COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES NOVEMBER 16, 2012 MINUTES

VIDEO CONFERENCE MEETING LOCATIONS
SIERRA REGIONAL CENTER
605 SOUTH 21ST ST.
SPARKS, NV
AND
MHDS CENTRAL OFFICE, 4126 TECHNOLOGY WAY, 2ND FLOOR CONFERENCE
ROOM, CARSON CITY

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Kevin Quint, Chair Capa Casale Barbara Jackson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCAITON

Marcia Cohen Valerie Kinnikin

COMMISSIONERS PRESENT AT CARSON CITY LOCATION

Pamela Johnson

CALL TO ORDER

Chair Quint called the meeting to order at 9:10 am. Roll call is reflected above. It was determined that a quorum was present. Introductions were made at all three locations.

PUBLIC COMMENTS

Bunchie Tyler, President of the National Alliance on Mental Illness (NAMI) in Northern Nevada came to this meeting to comment about services in Northern Nevada for the mentally ill. She said she answers the phone every day all day long for mentally ill clients or family members of the mentally ill needing services. She came to ask why we are not getting our patients from the POU into the hospital even when the patient is willing to go in. If they do get in, they are only in the hospital for three days and they released and, in her opinion, no one can be stabilized in three days. She wants to find out why we have empty beds, and people being released without being treated. Just from the people I talk to that are looking for services, I could fill these empty beds. Where can I find information on how many people come into the POU and how many are served, how many are sent away, how many are kept, how long do they stay. I do not find this information anywhere. From what I observe, this situation of premature release and successful care given to people has been on decline for the last couple of years. I want someone to meet with me, work with me to address this situation.

The director of Northern Nevada Adult Mental Health Services, Cody Phinney, Dr. Tracey Green and Kevin Quint all agreed to meet with Bunchie Tyler outside of this meeting to discuss these issues and provide her with the information she requested.

CONSENT AGENDA APPROVAL OF MINUTES FROM SEPTEMBER 21, 2012 MEETING APPROVAL OF DIRECTOR'S REPORTS

MOTION: Commissioner Casale moved to approve the consent agenda as a whole and Commissioner Jackson seconded the motion. Motion carried.

REVIEW THE MENTAL HEALTH AND DEVELOPMENTAL SERVICES BYLAWS

Chair Quint said he was supposed to work with Commissioner Cohen on these bylaws after the last meeting and prior to this one and they did not get a chance to do that. He said they would met and discuss the needed changes and bring them to the next meeting.

DISCUSSION ON CHANGING ROLE OF THE MHDS COMMISSION

Chair Quint opened this discussion by saying he wants us to keep addressing this issue as Mental Health and Health move forward with their integration and Developmental Services combines services with Aging Services. As these changes unfold, he wants the commission to stay informed on how these changes will affect the role of this board.

Richard Whitley explained that in doing the budget proposal, they needed to do a bill draft for the merger of Mental Health and Health, as well as Early Intervention and Developmental Services with Aging Services, but they did not propose any changes to the Mental Health Commission or on the Health side, to the Board of Health.

Our proposal really only impacts the role of Dr. Green and myself. The budgets are intact from the services that are provided. The merge is primarily in the administration.

UPDATE AND DISCUSSION ON HEALTHCARE REFORM

Chair Quint moved on to the next item which is related to the last agenda, the update on the progress and status of the Healthcare Reform and service delivery from the combining agencies.

The Governor has still not made a determination on whether Nevada will go forward on Medicaid expansion. The Health Exchange is moving forward. The Medicaid expansion will probably become a topic during the upcoming legislative session. Governor Sandoval has said that he will announce his decision in the "State of the State" address. Richard said we may want to include the topic of Medicaid expansion in the letter to the Governor from the commission.

As the Health Exchange has been developing, there is a role on the Health Division side related to health plans and the adequacy of their network being determined. This same question of adequacy in health plans for autism came up recently. As plans begin to expand for Behavioral Health and Preventive Health, one role that the Health Division will play is to assess the plans for adequacy in these different areas. The focus has been on payer source as it relates to affordable care, but assessing the plans for

adequacy is something the agency management and this commission and everyone involved also need to look at and discuss as this all goes forward. Richard said he would be happy to invite someone from the insurance exchange commission to come and talk to us about the health plans and we can address it as part of the Heath reform update.

Dr. Green added that when we talk about this healthcare reform in the future, we also talk about workforce development. The Affordable Care Act speaks to the provision of insurance benefit, but it does not speak to how we are going to provide access to Nevadans. In the letter to the Governor, one of the items to address is the workforce development challenges. How do we develop this workforce when we do not offer competitive salaries or competitive opportunity. We should be talking about the J1 Visa program, nurse practitioners roles and responsibilities and look at other mid-level professionals as a means to provide services. We need to look at our service delivery model and make some changes if we are able to provide services with the limited number of providers that we have.

