# COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, SEPTEMBER 15, 2000

MEETING LOCATION: DESERT REGIONAL CENTER 1391 SOUTH JONES BLVD. LAS VEGAS, NEVADA

CONFERENCE PHONE MEETING ACCESS AVAILABLE THROUGH:
SIERRA REGIONAL CENTER
605 SOUTH 21<sup>ST</sup> STREET
SPARKS, NEVADA

# **MINUTES**

PRESENT: Marv A. Glovinsky, Ph.D., Chairman

Eric C. Albers, Ph.D. John Brailsford, Ph.D.

Frances Brown, MSN, MSEd, RN

**David Ward** 

ABSENT: Robert L. Horne, M.D.

Marcheta Scott Joseph Toth, M.D.

STAFF Carlos Brandenburg, Ph.D., MHDS PRESENT: Debbie Hosselkus, LSW, MHDS

Mike Torvinen, ASO IV, MHDS Kevin Crowe, Ed.D., MHDS Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC

Marcia Bennett, Ph.D., RRC Stan Dodd, LCSW, DRC Harold Cook, Ph.D., NMHI Lisa Brown, DAG, LV

Lorelle Banzett, SRC

Dave Luke, Ph.D., SRC (via conf. call) Cody Phinney, QA, MHDS (via conf. call) Rosemary Melarkey, MHDS (via conf. call)

ALSO John French, Opportunity Village

PRESENT: Thom Reilly, UNLV, School of Social Work

John Fildes, M.D., UNLV, Chief, Div. Of Trauma and Critical Care

Laurel Swetnam, DCFS

Barbara Qualls, Desert Willow Treatment Center, DCFS

Mike Howie, Mojave Martha Harbuck, ICM

Misty Allen, Crises Call Center (via conf. call)

Paula Berkley, EduCare (via conf. call) Jack Mayes, NDALC (via conf. call) Peter Steinmann, SRC (via conf. call)

Henry Watanabe, M.D., Northern Nevada Advisory Board (via conf. call)

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# **CALL TO ORDER**

Chairman Marv Glovinsky convened the meeting at 9 AM.

## APPROVAL OF MINUTES

**MOTION:** Dr. John Brailsford made a motion to approve the minutes of the 7/14/00 Commission meeting. David Ward seconded. Motion carried.

## **NEW STAFF PRESENTATIONS**

Dr. Carlos Brandenburg introduced Dr. Don Molde, Statewide Medical Coordinator, and Dr. Elizabeth Neighbors, Director, Lakes Crossing Center. The doctors summarized their credentials and background. Dr. Marv Glovinsky welcomed Dr. Molde and Dr. Neighbors.

**MOTION:** David Ward made a motion to approve the credentials of Drs. Molde and Neighbors. Dr. Eric Albers seconded. Motion carried.

## MEDICAL COORDINATOR'S REPORT

Dr. Don Molde addressed the drug budget and the \$1M overrun. He explained strategies relative to management of antipsychotic drugs, which constitute 40% of the drug budget.

He also reported on the shortage of Pharmacists throughout Nevada, stating that he hoped not to contract pharmacists, as that would entail a 40% increase in costs.

The lag time between psychiatric appointments was discussed. Previously, it had taken as long as three months to secure an appointment. That time lag is now two weeks.

Dr. Molde stated that the Residency Program with the University was also being reviewed.

Dr. Eric Albers questioned if there were trends in terms of medications be prescribed. Dr. Molde stated that clearly, no one uses the old drugs, even though they may work just as well and for a far lesser cost. Physicians are hearing only about new drugs, no advertisement is being done for the older, cheaper drugs. There has been a lack of management of resources.

David Ward asked whether the older, cheaper drugs had manageable side effects. Dr. Molde stated that side effects were manageable by dose.

Dr. Albers asked if this trend would impact the medication budget and the Governor's flat budget request. Dr. Molde stated that the budget must be honored. However, the long-term issue is to get legislature to look to the future.

Dr. Brandenburg explained that if the drug budget was exceeded, monies would be taken from existing programs, and if necessary, supplemental monies would be requested from IFC.

Mike Torvinen explained that the budget submitted has an inflation factor. The current average costs of medications are factored in. If the average cost can be brought down, it should stabilize the budget. He expressed not moving from the formulary, the 1<sup>st</sup> choice would not have to be the expensive drug.

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Dr. Brailsford recommended moving a significant number of clients to the cheaper drugs, managing the side effects.

# **BUDGET STATUS**

Mr. Torvinen indicated that medication budget was significant. Due to the no-growth inflationary factors, no new programs will be requested. He expected reallocation from other areas; decrease in beds and expand PACT and community-based programs. The Governor has asked for preliminary numbers for our budget request. Hearing scheduled for 10/600 to discuss MHDS budget.

