COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, FEBRUARY 8, 2002

MEETING LOCATION: LEGISLATIVE COUNSEL BUREAU – CARSON CITY AND VIDEO TELECONFERENCE GRANT SAWYER OFFICE BUILDING – LAS VEGAS

MINUTES

COMMISSIONERS PRESENT:

Frances Brown, MSN, MSEd. RN, Chair David Ward, Vice Chair Elizabeth Richitt, Ph.D. Rena Nora, M.D. – Las Vegas location Johanna Fricke. M.D.

COMMISSIONERS ABSENT:

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

CALL TO ORDER

Chair Fran Brown called the meeting to order at 8:45 A.M.

APPROVAL OF MINUTES

MOTION: Dr. Elizabeth Richitt made a motion to approve the December 7, 2001 meeting minutes as amended, seconded by Mr. David Ward. Motion carried.

STATE LEVEL EMERGENCY OPERATIONS PLAN

Dr. Kevin Crowe stated that he coordinates the statewide disaster plan for Mental Health and Developmental Services. Dr. Crowe reviewed the Executive Summary of the state plan. Dr. Crowe stated that there was no disaster response plan up until 1998. In 1998, a FEMA grant was obtained to develop a plan and provide training and clinical tool kits. Dr. Crowe explained that in order for the plan to be activated, the Governor or the President of the United States must declare a situation a disaster, and when local disaster resources are overwhelmed. The Emergency Operations Plan will respond to large-scale disasters through the Division of Emergency Management.

Dr. Crowe stated that there are 12 essential service functions. Under Emergency Support Function #6 – Mass Care Annex is assigned to the Nevada Division of Mental Health and Developmental Services with responsibility to: 1) Coordinate the development of crisis counseling programs as appropriate; 2) Maintain and access a listing of community volunteers, who are mental health professionals, to arrange for disaster mental health services delivery; and 3) Arrange for maximum use of the

Division's treatment facilities during declared disasters. Additionally, a provision listed under FEMA Emergency Support Function #2 – Communications Annex assigned to the Department of Human Resources has the responsibility to: 1) Maintain and utilize an emergency disaster communications plan within all Division of Mental Health and Developmental Services facilities and personnel. There is the addition of a 13th essential function in bio-terrorism.

Dr. Crowe reviewed the Division of Mental Health and Developmental Services Goals:

- Coordinate the development of crisis counseling programs as appropriate;
- Maintain and access a list of community volunteers, who are mental health professionals, to arrange for disaster mental health services delivery;
- Arrange for maximum use of the Division's facilities during times of disasters; and
- Maintain and utilize emergency disaster communications within all Mental Health and Developmental Services Division facilities and personnel.

Dr. Crowe reviewed the "Immediate Action Checklist". This checklist includes a set of specific activities. Each region has a Regional Response Plan. Dr. Crowe reviewed the Response Cell Activation Procedures and the Disaster Communication Flow Chart in Nevada for Mental Health Response. The activation of the Mental Health and Developmental Services Emergency Operations (EOP) is designed to meet the provisions of Federal and State law with regards to providing disaster assistance to victims of nature and man-made disasters. Mental Health Division identified employees would be located at the Emergency Operations Center (EOC) – located at the Division of Emergency Management, in case of a disaster.

Dr. Crowe briefly reviewed the brochure that would be handed out during a disaster. The brochure lists symptoms and maps to mental health offices. Dr. Crowe stated that responders will be on-site to treat patients. There are 60 trained volunteers on the Response Teams.

OVERVIEW OF FY01 DISASTER RESPONSE ACTIVITIES

Dr. Crowe reviewed the Summary of 2001 Disaster Responses. Dr. Crowe stated that in June there were four responses to wildfire disasters. On September 11, 2001, thirty-six staff members were placed on alert, one registered nurse was sent to the World Trade Center in New York City. The Mental Health Division has been providing emergency services immediately to disasters.

Dr. Crowe stated that they are finding out that help is needed for the responders and especially for responders helping children. The responders are being traumatized by the disaster in addition to the victims. Dr. Crowe stated staff is dispatched to do an assessment of the situation and then provide the services accordingly. Dr. Crowe reviewed the Disaster Response Staff Training Summary and stated that training has been provided and future trainings are scheduled.

