

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

DECEMBER 5, 2003

VIDEO TELECONFERENCE MEETING LOCATIONS

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

MINUTES

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

David Ward, Chair
Eric Albers, Ph.D.
Johanna Fricke, M.D.
Gretchen Greiner, Ed.D.
Joan McCraw, Registered Nurse – arrived at 1:00 P.M.
Rena Nora, M.D.
Elizabeth Richitt, Ph.D.

COMMISSIONER ABSENT:

John Brailsford, Ph.D. – excused

CALL TO ORDER

Chair Ward called the meeting to order at 9:09 A.M.

APPROVAL OF MINUTES

The following amendments were made to the October 17, 2003 minutes: Page 2, 2nd paragraph from the bottom, 1st line, ...Ms. Thomas stated that she is *in* the process,...; Page 11, last paragraph, 2nd line from the bottom, ...At the same time, out of the 327 children, 32 [controlled] *control* children were...

MOTION: Dr. Richitt moved to approve the October 17, 2003 minutes as amended, seconded by Dr. Nora. The motion passed unanimously.

MENTAL HEALTH BLOCK GRANT UPDATE

Andrew Zeiser reported that Nevada participated in the Annual Regional Consultative Peer Review Process for the Center for Mental Health Services (CMHS) Community Mental Health Services Block Grant on November 5, 2003. The review was very brief and held by teleconference. Dr. Brandenburg spoke about the Nevada Mental Health Plan Implementation Commission. Alyce Thomas spoke about the Consumer Assistance Program (CAP) and the work of the Council during the year.

Mr. Zeiser stated that the grant application was approved without modification. This is the fourth year that the grant has been approved without modification, which is a great success for everyone involved in the grant process. Mr. Zeiser reminded that the FY 2004 grant award amount for Nevada is \$3,279,098.

Mr. Zeiser stated that MHDS, DCFS, and the Council just completed the annual Block Grant Implementation Report due to CMHS each December. This included completion of the new uniform reporting system (URS) requirements, which consist of an extensive set of data tables containing a variety of service, fiscal, and program evaluation measures.

Alyce Thomas announced that the Council elected Judge Wendy Cooley as Chair, Bob Bennett as Vice Chair, and Alyce Thomas as Past Chair to be effective January 1, 2004. The Council will be recruiting for new Board Members due to recent resignations.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE AND VOLUNTEER POLICIES UPDATE

Ms. Thomas stated that the Consumer Services Assistance Program is operating at full staff and in an effort to provide additional direct care to clients they have started a new peer-to-peer support group, a medication group, and newsletter group. Ms. Thomas stated that they continue to work on the Drop-In Center and services at NNAMHS.

Ms. Thomas stated that she is working on a new program to pay clients to do the things that they want to do out of the industrial budget. The program will train clients to have good work habits, provide job training, support, and job placement. This program is client driven for client established job goals.

Dr. Brandenburg stated that MHDS plans to introduce legislation next session that will mandate consumers be actively involved in the treatment plan.

Ms. Thomas stated that the CSA program has the resources and time to spend with clients on a one-on-one basis to help the client. Ms. Thomas hopes to hire a staff member for the Elko area by February 26, 2004.

Ms. Thomas stated that the statewide training would be held January 12 - 15, 2004 in Reno. The training will include information in the following areas: boundaries, confidentiality, and MHDS procedures. The Statewide Conference is May 6-8, 2004 in conjunction of the celebration of National Mental Health Awareness Month.

Ms. Thomas stated that they would be working in conjunction with Janssen Pharmaceuticals on a psychosocial rehabilitation project.

Dr. Brandenburg discussed the partnership with the CSA program and Janssen Pharmaceuticals. This program has two parts to include the medication algorithm with the education of the physicians and staff and the second part includes is the psycho-educational program for consumers and families. This is an educational program and will allow MHDS, through a grant, to bring in individuals from Texas to train staff and clinical supervisors. Dr. Brandenburg stated that he would like to tie in the whole

psychoeducational piece into the consumer advocacy program. The project will be a combination of training consumers and clinical supervisors.

ACTION: Ms. Thomas will present the psychoeducational materials portion of the training at the next meeting.

Ms. Thomas stated that she is working on implementing a program for the transition of children into the adult mental health system.

CRISIS CALL CENTER/SUICIDE PREVENTION RESOURCE COORDINATION TASK FORCE UPDATE

There was no representative from the Crisis Call Center present.

Dr. Nora stated that traditionally September and October are heavy months for completed suicides and a high number of dispatched calls for attempted suicides. There was no phone coverage during a one to two week period at the Las Vegas Crisis Call Center and the calls did not roll over to the Statewide Crisis Call Center. Dr. Nora stated that according to Mr. Willden, the hiring of the statewide coordinator is #2 on the list and should be hired sometime in January/February.