David Ward asked how many institutional beds would be decreased in the next biennium. Mr. Torvinen responded that there would be a decrease of 8 beds each in the North and South.

David Ward inquired whether or not an increase in rates for providers was built into this budget. Mr. Torvinen said that quite a bit of SLA analysis was done, revealing that administrative costs were 10%, which seemed reasonable. There may be some targeted analysis on the DS side, proposing different levels of contracts for community-based services for 24 hour/1-1 care.

## STUDY ON BIFURCATED CHILD WELFARE SYSTEM

Mr. Thom Riley, UNLV, reported on the updated bifurcated child welfare system. SB 288 prompted a pilot study in Washoe County. Several bills have been introduced to change/reform in child welfare system. If a child is in a home for more that 15 months, the State is compelled to terminate parental rights. However, the Courts are reluctant to pursue termination of parental rights. This puts onus on safety of children in foster care, thus the push toward a bifurcated child welfare system. Child Protective Systems has been separated from Welfare, requiring parents to go from one system to another. There has been a renewed push to un-bifurcate. ARC 53 interim committee, lead by Assemblywoman Barbara Buckley, is studying the Child Welfare System in hopes of transferring the core child welfare programs to the State. 37% of children in child welfare are in need of mental health services. They are looking at the pilot program, which began 12/99, in Washoe County that would mirror this system. Washoe County and DCFS pushed for legislation - ½ County employees and ½ State employees for this pilot program, and must report back to legislature. The County and State differ in that the County pays foster care \$40/day, however, the State pays only \$14/day. Caseloads are capped in the pilot program (25-28 children). State caseloads average 40 children. There have been several measures put in place to determine comparisons. Financial arrangements have been made to share costs and utilize the same foster homes, allowing the State to pay \$40/day. The longterm goals are reduction in the number of moves and children finding a safe home more guickly. Foster parents must fill out a Child Behavior Checklist (CBC) and are trained to administer the CBCs. 60 days and 12-month reviews are conducted initially, followed every 6 months. Measures are also put into place, number of face-to-face visits, quality of visits, length of visit and how often. Also measured is the success of the worker in helping the family get services.

Cultural issues arose when teaming state and county workers. DCFS employees quit. They are rethinking the pilot, as they began with new workers and new cases in August. Measures put in place will be valuable for the long term, however, it will be difficult to create meaningful data for the short term. Initial CBCs will be very useful with limited outcomes, 12/3/99 – 8/30/99 in which of that time, When the legislative hearings occur (due October 31, 2000), perhaps the data will be more meaningful. Clark County will be a much bigger challenge due to the numbers.

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David Ward asked if there was any way to speed up the beginning of termination of services and asked how long it takes.

Ms. Lisa Brown guessed six months; initial notice, court appearance, oppose, attorney, attorney must have time to prepare for trial.

Mr. Riley stated that families and children were not appointed attorneys by the program, and that there was no guarantee that they would get an attorney. He stressed the possibility of terminating parental rights without having a home for the children. He wondered if this was creating orphans, cutting kids from inheritance, child support, etc.

Dr. Albers expressed his concern that if 37% of the children have severe mental health issues, and if the inability to treat them continues, they may very well end up in prisons. He asked if there was a tracking system in place.

Mr. Riley stated that research was being done in Clark County when kids age out of the system, whereby they ran 300 kids through DMV. Of the 300, 10 were in prison. This number does not including jails, etc. It is based upon 3.5 years rather than 5 year, as records are not kept any longer.

Dr. Albers stated that minorities seem to stay in the system longer. He also asked why the state workers were leaving the pilot program. Mr. Riley explained that there were so few of them, and also indicated a personality conflict in one instance. They experienced difficulty getting state employees to move to the pilot program. The County would have supervised the state employees.

Dr. Brailsford asked whether or not the state culture could trickle down to the county. Mr. Riley responded that the state had much to offer.

Dr. Albers stated that the coalitions were pushing child mental health issues this legislative session, and asked what the commission could be doing in this area. He asked for more clarification as to what could be done to help with these priorities. He would like to see the commission join the wagon and advocate for this. Unbifuraction of system assumes children will be treated more fairly and with stability. He felt it was important to see this go forward as all the issues were interrelated - suicides, domestic violence, teenage pregnancies, etc.

Dr. Glovinsky asked that Mr. Riley report to the Commission again once the kinks were worked out of the pilot program.

**ACTION:** Mr. Riley will report on the pilot program at an upcoming meeting.

# SUICIDE PREVENTION RESEARCH

Dr. Eric Albers introduced Dr. John Fildes, explaining that he had asked Dr. Fildes to report to the Commission regarding the Suicide Prevention Research Center (SPRC).