Dr. Crowe stated that State Purchasing maintains the pharmaceutical stockpot in Nevada, and during a disaster simulation it was determined that there was insufficient supply of antibiotics and psychotrophic medications. That situation has now been resolved. Dr. Crowe stated that the disasters most prepared for are floods,

earthquakes, wildfires and airplane crashes. Bio-terrorism is a disaster that we need to be prepared for. There is a need to have bilingual individuals on the disaster response team. Dr. Crowe stated that a \$250,000 crisis-counseling grant is available from FEMA for disaster relief. This grant can only be applied for within 48-hours once a disaster is declared. Dr. Crowe stated that training is an on-going process for volunteers.

Dr. Crowe reviewed the Initial Situation Report Form. The form assesses the situation, determines if the facilities are damaged, what materials are needed, evaluate private property damage, identify immediate trauma needs, determine veterinary needs, current weather conditions, and plans to transport staff to site. The National Guard is responsible for transporting individuals. Volunteers need to be prepared to be away from home for two weeks. Dr. Crowe stated that the Mental Health Team is working with law enforcement. Dr. Crowe stated that the Mental Health Plan is in good shape and has provided services when requested.

Upon questioning by Dr. Rena Nora, Dr. Crowe stated that the Division keeps a volunteer list with emergency phone numbers.

The issue of malpractice of responders was raised. Dr. Crowe stated that he was unaware of the issues related to malpractice for individuals providing disaster relief.

Dr. Rosin stated that if an individual is Red Cross trained and if that provider operates within the scope of practice, they are covered by malpractice insurance. Concerns were expressed with regards to individuals helping out in times of disaster, but have ulterior motives.

Dr. Brandenburg stated that there is a need for ALL states to include substance/alcohol abuse, domestic abuse, and mental health services for first responders.

PRESENTATION OF CERTIFICATES

Dr. Brandenburg congratulated Dr. Nora and stated that Dr. Nora is receiving the MHDS Exemplary Service Award. This recognition program serves to acknowledge Division professionals nominated for outstanding effort and recognizes Dr. Nora's outstanding effort as Chairperson of the Psychiatric Advisory Committee. Dr. Brandenburg thanked Dr. Nora for all of her hard work and leadership in areas such as medication issues, algorithms and providing ongoing stable leadership.

ACTION: Dr. Nora's Certificate will be mailed to her.

Dr. Brandenburg presented Alyce Thrash with an Exemplary Service Award for her outstanding contribution on behalf of the consumers in the State of Nevada. Her leadership with NAMI and MHPAC has been outstanding.

SW LICENSING BOARD FOLLOW UP RE: SCOPE OF WORK

Dr. Rosin stated that he met with the Social Work Board and expressed the concerns of the Commission. The concern expressed is that Social Workers would be operating outside their scope of their licenses with this issue. An agreement was reached that

Social Workers are well trained to work with difficult clients in difficult situations and obtain accurate information, however the processing of the information and making judgments is outside the purview of their license. Based on that finding, Dr. Rosin presented and reviewed a draft of the "Emergency Medical Screening" form. The Social Work Board determined that social workers are able to perform the work, but cannot make judgments outside their scope of practice. The Screening Form was developed to define the scope of work. Dr. Rosin stated that this form is still in draft form and will take any recommendations for amendments. Upon questioning, Dr. Rosin stated that Social Workers will assess with the initial screening questions that are specific. The process is still under review and there may be additional changes in the process. It was discussed and noted that if the Social Worker is uncomfortable with the content or the response from a client, a Nurse or Physician is to be contacted.

Mr. Ward questioned if a protocol had been established for individuals coming into a clinic and a clinician finds that they are unable to do an adequate job of answering the questions. Dr. Rosin stated that in this situation, a Nurse or Physician is to be notified.

Dr. Rosin stated that the documents would be submitted to the Social Workers Board for review and approval.

The Commission thanked Dr. Rosin for his report.

CRISIS CALL CENTER SUICIDE HOTLINE/SOUTHERN SEAMLESS ROLLOVER

Ms. Misty Allen was not present.

DCFS DENIAL OF RIGHTS AND S/R POLICY AND PROCEDURES

Chair Brown stated that at the last meeting the DCFS Denial of Rights was provided to the Commission from the Desert Willow program. Dr. Richitt questioned when restraints are necessary and when it is just seclusion, and did not find this within the policy.