Dr. Green said in addition we need to know, what are the benchmark services? We have all heard that Preventive services will be covered. That is supposed to include mental health and behavioral health. What does that mean? What are those services? What is the reimbursement dollar? We do not have that information, but as we get it, I will relay it to you in the update.

Richard added that in looking at the adequacy of the health plans, we also need to determine what is standard and if we have the service delivery to provide what it offered in the plan. Richard would like to expand this agenda item to include the insurance element, the workforce, the regulatory function and all of the different elements of the affordable healthcare act. Chair Quint will also talk with Richard about a meeting that may include consumers or the public. Other commissioners expressed interest into expanding this update item and possibly inviting in some presenters.

LOCAL GOVERNING BOARDS

SNAMHS reported having a very short meeting and discussed new staff on board and also having a new room in the hospital to help de-escalate people and avoid a need for seclusion and restraint. We have a project going in the South that we are doing to work on avoiding seclusion and restraints and we are doing training for our staff and we intend to share with our sister agencies.

We had the LCC and NNAMHS meetings. At the LCC meeting we also discussed seclusion and restraints. Chair Quint likes having the opportunity to stay in touch with what is going on in the facilities through the local governing boards.

VACANCIES ON THE MHDS COMMISSION

We are now up to four vacancies. Dr. Eisen was elected to office and cannot serve in the assembly and be on this commission at the same time, so he has resigned. Karen Hayes reported that she has prompted the Governor's office for an update on the three nominees for Julie Beasley's position and they said they would let us know as soon as they determine the person.

Letters have gone out to the Psychiatric Association for nominees, but no answer. Karen will send another letter and copy Chair Quint on all correspondence regarding vacancies. Commissioner Cohen commented on how slow the process is. It was suggested that we express this concern in our letter to the Governor.

UPDATE ON THE SILVER STATE INSURANCE EXCHANGE CONVENTION

Commissioner Kinnikin attended the Insurance Exchange convention in September. She has the documents and visual aids from the meeting and will get them sent out to the commissioners. The topics discussed were Behavioral Health and Primary Health integration, Medicaid, Workforce, Insurance and a lot of sub topics stemming from those. The success of integrated healthcare is depends on the networks that we develop.

Commissioner Kinnikin concluded that going to the convention made her committed to staying informed as the networks develop that we have adequate services that are needed in Nevada.

APPROVAL OF MHDS POLICIES:

Dave Caloiaro introduced the policies:

SP-5.7 Program for Assertive Community Treatment (PACT)

This is a brand new first time policy. The PACT program is only at two MHDS agencies, SNAMHS in the south and NNAMHS in the north. We have had agency PACT policies, but not a division policy. So we created a team that worked on developing this policy over a period of about four months. PACT is an evidence based practice for those clients that frequent our hospitals, emergency rooms and/or law enforcement encounters. The criteria for being in the program includes; admissions, continued stay, discharges, or step-downs. Step downs would be clients discharged from PACT but moved into community based or agency based programs. The policy addresses documentation for PACT clients, medication for PACT consumers with the goal to have the program be consistent in both the north and the south. The policy explains the measurements and outcome data that is reviewed by the agency and at then at the state level. There is a PACT appeal process, if folks feel like they have been excluded, discharge early or a grievance with the program.

Dr. Green commented on the good work reflected on developing this policy and getting our practices standardized between the north and the south. She also commented that this is progress toward the wrap around services goal and doing a better job as a whole with our most difficult clients as well as the value of the data collection that was mentioned in the beginning public comment today. This policy is an excellent outcome of our professionals working together on the path of quality improvement of service delivery for consumers. I think this document is the first of many forthcoming to standardize how things are done with the state.

Dave Caloiaro thanked the agency directors for their support and the rest of the MHDS professionals that worked on this policy.

There were some changes discussed that Dave Caloiaro would contact our new billing manager to find out the correct referral numbers for billing.

Commissioner Cohen asked Dave Caloiaro if we have numbers of clients that will be using this program. Dave responded that the numbers of clients involved are on the agency director reports for NNAMHS and SNAMHS. SHAMHS was at 84 this reporting period and NNAMHS was at 69. Dr. Green offered to give more data regarding the numbers of clients involved in these PACT programs as well as the modified PACT programs that we have.

Barbara Jackson suggested including a peer to be involved in looking at this program. We will be building a second quality team that will meet quarterly to look at services in Nevada to suggest improvements. When we build that team, we will look at bringing in a peer member.