Dr. Fildes reported that an RFP for the creation of an injury study center to address suicide was responded to by five states. Nevada's application from the School of Medicine was funded, as Nevada has the highest suicide rate. The cluster of western states is also higher than the nation. Nevada is in an ideal situation to provide basic and useful tools to address this problem. Nevada is better suited to identify trends, incorporate surveillance system, introduce interventions, etc. SPRC is collecting data from Vital Statistics records from death certificates. They intend to characterize

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attemptors by using the Trauma Registry. It is difficult to separate records if no intent is listed. They will be moving to Montana to reproduce efforts, and the to Utah the following year. The second piece of work is to create a tool to identify risk and behavior aspects using standard inventory questions. Also using the questionnaire completed by suicide survivors. The most frequently asked questions are why Nevada and the Intermountain West have a higher rate of suicides. It is not the center's intention to give funds, but to provide locals with tools to address the problems.

David Ward referred to the high rate of suicide in Nevada and related that previously, questions had been raised about whether the differences attributed to Nevada might be due to the difference in reporting. He asked Dr. Fildes if the reporting issued had been ruled out.

Dr. Fildes responded that the reporting issue was a piece of the investigation. He explained that no aggregated data on attempts of any kind was being collected at the federal level. He further stated they were working primarily with coroners within state. He explained that there was no methodology of identifying death as a suicide being followed in Nevada, and similarly in other states. He did state that if the condition or injury was consistent with self-infliction, it should be reported as an attempt. However, with vehicles leaving the roadway, it is impossible to tell if they were intentional or not. He further stated that they were vigilant in separating visitors from residents, that people were not just moving to Nevada to commit suicide.

Dr. Albers stated it was the third year of grant, and felt it was excellent for Nevada to get such a grant. He explained that monies not consumed would be carried over. Due to the regulation problems with IRV, the monies were not being consumed as rapidly as projected. The carryover should last one - 1-1/2 years. He remarked on the tremendous cooperation from the state, which is invaluable.

## **CONSUMER/STAFF SURVEY UPDATE**

Ms. Cody Phinney reported on the consumer and staff surveys. She also stated she would be leaving her position as a QA specialist at Division to transfer to NMHI in October. She is wrapping up her involvement with the surveys and will generate a report in two to three weeks.

#### CTC UPDATE

Ms. Rosie Melarkey reported that the CTC reviews were ongoing and that each agency would report their numbers to the Commission. Results of the targeted case management survey will be reported to the Commission by the end of December.

## **OCCUPATIONAL STUDIES**

Ms. Kathy McCormick reported that the occupational studies done by the state were studies of an entire class as opposed to individual classification studies. The state does recommend salary changes, but only on the basis of comparison of a series and class within the same group. Only the legislature can change salaries and compare to non-state salaries.

# PROPOSED REGULATION CHANGES: SPECIAL SALARY ADJUSTMENT (+5%) FOR ASSAULTIVE ENVIRONMENT

Ms. McCormick discussed the problematic issue of the +5%, stating the regulation allows the +5% salary adjustment to those staff in the most assaultive environment. It seemed to be a reinforcement of the type of behavior trying to be extinguished. The move is towards eliminating physical restraints entirely, going to a therapeutic environment. The Division will discontinue the +5% for all employees

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except Technicians at Lakes Crossing and NMHI. She stated there was a potential of losing some employees, however the +5% was not the way to keep them in the first place.

Dr. Albers asked what the pay difference was between state and private Clinical Social Workers. Ms. McCormick responded the discrepancy was 30% between State and County.

Dr. Brandenburg stated he realized they were tackling this issue, however as an administration, it was being handled in a standardized way. He felt it would be challenged at the next personnel commission meeting, and it was up to them to agree or disagree. The real issue is to offer a decent salary without the 5% adjustment.

## CRIMINAL BACKGROUND CHECK POLICY

Ms. McCormick reported that the background check policy reflected what was occurring in most of our agencies. It is consistent throughout the Division, checking on every single position prior to hiring. It may be modified to include a fee for fingerprinting.

## **INVESTIGATION OF POST EMPLOYEES - DRAFT POLICY**

Ms. McCormick explained that the investigation form will be used to comply with AB 304.

**MOTION:** David Ward made a motion to accept, as living documents, the Criminal Background Check Policy and Investigation of POST Employees. Dr. Brailsford seconded. Motion carried.