Les Gruner, Clinical Manager of Northern Nevada Child and Adolescent Services for DCFS, stated that he would raise this issue with Dr. Christa Peterson and Ms. Diane Jungwirth, who were unavailable for today's meeting and will provide a follow up for the Commission. Mr. Gruner stated that mechanical restraints are not used and when restraints are used it is more of an escorting restraint procedure. Mr. Gruner stated that 4-5 point restraints are used in more serious acute settings.

Dr. Richitt questioned the policy by which staff will offer fluids, toileting and comfort measures every 15 minutes. Dr. Richitt feels that this is too demanding for staff to offer every 15 minutes. Mr. Gruner stated that staff does currently offer fluids, toileting, and comforting methods every 15 minutes.

Dr. Nora stated that the staff does offer the liquids, toileting and comforting every 15 minutes. The service is offered every 15 minutes, but it may not be done based on need of the client.

Dr. Richitt stated that a physician must provide face-to-face evaluation within one hour of the initial episode or intervention.

Dr. Nora felt that the guidelines were well done and the checklist is helpful to check on compliance. Dr. Nora stated that seclusion is defined as the separation/isolation from others, the individual is prevented from exiting out from a confined area, and is being watched by staff. Dr. Nora suggested that seclusion needs to be defined and specified in the policy.

Mr. Gruner thanked the Commission for the feedback and will share this information with Dr. Peterson and Ms. Jungwirth.

DCFS PERFORMANCE INDICATORS REPORT

Pete Galantowicz, Chief of the DCFS Program Evaluation and Data Unit, reviewed the Program Indicators, Prototype Indicators and Mental Health Block Grant Indicators. DCFS has operationalized a statewide child welfare information system. The system allows immediate office-to-office communication and includes all mental health offices.

Mr. Galantowicz stated that DCFS has a new administrator, Ed Cotton and Diane Jungwirth, the new Deputy Administrator. Mr. Cotton and Ms. Jungwirth want to review and amend the indicators and have a finalized set of indicators.

Mr. Galantowicz stated that it is the one-year anniversary of the Program Evaluation and Data Unit. A monthly newsletter has been developed to keep individuals informed. The Commission was given a copy of the newsletter.

Mr. Galantowicz stated that every child in the DCFS system is registered in the SAC system – Unity. Mr. Galantowicz reviewed the "COOL" Child Outcomes On Line Report and stated that the report is broken out by region, office, caseworker, and individual. Reports can be tailored to specific needs and data information. COOL is the window of the kinds of information that is included in Unity. This is a very useful tool for the caseworkers and the feedback has been positive.

Mr. Galantowicz stated that the program is due for federal review in the fall of 2003.

Dr. Johanna Fricke expressed concern that important medical information is not being transferred when a child is in foster care and is moved around. Dr. Fricke stated that medical histories need to be available for each child in the system. Mr. Galantowicz stated that medical information is provided within the Unity system. Mr. Galantowicz stated that the System replaces hardcopies of medical records and that information is available in electronic form to the caseworker.

Mr. Ward questioned if the information available to DCFS is transferred from agency to agency when that individual becomes an adult and transfers to the adult mental health system.

Dr. Brandenburg stated that there is a protocol for sharing information between agencies. The information is transferred by hard copy and then entered into the Mental Health and Developmental Services System. There is no integrated statewide system.

Dr. Fricke questioned how does long term foster care information transfer to Washoe and Clark County. Mr. Galantowicz stated that Washoe County is on the System and Clark County will be on the System in about 1 to 1½ years.

Chair Brown thanked Mr. Galantowicz for his report.

NNAMHS LOCAL GOVERNING BOARD NOMINATION OF MEDICAL MEMBER

Dr. Harold Cook recommended and nominated Dr. Ira B. Pauly for the medical position on the NNAMHS Governing Board.

MOTION: Mr. Ward moved to accept Dr. Pauly for the medical membership of the NNAMHS Governing Board, seconded by Dr. Richitt. The motion passed unanimously.