MOTION: Barbara Jackson moved to approve the policy. Pam Johnson seconded the motion with the changes in the codes on page 13. Motion carried.

CRR -1.4 Reporting of Denial or Rights. This is a policy change. The key change is the list of the commissioners on the last or second to the last page. There was a discussion and it was determined that the names of the commissioners should not be on the policy but rather referred to as a group. Under the signature for the Commissioner it could read "Commissioner- Mental Health and Developmental Services."

There is a change in the number of days allowed for signature to accommodate the number of rural clinics and developmental services rural services.

There were a few other minor changes.

Chair Quint also brought up the subject that has been discussed for a long time and that is reporting of the trend data to the Commission. It was also discussed to look more at trends rather than reviewing the individual reports. It was decided for Chair Quint and Dave Caloiaro meet to discuss the reporting data and process to see if we can improve the process so that we can see the trends.

MOTION: Commissioner Cohen moved to approve the policies as modified. Commissioner Casale seconded the motion. Motion carried.

PRESENTATION FROM DEVELOPMENTAL SERVICES TO INCLUDE INTEGRATION WITH AGING SERVICES UPDATE

Michele Ferrall, the new Deputy Administrator for Mental Health and Developmental Services is presenting the update on the integration of Early Intervention Services, Developmental Services with Aging and Disability Services. A few months ago, directors and administrators got together in Carson City to discuss the advantages of the proposed integration. Early Intervention and Developmental Services truly have a similar service delivery mode. All of the agencies focus on person centered and family centered planning.

Out of that meeting there were a couple work groups assigned, a communication workgroup to develop a clear and consistent communication plan to communicate with the agencies and each of the employees and a visionary work group to work on what do we look like in July, October, next year? The most exciting aspect is that we are working toward service delivery over a lifetime. This starts with a single point of entry and can go through that person's life meeting their needs, transitioning without a break for service changes, or experiencing gaps in service.

Commissioner Casale asked if they were coming across any disadvantages. The biggest disadvantage is that change can create discomfort, uncertainty and anxiety. Richard Whitley joined in to say that this integration is not going to affect direct service delivery positions. The most significant change falls in the roles of the Administrator, Richard Whitley, the State Health Officer, Dr. Tracey Green and the Deputy Administrator, Michele Ferrall. The budgets are being left intact. The MHDS Commission and the Board of Health will remain the same. Services will be combined to enhance existing programs and improve the end product for consumers as well as covering the lifespan of the clients served. We do not forsee any

positions being eliminated, in fact in our budgets we have asked for some. This session we will develop the new relationships and it will be in the next session when more of the details will be addressed.

Dave Caloiaro talked about the key areas that Mental Health has shared with Developmental Services, for example, investigations, the statewide policy team and the PASRR program (a federal program enacted in congress in 1989) which Dave Caloiaro has been the statewide coordinator. This program tracks the care of folks in nursing homes that are mentally ill or have developmental disabilities. Dave will continue to work with this program in the same capacity keeping Mental Health and Developmental Services together with that program through the integration of agencies.

The question came up of what the integrated agency may be called and Richard replied that they addressed it as "The Division of Behavioral and Public Health".

UPDATE ON CO-OCCURRING DISORDERS\SAPTA DIVISION CRITERIA FOR PROGRAMS TREATING SUBSTANCE RELATED DISORDERS CO-OCCURRING ENDORSEMENT

Steve McGlaughlin combined items twelve and thirteen on the agenda. On the Co-Occurring Disorder update, they are continuing with the Joint Block Grant meetings with MHDS and SAPTA where we have begun to discuss a comprehensive needs assessment to include substance abuse, mental health and co-occurring disorders. The Governor's Committee on Co-Occurring Disorders met the last week of October and at that meeting their focus was on workforce development and integrating with the criminal justice system.

The second item, the Division criteria document, Steve provided an updated document which was distributed to attendees. Steve reviewed Barry Lovgren's suggestions and corrections and made changes to the document accordingly. He had concerns about non-funded programing and being held accountable for NOMS (National Outcome Measures) which is in the Quality Assurance section. So, that was taken out to include only funded programs. This document has been updated so that there are two different sections of the endorsement now, a capable programs and a co-occurring enhanced program. The last document that you read in September just identified an endorsement for COD services, but I felt that the two distinct programs needed to be identified. The capable programming is the Substance Abuse programming that have linkages to psychiatrists and psychologists, licensed clinicians and MFT's and the more enhanced programs are actually going to have psychiatrists and psychologists on their staff as part of the treatment team. There are policies and procedures that go along with that. The content of the criteria document has been brought forward to the SAPTA Advisory Board and they have approved the content. We will put it in the MHDS policy format to be consistent.