## **QUARTERLY REPORTS LETTERS OF INTENT**

Dr. Kevin Crowe stated the quarterly reports were mailed within the last week. He stated that the monthly reports are required by letter of intent to report bed census and caseload. Quarterly reports have additional requirements. He referred the commissioners to their reports, and asked for suggestions to make them more effective.

**ACTION:** As the Commissioners will be receiving all the reports, they asked Kevin to supply them with binders. Mr. Ward asked Dr. Crowe to also provide an executive summary for mental health.

Dr. Albers requested that DCFS submit reports to complement the reports, as he felt they were incomplete without some coordinated data. He stated that the right questions could not be asked without the proper information.

Dr. Crowe stated he would be happy to work DCFS in anyway necessary. Dr. Albers asked that he report by identify through the table of contents, coordinating with DCFS to include their numbers. Dr. Crowe went on to say he was in the process of developing the first statewide outcomes report.

Mr. Ward thanked Dr. Crowe for the excellent reporting.

**ACTION:** Dr. Crowe will continue to provide the Quarterly reports to the Commission, however the Commission will discuss them every 6 months during a 2-day meeting. This will allow sufficient time for review and to form proper questions. Meeting every two months for 3 - 4 hours is too rushed.

Dr. Brandenburg stated that the Commissioners were the policy makers, and that they should look at the reports very carefully.

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Dr. Brailsford again stressed the importance of subcommittees, making more efficient use of the Commission's time. He also felt that each Commissioner should serve on all subcommittees overtime to better grasp the whole picture.

#### TRAINING REPORT

Dr. Crowe reviewed the Quarterly Training Report (April 1, 2000 - June 30, 2000).

## PERSONAL SERVICE COORDINATOR CONFERENCE

Dr. Crowe invited the Commissioners to attend the Personal Service coordinator Conference to be held at the Gold Coast Casino in Las Vegas on October 24 and 25, 2000.

**ACTION:** Dr. Crowe was requested to send invitations for the Ethics Seminar to the Commissioners, as well as to the Psychology Board, Social Work Board and Marriage and Family Therapist Board. He was also asked to cover suicide prevention and cultural aspects during the seminar.

*Note:* Since the time of the Commission meeting, the Ethics Seminar has been canceled.

## CMHS BLOCK GRANT/DISASTER PLAN UPDATES

Dr. Crowe discussed the budgetary outlays of the CMHS grant, stating that equipment has been ordered to maximize the dollars.

Dr. Crowe stated that a comprehensive plan is in place for Nevada's Disaster Plan.

**ACTION:** Dr. Crowe will provide the Commissioners with a copy of the Disaster Plan.

# SILVER SPRINGS JUVENILE DETENTION FACILITY

Dr. Larry Buel thanked Commissioner Albers for his continued advocacy for youth. Silver Springs is a co-ed facility, slightly favoring males, as males are more likely to offend than females. It is called a youth center rather than a detention center. Census has been averaging 15 beds. It appears 50-60% of the children have mental health diagnoses. A large number of those have been in and out of various psychiatric agencies in Nevada. He further reported that the collaboration between the state, five counties and local agencies in developing this much-needed program was a remarkable feat.

## **PHARMACOECONOMICS**

Dr. Paul Wulkan distributed a draft of the legislative report concerning new generation medications. He stated the costs resulted in a significant budget factor. He discussed the pros and cons of the use of the newer medications. The Legislature has asked for an ongoing report, therefore, Dr. Wulkan explained he would be expanding the cost pyramids of anti depressant and anti psychotic drugs. He stressed that physicians must look at the cost as well as the long-term dollar outlay. The physicians are utilizing free introductory offer drugs. He reported a significant savings of those who were put on new medications and then moved into the community realizing future savings and societal savings, although not in hard cash. The number of beds and the building of new hospitals and their maintenance are not always considered.

Dr. Brandenburg stated that MHDS was working on clinical ethics, but also cost containment. He said that educating the physicians was a priority. He stressed the importance of not automatically writing the expensive prescription.

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Dr. Don Molde stated he has been in communication with other agencies and states. Some states have certain algorithms in place. The Division of MHDS is a taxpayer-funded operation, and does not treat the same type of clients that the community physicians do. It is difficult to compare MHDS with others.

#### **DCFS**

Ms. Laurel Swetnam reported that Mr. Shaw was unavailable and would deliver a budget report at the next commission meeting.

**ACTION:** The Commissioners asked that an action item be placed on the agenda for DCFS to report on how they see themselves interfacing with the Commission as it relates to child mental health.

Ms. Jill Smith referred to NRS 433 whereby it states that the administrator of DCFS must abide by the policies set forth by the Commission. She encouraged the Commission to use their power and applauded MHDS and the Commission for fighting for the newer medications.