Dr. Brandenburg stated that Dr. Nora would be on the interview panel for the statewide coordinator position.

MHDS NORTHERN ADVISORY BOARD

There was no representative present from the MHDS Northern Advisory Board. Mr. Gruner stated that the Northern Advisory Board did not meet in November and the next meeting of the Advisory Board is scheduled for December 9, 2003.

MHDS SOUTHERN ADVISORY BOARD

There was no representative present from the MHDS Southern Advisory Board.

MENTAL HEALTH CONSORTIA RESPONSE REGARDING THE OUTCOME OF EARLIER IMPLEMENTATION OF A SUICIDE PREVENTION POLICY

Les Gruner, Washoe County Mental Health Consortium, stated that there was some confusion around this issue and the next Consortia meeting is scheduled for January 15, 2004 and this item was been placed on the agenda for discussion. At this time, the Washoe Consortia does not have a response for the Commission.

Carol Johnston, Rural County Mental Health Consortium, stated that the Rural Consortium discussed the need to know more information about suicide prevention activities in rural Nevada. Dr. Buehl agreed to report at the next Rural Consortium meeting in January regarding the different suicide prevention activities. The Consortium is very interested in the various activities and will be looking at providing input into any strategic planning in the area of suicide prevention.

ACTION: Dr. Nora suggested that the Consortia wait until the Statewide Coordinator is hired and meetings finalized. The Consortia can proceed with preliminary work to collect accurate data and determine what programs are available. Dr. Nora indicated that the Suicide Resource Directory should be updated.

A break was granted at 9:50 A.M.
The meeting reconvened at 10:05 A.M.

DISCUSSION ON WHETHER OR NOT TO SEND A LETTER TO GENERAL HOSPITALS IN THE STATE REQUESTING THAT THEY COLLECT AND SEND THE COMMISSION DATA ON INPATIENT SERVICES PROVIDED TO INDIVIDUALS DIAGNOSED WITH ACUTE PSYCHIATRIC ILLNESSES, TO INCLUDE PEDIATRIC AND ADULT PATIENTS

Dr. Fricke indicated that this item refers to an issue of patients with acute psychiatric problems being hospitalized for long term in non-psychiatric facilities. Dr. Fricke stated that the issue at UMC is that there is no consulting child psychiatrist for children. Dr. Fricke expressed concern for patient quality of care. The staff and hospital have expressed concerns of liability. Dr. Fricke stated that she is concerned about the autistic and bipolar patients that become out of control. Dr. Fricke questioned if the Commission during a crisis could proactively ask hospitals to report for a specific time period on how many patient days there have been for children, adolescents, and adults who have psychiatric diagnosis as the primary diagnosis and was there a psychiatric consult for those patients. Dr. Fricke feels that the Commission needs reporting that is more subjective to indicate: 1) Is there a problem?; 2) How big is the problem?; and 3) Does the Commission need to make recommendations to help change the way acute psychiatric illnesses are being managed in the State.

Dr. Rosin responded that the Clark County Medical Advisory Board and Clark County Facility Advisory Board have been very concerned about both the adult and child care being provided in emergency rooms. There is a Blue Ribbon Committee appointed to look at the issues for both adults and children. There is a study being developed, with the assistance of UNLV, to track all the data related to adults and children in all emergency rooms to develop a good database. This is a work in progress and began about six weeks ago. This study specifically addresses issues in Clark County.

Dr. Nora indicated that she would like to review the findings of the Blue Ribbon Committee.

ACTION: Dr. Triggs and Dr. Rosin are both on the Blue Ribbon Committee representing the State's interest and will provide an update at the next meeting.

Dr. Fricke questioned if the Blue Ribbon Committee would be looking at the lack of psychiatric care during the inpatient stay and cost to the community, especially at UMC. Dr. Triggs invited Dr. Fricke to attend the next Blue Ribbon Committee meeting.

NNAMHS QUARTERLY TRAINING REPORT

Dr. Cook reported on why NNAMHS training numbers were so low for the last quarter. Dr. Cook stated that the Professional Behavioral training was completed this past fiscal year and no training was done during this quarter. Dr. Cook stated that they are having trouble getting staff to attend the training on Violence in the Work Place and are working towards getting staff to attend this training.

Dr. Cook stated that they have started the process whereby each month NNAMHS is picking a JCAHO accreditation standard for training. NNAMHS is also conducting a mini survey of staff, each month, to determine knowledge of JCAHO standards. The face-to-face conversation survey takes about 1½ – 2 hours to complete.

Dr. Cook stated that MHT training for the fourth quarter was zero. NNAMHS only has two MHT1's and they are currently in the certification training process.

Upon questioning by Chair Ward, Dr. Brandenburg responded that MHDS mandates division training in 6-7 areas and then the individual agencies designate specific training.