Dave Caloiaro said we have a Co-Occurring Disorder policy that exists and suggested Dave and Steve meet and compare this document with the existing policy and determine if we need to add this document as an attachment or if we need two separate division policies and which one or both need to be followed.

This criteria document is actually part of the SAPTA Administrative manual and am not sure if it should remain there and the existing policy be the only one. It also brings up the question of all SAPTA policies needing to be reviewed and possible changed to be consistent with the MHDS policies.

Dr. Green said we need to look at this in a broader review where MHDS provides the services, but SAPTA provides the funding and make these documents consistent with the integration and any change in service delivery. Agency managers will meet discuss before the March meeting and come back with an update on the best way to utilize the document.

UPDATE ON MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

Dave Caloiaro began by reporting the agency has convened meetings of SAPTA, DCFS and MHDS staff as part of the integration to prepare the next joint block grant application which will be due April 1st. The group meets every two weeks and some of the things they work on is developing a broader spectrum to serve in the community to include veterans, military families, trauma induced victims and targeting certain underserved populations like Latino and tribal.

The second item I want to give an update on is the recruitment of a researcher to assist the MHDS commission. We sent out a bid requesting at least three submissions of applications from interested parties, two people applied and our evaluation team selected one. The contract will be introduced at the Board of Examiner's meeting in December and will start when the contract is approved.

One aspect of the scope of work for this researcher position will be working on and facilitating the state childrens' mental health plan. I am happy to report that this years' block grant is going to support a First Lady summit on Children's mental health which will be in April of 2013.

Another part of the work scope will be to assist with the vacancies on the Mental Health Commission and assist with new commissioner orientation. The position will also work with the commission's relationship with stakeholders.

Another area would be to assist with the legislative session, get familiar with the legislative process, track bills associated with mental health and keep informed of current legislative issues.

Also, the researcher could help the commission keep up with the health reform process, workforce development and be involved in the review of the insurance plans as we get more information on that subject presented at our meetings.

Dave explained the function and structure of the Mental Health Advisory and Planning Council, with 21 members consisting of consumers or family members of and state representatives, from MHDS, DCFS, SAPTA, Department of Corrections and the Department of Housing. There is a plan to change the Mental Health Advisory and Planning Council to a Behavioral Health Planning Council. The first step of that process would be to get a Governor's Executive Order to do so. Some of the changes in this would be to increase the number of members to include consumers with Substance disorder or family members, consumers with co-occurring disorders or family members. Historically, it has been a mental health council. We are hoping to have this signed by the Governor in the next 30 days. The next step would be to update the by laws to incorporate the changes.

UPDATE ON AGING SERVICES FOR AUTISM SERVICES

We do not have a person assigned to reporting the numbers for autism services.

UPDATE FOR PREVIEW OF REGULATION CHANGES AS THEY DEVELOP

There is nothing to report this time.

GOVERNOR'S LETTER FROM MHDS COMMISSION

The letter is still in rough draft form. I will go over the four points that this letter includes. We want to get this to the Governor in January.

This is roughly a three page letter. The first page talks about the Commission and who we are. On the second page, there are four prominent areas that the Commission consistently works on. The first one is childrens' mental health. The second one is workforce development. In my work with the different boards and meetings I attend, there is a common theme of a lack of psychiatrists and other professionals needed for service delivery. The third one, which I am choosing to put in this letter, not prompted by anyone, is Lakes Crossing Center, the only forensic facility in the state. The facility is receiving clients with multiple physical illnesses and conditions in addition to mental health issues. Lakes Crossing Center is not equipped or staffed to handle these kinds of issue and dealing with them is interrupting and interfering with their own mission. The last issue is healthcare reform. We listen to the integration plans and the proposed changes and we just want to make sure that through the changes, there is a safety net for the uninsured and accessibility of services during the transition.

Chair Quint asked for comments. Commissioner Johnson said that she would like to see in some form the integration and collaboration with the different levels of the Criminal Justice system. That is an area that will need to be addressed in the communities as well.

Chair Quint also mentioned including in the letter comments about the long process of filling Commission member vacancies

Chair Quint will be sending out the draft for the rest of the commissioners to review and add or change and get back to him so we can have a final draft for the January DCFS commission meeting.

FUTURE AGENDA ITEMS

Expand health reform update to include the insurance plans
Seclusion and Restraint trend reporting
Reporting of Data on the PACT programs
Numbers on POU activity, admissions and discharges in the North and the South and Dr. Green will report.

PUBLIC COMMENT

Dr. Green stated that Governor Sandoval has not released his decision on Medicaid Expansion and plans to do it for the State of the State address.

The regular meeting was adjourned.

Respectfully submitted,

Karen Hayes

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Recording Transcriber