She further alleged that DWTC was using thorazine in mega doses, which is not the standard practice to use as a chemical restraint. Dr. Brailsford suggested a policy be put in place stating what options must be followed, thereby avoiding a situation like that in the future.

**ACTION:** Ms. Smith will submit a written draft at the next Commission meeting.

Ms. Barbara Qualls, DWTC took exception to Ms. Smith's comments, stating DWTC had addressed the issue of thorazine. Dr. Brailsford again stressed the importance of having written guidelines in place, stating it would help everyone and provide a defense for the form of treatment. Ms. Qualls stated the necessity of DWTC to receive ongoing information from the Commission.

**ACTION:** Ike will add DWTC to mailing list.

Dr. Albers stressed that the three DCFS committees were advisory groups, not policy-making committees. The Commission must oversee the total array of mental health for adults and children. He further stated he had attended three Commission meetings since being appointed and has yet to see Mr. Shaw present himself. He asked if there was any legislation pending on the part of DCFS to not be a part of the Commission on Mental Health and Developmental Services.

**ACTION:** Lisa Brown will research pending legislation and report to the Commission at the next meeting.

Ms. Swetnam reported that DCFS was merging several panels and advisory boards; Citizens Review Panel, Children Justice Task Force and 4B Steering Committee. She asked if the Commission could sit on one of these panels.

**ACTION:** DCFS was asked to provide the Commission with a list of the committees for which they would like the Commission to join. It will be placed on the agenda for the commission meeting.

**ACTION:** DCFS was also asked to report at the next Commission meeting how they see themselves interfacing with the Commission.

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**ACTION:** Dr. Crowe will supply DCFS a copy of the quarterly report so they can provide similar kinds of data to the best of their ability at the next Commission

**ACTION:** Ms. Brown will clarify what the Commission's role is concerning DCFS at the next Commission meeting.

Dr. Albers stressed that if the Commission was going to act as an advocate in front of the legislature and suggest legislation, the Commission must be informed and have priorities straight. He suggested the Commission would have more power with corroboration.

Ms. Qualls reported on the staffing shortages being experienced by Desert Willow Training Center (DWTC). She explained the facility had been cited by certification due to lack of staff. In order to meet JCAHO standards, 20 more positions are necessary. Staffing will be a priority in the DCFS budget. An extensive staffing proposal has been presented to DHR, identifying all acuity factors, 1-1, suicide attempts, etc. The waiting list is considerable, however, clients must be deferred. ERs are overloaded and children and adolescents are a part of the overload. ERs call, however, the facility cannot accept clients due to understaffing. Must remove type 1s with written progress report.

Ms. Brown asked how many of the 20 positions would be nurses. Ms. Qualls stated that they had 25 nursing positions, with only 14 of them being filled. This does not allow for an RN to be present on each shift for each program daily. Ms. Brown stated that there was a statewide nursing task force looking at the shortage of nurses. Further discussion followed regarding acuity levels and the snowball effect.

# PROPOSED PES STATUS REPORT

Dr. Jim Northrop reviewed the plans for the new PES, indicating emphasis on safety and dignity for those being transferred to PES. He stated the local ER rooms have been on divert status frequently. Dr. Northrop related his experience of having to sit in the back of an ambulance for 1-1/2 hours and also being required to sit on a credenza for hours. Dr. Brandenburg stated the north would utilize a similar design, as a result of a PES in San Antonio, Texas, which utilized staff in a very acute center. He stated there was a direct line of site from the nurses' station down hallways. A meeting has been scheduled with Ms. Maud Naroll of the budget office to discuss this.

## INTENSIVE CASE MANAGEMENT PROGRAM

Dr, Northrop related they were coming up on 3<sup>rd</sup> anniversary of the Case Management Program. The result has been a reduction of hospitalization needs. More contact with the client has been realized, as well as more involvement with resources (parole officers, judges, etc.). Most importantly, data has been gathered on SMI re-incarcerations; of an active caseload of 75, four persons returned to jail. These numbers are very good considering one year ago, 65% came from the prison system.

Ms. Martha Harbuck, ICM, stated referrals must be felony-charged and referred by DOP and Parole and Probation or SNAMHS. Clients coming out of prison are multiple offenders and need assistance to meet Parole and Probation terms and help to not re-offend again. The minimum contact with each client is one face-to-face meeting per week, however, many meet two to five times weekly.

Dr. Brandenburg stated that one problem being faced was the Memorandum of Understanding between MHDS and Department of Prisons (DOP). To avoid the gap created by the prison in their referral system, a 90-day window is necessary, however DOP is not being very cognizant of this

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need. A meeting with Ms. Jackie Crawford, Director of DOP has been scheduled to shore up these gaps.