UPDATE ON SB 301 HEARING

Dr. Brandenburg reported that Nevada has implemented the Nevada Mental Health Plan Implementation Commission with the idea of how Nevada is going to implement the President's Freedom on Mental Health Commission's six recommendations and make them Nevada specific. Dr. Brandenburg stated that the Commission is currently holding meetings and provided a schedule of meetings. Dr. Brandenburg stated that the meeting minutes are available on the legislative web site.

Dr. Brandenburg stated that the reason he brought this to the Commission's attention is that the Implementation Commission is in the process of developing a Nevada Mental Health Plan.

ACTION: Dr. Brandenburg suggested that if this Commission has specific recommendations to be considered for the Plan, the Commission should make recommendations to Dr. Brandenburg or Courtney Wise, Legislative Counsel Bureau. The final Mental Health Plan for Nevada is due by January 2005.

Dr. Nora suggested that the Commission prioritize their 2003 legislative list and forward to the Implementation Commission.

ACTION: Chair Ward will forward the prioritized legislative letter to Dr. Brandenburg to submit to the Implementation Commission. Dr. Brandenburg stated that he would attempt to have an item on the December 18, 2003 Implementation Commission agenda for a Commissioner to present the prioritized legislative recommendation letter.

AGENCY DIRECTORS' REPORTS

Chair Ward questioned the two enormous waiting lists at NNCAS. Mr. Gruner responded they recently hired three new counselors and expects a big reduction in the wait list. Chair Ward questioned the early childhood program caseload of 130 cases and a wait list of 125 cases. What types of cases are on the wait list and what type of services they are not receiving? Mr. Gruner responded that significantly they are outpatient type programs involved with early childhood, and individual and family therapy services. Mr. Gruner stated that they keep in contact with individuals on the wait list on a consistent basis and refer to other potential resources while waiting. If any of those cases rise to an acute situation every effort is made to get the necessary services. The wait list is consistently monitored on a weekly basis. The populations on the wait list are specifically birth up to age five and families of children primarily age three to five. These are children presenting problems with attention deficit, oppositional behavior, etc. There are a significant number of single parent families involved.

Chair Ward questioned the residential support wait list. Dave Luke responded that they have allocated approximately 25 new service slots and are looking at the fiscal intermediary option for another ten families who would like to continue to provide care in their own home with assistance. Mr. Luke stated that they are currently holding interviews for a service coordinator. Mr. Luke stated that Medicaid has hired a new fiscal intermediary and essentially no payments have been made this year.

Dr. Brandenburg discussed the non-payment issue from Medicaid. The non-payment issue is affecting both public and private providers. Dr. Brandenburg stated that they are working very closely with Medicaid to resolve this issue and obtain payments.

Upon questioning by Chair Ward, Dr. Cook reported that NNAMHS was successful last month in the recruitment of staff, they continue to work on staffing issues, they have made offers of employment and have hired staff. In January, NNAMHS will be fully staffed with psychiatrists and will be hiring two pharmacists and in the process of interviewing for a pharmacy technician. There has been a large turnover in the fiscal/business office.

Upon questioning by Chair Ward, Dr. Triggs stated that 945 individuals on the medication clinic waiting list get their medications from a defacto medication clinic out of the psychiatric ambulatory services at the crisis unit.

Dr. Triggs stated that they are currently recruiting psychiatrists for new positions. Dr. Triggs reported that Judge McGroarty has volunteered to be the judge at the Mental Health Court.

Chair Ward questioned RRC on their prospects for reducing the residential support wait list. Dr. Marcia Bennett stated that there are a number of individuals on the wait list who are asking for the new self-managed in-home option through Acumen and the contract is moving forward. Dr. Bennett stated that there has been an increase for autism services in rural Nevada. Dr. Bennett expects a reduction in the residential support wait list by the end of the year with an increase in funding.

Dr. Brandenburg congratulated Dr. Bennett as RRC received a two-year Council Accreditation and now all regions are accredited by a nationally accredited organization.

A lunch break was granted at 11:50 A.M.
The meeting reconvened at 1:05 P.M.

STATEWIDE MEDICAL DIRECTORS' REPORT

Dr. Rosin reported that on December 1st, MHDS began a pilot project at the Henderson Mental Health Medication Clinic. The pilot project is to determine the feasibility, practicality and fiscal benefits of filling Medicaid prescriptions of patients being treated at that site. The Medication Matrix is in the final stages of revision and will be on line in December following a presentation to the Pharmacy Oversight Committee, with training for both the SNAMHS and NNAMHS medical staff planned.

Dr. Rosin stated the Las Vegas Residency Program currently scheduled to begin in July 2004 has not received final approval by the University System, although approval is reported to be imminent.

