proceed with the facility in southern Nevada. Dr. Brailsford will draft a concise letter for Commission feedback for review at the October meeting.

Dr. Albers expressed concern that the 3% budget cuts could affect current staffing (lay-offs) and a new facility with no staffing. Dr. Albers stated that he agrees that southern Nevada needs a new facility. Dr. Brailsford stated that the funding has already been set aside and there is a need for an appropriate facility.

Ms. McCraw expressed concern regarding the critical shortage of nurses and specifically psychiatric nurses and emergency room issues.

ACTION: Dr. Richitt requested minutes from the New Freedom Commission on Mental Health meeting. The next meeting will be on September 6, 2002 on children's mental health. Dr. Brandenburg stated that he would e-mail the meeting dates, synopsis of meetings, and meeting minutes to all Commissioners.

Dr. Albers stated that he is pleased that the issues regarding suicide are moving forward, the autism report by Dr. Fricke was wonderful, and commended Mr. Cotton and his staff for a thorough report.

The Commission regular meeting was closed at 2:35 P.M.

The Commission resumed after the Executive Session.

The meeting as adjourned at 3:05 P.M.

Respectfully submitted,

Christina Harper
Recording Secretary