Dr. Northrop stated the sharing of information is critical and the agencies must cooperate closely. He stated a trust had been developed and would continue to be nurtured.

Mr. Ward stated that once a client was assigned to the Intensive Case Management Program, they were seen one-four times per week. He asked how often a client was seen by Parole and Probation. Mr. Harbuck stated she thought they were seen once per month. She also related that they work closely together and that Parole and Probation was happy to have them as they have 100 clients, but not enough time. The Intensive Case Management Program assists with the mental health issues. Each client has access to all our housing options, medication clinics, etc. The program coordinates all the needs of the client with all the resources available. There is also limited coordination with BADA, depending on the client's need.

# STATUS REPORTS BY AGENCY DIRECTORS

## **SNAMHS**

Dr. Northrop reported that the smoke retrofit program was underway, and that they would begin moving people this week from the areas to be remodeled. The entire process should be completed in December, utilizing the schedule of repairing one unit at a time, then moving the clients. There will e a three-day period between phases to enable the moving and settling of clients. He further reported that PACT was now up to staff and that the program continues to deliver outstanding outcomes. The hospital census declined to mid-to-high 60s. This census allows for training and policy development. The agency conducted an internal HCFA survey, and will continue to do this three times yearly. They have pinpointed deficiencies and have developed a plan of correction, which will keep them prepared for HCFA and good treatment.

# **LCC**

Dr. Betsy Neighbors reported a stable census (40-45 clients), which was a comfortable caseload. Lakes has opened new wing and they are working on enhancing the group therapy program. Staffing personnel are doing well in hiring forensics and are now up to speed in keeping the staff ratio. Nursing staff is a little more difficult, however hope to have the night shift on board in near future. A new contract with Clark County Detention Center (CCDC) and Washoe County Detention Center (WCDC) has been developed. She stated that the county commissioners in the north have formalized a committee to work on the continuity of care issues, attempting to triage misdemeanants so they don't end up in LCC. CCDC is staffed with five mental health providers with emphasis on suicide prevention for high-risk detainees. They also help with transfers and the monitoring of medication needs.

#### NMHI

Dr. Harold Cook reported that the JCAHO visited the Institute for a focused survey. In the three areas surveyed, the institute was found to be in substantial compliance. He thanked Cody Phinney for her hard work, which was instrumental in their high scores. He also reported that the Institute has come to the end of the financial audit done by LCB. He stated that LCB was not quite so kind in their audit. However, the results of the audit will give NMHI the opportunity to put their financial house in order, which has already begun. By the time the plan of correction is due, NMHI will have a standardized billing implemented and in place.

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Dr. Cook thanked Dr. Kevin Crowe for using the CMHS grant to provide \$36,000, which enabled the transition of an NMHI client of 12 years to the community.

He also reported NMHI was entering into negotiations with Mojave in opening a medication clinic in the North. All Medicaid eligible medication clinic patients will be referred to Mojave. Dr. Cook stated that this would enable NMHI to serve more clients who are indigent, while Mojave can get paid for Medicaid clients.

The delay in receiving outpatient services at NMHI has been corrected. Rather than waiting 3-4 months as in the past, psychiatric counseling now has a 3-day turnaround time. New case management clients are provided a case manager within 2 weeks. Most importantly, the initial psychiatric appointment has gone from four months to a matter of weeks. Dr. Molde has been very helpful in this.

PES at NMHI is now licensed by BLC. There are a couple of environmental issues needing correction, however, a correction plan has been submitted. He also reported the new hospital was on schedule, and invited the Commissioners for a tour.

Dr. Cook stated he attended the Western Hospital Association Conference. He reported that a great deal of time was spent on the Olmstead issue and inappropriate institutionalization. He also stated relationship with advocacy groups was a huge issue. He also pointing out some concerns that the JCAHO continues to lay people off and that it may in fact fold. Another issue beginning to raise its head is the confidentiality of QA documents; eroding states' rights to assure QA documents remain confidential. The Western Hospital Association will also look at whether or not minorities are being given more aversive treatment that other populations.

# **RURAL CLINICS**

Dr. Larry Buel reported stable client caseloads. He also stated that a suicide assessment has been initiated. Recruitment continues for Elko and Winnemucca, working on filling four positions. He stated that the client load would increase as the vacancies are filled.

Dr. Buel reported that he visits each rural office once every two months. A Drug and Mental Health Course in Rural Nevada will offer intensive training with district judge personnel. The oversight of Rural Clinics is interesting considering the rural region has 316,000 individuals, and is scheduled to grow by 97,000 individuals by 2010. The budget will be critical to avoid understaffing.