Dr. Rosin reported that an active recruiting program continues throughout MHDS. SNAMHS is expecting to hire an H1 Visa Physician trained in St. Louis with the next two months and NNAMHS will be hiring an H1 Visa Physician completing his residency training in Reno.

Dr. Rosin stated that NNAMHS has completed a Division Quality Assurance Survey using the JCAHO model. SNAMHS hosted a practice survey by George Gintoli, South Carolina Commissioner of Mental Health, in preparation for the upcoming JCAHO Survey. SNAMHS will undergo its first JCAHO survey in January.

Dr. Rosin stated that the preliminary footprint and site plan drawings of the new hospital have been completed. Dr. Rosin reported that 100-150 people attended the meeting held at the Easter Seals office on December 4, 2003. Dr. Rosin stated that the new hospital project is going forward.

Dr. Rosin stated that a new regularly scheduled monthly meeting has been held in Reno between Rural and Northern Mental Health, Developmental Disability and Community Providers with the goal of improving care to clients shared between the two systems for clients with co-occurring disorders. At the last meeting, a formal process was begun identifying the current processes of service for these persons to identify the areas needing improvement.

PUBLIC COMMENT

There were no public comments.

MHDS POLICIES – HIPAA POLICY

Policy #4.055 – Reusing Prescription Drugs. Dr. Ebo stated that this policy was developed to establish procedures for the reuse of prescription drugs, with the

exception of schedule II narcotics, as a result of Senate Bill 327. Dr. Ebo explained that drugs may only be reused if they are in their original sealed packaging and not expired. The reuse of drugs should provide a fiscal savings for the entire state. Dr. Ebo stated that from this policy, each agency/facility/pharmacy would develop written procedures for the return of drugs to a dispensing pharmacy. Dr. Nora expressed of need to educate the public on the idea and policy of reusing medications.

MOTION: Dr. Richitt moved to approve Policy #4.055, seconded by Dr. Greiner. The motion passed unanimously.

Policy #4.019 – Death Review Committee. Dr. Brandenburg stated that the Commission has already adopted Policy #4.019. Dr. Brandenburg stated that has been one minor addition on page 2, Subsection II, ...*All incidents of client suicides will be referred to the PI Death Review Committee for review...* Dr. Brandenburg stated that the other reason for bringing this policy to the Commission is that Dr. Rosin has been instructed to review the procedures in terms of the information included in the Serious Incident and Death Review Reports. Dr. Brandenburg suggested that the Commission appoint a Commissioner to consult with Dr. Rosin to determine if the questions on the forms that generates the report the Commission reviews, is the information the Commission wants to review.

ACTION: Dr. Nora volunteered to consult with Dr. Rosin to review the questions on the reporting forms to determine what information needs to be in the Reports. Dr. Nora will also consult with David Luke on Developmental Services.

Policy #4.025 – Failure to Appear/No Show Appointments. Dr. Brandenburg stated that this Policy originated at SNAMHS and this is the Division wide policy. The Division policy added a section stating, “That no division agency client who has run out of medication will be turned away from a clinic site without enough medication to last until that client can be seen by their treating physician. Decisions regarding the dispensing of medications are clinical and in all cases involve the clinical nursing and medical staff.”

Policy #4.054 – Sentinel Events. Dr. Brandenburg and that this Policy coincides with the Death Review Committee Policy. This is a new and separate policy defining a sentinel event and staff procedures.

ACTION: Staff was directed to add section G(4) to state, “*Adequate representation of staff from outside the treatment team.*”

Policy #4.056 – Infectious Disease Policy. Dr. Rosin stated that this new policy was developed due to the increasing number of infections in the community, which are non-responsive to medical treatment and non-responsive to anti-bacterial care. Individuals with the non-responsive infections are presenting themselves to in-patient facilities. This policy is to protect staff and other clients/consumers.

Policy #5.030 - Criminal Background Checks and Employee Reporting of Convictions. Dr. Brandenburg stated that the Legislature mandated background checks for individuals with terms of employment with the Division.

MOTION: Dr. Richitt moved to adopt Policies #4.025, #4.054, #4.056, and #5.030, and table Policy #4.019 - as this policy is currently in place, seconded by Dr. Nora. The motion passed unanimously.

INFORMATIONAL ITEMS

Dr. Brandenburg presented the following items as information:

- Memo from Dr. Brandenburg regarding Restraint and Seclusion. Dr. Brandenburg stated that the memo to Agency Directors indicated that it is the policy of the Division to prevent, reduce and ultimately eliminate the use of seclusion and restraint.
- Congressional testimony and letter to Senator Mike Dewine regarding the State of Nevada's experience and efforts pertaining to the final report of the President's New Freedom Commission Mental Health.

MOTION: Dr. Greiner moved to close the regular public meeting at 2:35 P.M., seconded by Dr. Nora. The motion passed unanimously.

Respectfully submitted,

Christina Harper
Recording Secretary