**ACTION:** Dr. Brandenburg will make the LCB audit report available to the Commission when it becomes a public document.

## SRC

Dr. Dave Luke reported 56 residential placements over the past year, meeting the Legislative order. He reported the rest of this year would be a consolidation of catching up with rapid growth. There is still a waiting list. He referred the Commissioners to the Quarterly Report and the review from Medicaid, stating a plan of correction was in progress. SRC is working with the accreditation arm of the Quality Consortium. They are now interested in what the agency has planned for ongoing quality improvement. They have accepted SRC's plan and are using it as a role model for other facilities. Caseloads continue to be high.

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# **DRC**

Mr. Stan Dodd reported 100 individuals placed in community placement this year. He explained that if a family requested a community placement, they must accept the placement within 60 days. The family has two chances for placement.

Mr. Dodd reported that in July he attended a national conference on supportive employment, which sets the standards. DRC will begin quarterly meetings with service providers, parents' advocates, etc. stating it was a great stakeholder process.

Two Capital Improvement Projects are beginning; one to replace the air conditioners in Buildings 1-6 and the other to clear out the gully running through the property. The gully has many homeless people taking up residence there.

He stated they were one over census at 89, but were planning to move one person

## RRC

Dr. Marcia Bennett reported that the Case Managers were carrying caseloads of 50. RRC is fully staffed at this point, however they have four offices that cover the entire rural region, requiring a lot of travel. Some communities are still without service. The Elko Case Manager serves Ely, but can only get out there quarterly. It is very difficult to assist the Ely community from Elko. Providers are non-existent in Ely and the waiting list is growing. The ICF waiting list has been cut in half. RRC has been able to provide community based support, educating families about non-institutional settings.

**ACTION:** Dr. Bennett was asked to send a facility list to the Commissioners.

# <u>MOJAVE</u>

Mr. Mike Howie reported Mojave's outcomes were doing well. He stated Mojave had an office in Reno for the past year and would now try to relieve some of the pressure from NMHI. He also stated that Mojave was adding 7,700 sq. ft. in the South. He felt the Division of MHDS was a pressure cooker and that Mojave was the relief valve. Mojave did well on an internal audit regarding the referral process from MHDS to Mojave.

# DS WAIT LIST/RESERVATION LIST INFORMATION

Dr. Luke distributed a handout detailing the waiting list as opposed to the reservation list. Dr. Brailsford stated he felt the reservation list was underutilized, as people may not have foresight to see what may be coming down the pike.

# **CRISIS CALL CENTER SUICIDE HOTLINE REPORT**

Ms. Misty Allen referred the Commissioners to the report distributed in their packets. She stated that the first fiscal year showed only a positive impact on the crises lines.

She reported that the Girls and Boys Town were not participating in the 800 suicide national network at this time, but would be soon. She also reported that Nevada needs to look into getting that 800-suicide number in the future.

Dr. Albers asked whether their funding by State Legislature was contingent from biennium. Ms. Allen replied that their funding was contingent upon Legislature and the Governor, stating they currently had a two-year grant. Dr. Albers asked whether or not a letter from the Commission would be helpful.

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**ACTION:** Chairman Glovinsky will entertain all drafts of a letter to the Governor on behalf of the Crisis Call Center Suicide Hotline.

## MHDS ADVISORY BOARD - NORTH

Dr. Henry Watanabe referred the Commissioners to the letter asking for approval of the two new board members. He reported that the advisory board was continuing to get other community members and agencies involved in the advisory board. He stated that they would like NAMI to participate and were contacting them to join the board. The board is also trying to understand the placement of nursing home patients by Medicaid and has asked for someone from Medicaid to attend a meeting to help explain the placement. Dr. Watanabe also requested help for funding from the Commission to attend meetings

**MOTION:** Dr. Brailsford made a motion to accept the addition of the two new board members, Dr. Albers seconded. Motion carried.

## MHDS ADVISORY BOARD - SOUTH

Mr. Dodd reported for the Southern MHDS Advisory Board, distributing minutes of their last meeting to the Commission.

# MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Dr. Crowe reported for Ms. Alyce Thrash. He stated the Council was in the process of distributing \$25,000 from its budget that was allocated to directly benefit consumers in Nevada. This money was awarded to three organizations: NMHI, Leadership Academy Nevada and Jubilee Ministries.

The Council's Executive Committee is currently interviewing applicants to fill the two vacancies, which will be filled by consumer or family member.

The Council, in conjunction with DCFS and MHDS, is finalizing FY 2000 CMHS Block Grant expenditures. They are also preparing for the annual grant review scheduled for November.

## NDALC/DIVISION OF MHDS PROTOCOL UPDATE

Dr. Brandenburg reported that NDALC and MHDS concluded a successful meeting session. They have re-energized efforts to develop a protocol and hope to have the protocol in place by the next commission meeting. He thanked Dr. Brailsford for taking the time to meet with MHDS and NDALC and to get them on the right track.

# **NEVADA DISABILITY AND ADVOCACY LAW CENTER**

Ms. Jill Smith referred to the Olmstead package previously sent to the Commission. She reviewed the number of children in immediate need of services or those institutionalized in inappropriate settings. She implored the Commission to do whatever was in their power to facilitate the department heads in securing resources to enable them to do what they know they need to do. She stated there was a divergent opinion; Charlotte Crawford feels Olmstead does not say Nevada needs to comply. NDALC feels it does apply to all facilities and requested that any support that the Commission was inclined to give in support to obtain resources necessary to fulfill mandates of Olmstead act would be appreciated.

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She went on to report that the rate increase issue for providers was critical and that a number of coalitions were meeting regarding this issue. She was seeking the Commission's counsel and advice on how to expedite this.

Dr. Glovinsky stated that the coalitions should submit letters to the Governor. Mr. Ward reported that many were submitting letters, but that he had heard that the Olmstead issue may bankrupt the state. In his opinion, Olmstead solutions were realized one person at a time, each case being a very personal thing. He felt an institute's compliance could vary by each case and individual.

Ms. Smith stated that each individual is assessed and would not be forced into the community, if the treatment team and family members choose not to use community-based services. Mr. Ward felt it should be solved incrementally. He pointed out the progress made. Ms. Smith felt the incremental approach could be good, but stated if one person is inappropriately institutionalized, a lawsuit would follow. She felt the state would be left with no defense if the state refused to consider developing a state plan to move along these lines as mandated in Olmstead.

**ACTION:** The Commission will discuss what part they will play in the Olmstead issue during this legislative session.

# REPORT FROM MHDS COMMISSIONERS/ROUND TABLE ANNUAL REPORT

Dr. Brailsford reported that he visited the office in Mesquite. He also stated that October was Mental Health Awareness month. Dr. Brandenburg stated he would submit a proclamation to the Governor. Dr. Brailsford congratulated Lisa Brown for winning her primary.

Dr. Glovinsky stated that he did like forward thinking.

Ms. Brown stated she was looking forward to discussing the issues in subcommittees.

Mr. Ward stated it was a critical time for the Commission. The functions in the statutes concerning policymaking and advisement are clear. Resolutions from this body are significant to legislators. He further stated he felt fiscal costs or implications were not the purview of the Commission. He felt the Commission has an obligation to report to both legislative and ex-bodies what the state of the state is for the constituents we serve. There are two interrelated issues: adequate funds to provide for providers. CTC's and other providers have not had an increase for 10 years. They are being reimbursed at a tremendously reduced level. Forward thinking is not waiting until we are in a crisis mode before dealing with an issue. The Commission can't know what the financial implications are. The state would be well served to have a plan in place to address the needs as stated in Olmstead. We should take some action – create a task force or subcommittee to analyze what the Commission could do and report back to Commission, and through the Chair, create some kind of agreement that can be put into the form of a resolution.

**ACTION:** Dr. Glovinsky asked NDALC to rough draft a proposed resolution.

Dr. Brailsford suggested the formation of legislative subcommittees to offer feedback.

Ms. Smith felt there was a potential for political difficulties if NDALC drafted such a resolution.

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Mr. Ward stated that the Commission is appointed by the Governor, but have been asked to be forward thinkers.

Dr. Brailsford asked the Commission to come up with 20 things the Commission felt were priorities, the subcommittee would then choose four or five that are most fundamental and pivotal.

Dr. Albers stated he had read the statute and was awestruck by the responsibilities of the Commission. The Governor is looking to the commission to leaders in mental health issues. It is not matter of being adversarial, but taking the mental health issues of this state. If we stay focused on the youth and families, we can't go wrong. The Commission must not become ineffective. He further stated that his statements regarding DCFS and children were not meant to be adversarial. He is just seeking a full understanding of all parties involved.

**MOTION:** Dr. Brailsford made a motion to adopt the three subcommittees as recommended by Mr. Ward at the July meeting. Dr. Albers seconded. Motion carried.

The following members were assigned:

# **Clinical Subcommittee**

Fran Brown John Brailsford Marv Glovinsky Eric Albers

# Legislative Subcommittee

John Brailsford David Ward, Chair Eric Albers

## **Consumer Subcommittee**

David Ward

**ACTION:** David Ward asked for further input from Ms. Smith, as he was already involved in Olmstead.

Respectfully submitted,

Ike Cress Recording Secretary