MHDS ADVISORY BOARDS SOUTH NORTH – NOMINATIONS OF SUSAN L. PATTERSON AND MELANY DENNY

Santa Perez, via video-teleconference in Las Vegas, stated that there was a discussion with the Rate Commission and the need for increased reimbursement for private service providers. The Board believes there should be a SLA rate that approaches the \$345 per day ICF/MR rate. There was a discussion about more people finding jobs rather than going to a day program, this lead to a discussion about Ticket to Work Program. The Positive Behavioral Support Program was discussed and there is participation from the school district, parents, DRC staff, policy-making and service providers.

Mr. Ward thanked Ms. Perez for her presentation and noted that he had a copy of a form developed by the Northern Nevada MHDS Advisory Committee. It is a Suggestion Form intended for consumers, family members and staff. This form was developed to increase feedback to submit to the Commission.

ACTION: Send the Suggestion Form to the Southern MHDS Advisory Board for their consideration.

Ms. Kim Spoon, Vice Chair of the Northern Nevada MHDS Advisory Board, stated that the Suggestion Form is still a work in progress. Ms. Spoon stated that the Board is discussing how to distribute the Form, how the data will be collected, and how to report the data. Ms. Spoon stated that the Form includes compliments, as well as concerns.

Ms. Spoon recommended and nominated Dr. Susan L. Patterson and Melany Denny to be appointed to the Northern Nevada MHDS Advisory Board.

MOTION: Mr. Ward moved to approve Dr. Susan L. Patterson and Melany Denny to be appointed to the Board, seconded by Dr. Nora. The motion passed unanimously.

Ms. Spoon stated that there is no report with regard to the Veterans Administration and the Institute to work together. The Board is also working on a new project dealing with the problems of affordable dental work for developmentally delayed individuals and will report to the Commission at a future meeting.

ACTION: Mr. Ward requested that Ms. Perez and Ms. Spoon pass along information to the Advisory Committees advising that if the Committees identify any pressing issues that need to be identified as legislative issues, they need to be identified now to be addressed in the next legislative session. Ms. Spoon indicated that she would pass the information along to the Committee. Ms. Perez stated that they would discuss legislative issues at their next Board meeting.

A break was granted at 10:30 A.M. The meeting reconvened at 10:52 A.M.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Alyce Thrash thanked the Commission for the retreat and would like to continue the retreats with the Commission, especially during the legislative session.

Ms. Thrash expressed concern with regards to the PES unit for Southern Nevada. A situation occurred yesterday where someone was stuck in the hallway of an emergency room hospital and could not get that individual transferred. Dr. Brandenburg and Mr. Mike Willden have agreed to discuss this issue with the local hospitals and stakeholders to have a better system to treat these people with dignity. Ms. Thrash stated, as a consumers group, they are going to go talk with the hospitals and staff about decent treatment of individuals with mental conditions and that those individuals have rights. Ms. Thrash stated that education for hospital personnel and to have a facility built for these individuals is a priority of the Committee.

Ms. Thrash stated that the Advisory Committee did receive an increase in the Block Grant of approximately \$96,000.

Chair Brown stated that she appreciates the effort of the joint meeting and felt that the joint meeting was very helpful.

Dr. Fricke stated that frustration is shared by physicians who take care of children that show up with acute mental health issues in the south. Dr. Fricke stated that the Committee's efforts are greatly appreciated.

Chair Brown thanked Ms. Thrash for her report.

AGENCY DIRECTORS' REPORTS

DRC

There were no questions.

<u>NNAMHS</u>

There were no questions.

Rural Clinics

Dr. Richitt expressed concern regarding the length of the waiting list, 300 individuals waiting longer than 14 days for outpatient counseling.

Larry Buel stated that they are working on a clear definition of "waiting list", to help develop additional services. The number 300 represents all those individuals who had an intake appointment during December and people who have applied for services before and during December and that equals the sum total of people waiting for services. Dr. Buel stated that ALL individuals have been screened, with the emergency cases receiving immediate services.

Dr. Brandenburg stated that there are variables to be considered when reviewing the waiting list numbers. There has been double-digit staff vacancies in the rural areas and there are recruiting difficulties and difficulties maintaining staff.

Chair Brown pointed out that there are 25 full-time and 3 part-time vacancies.

Dr. Buel stated that the vacancies include nurses, psychologists, social workers, and service coordinators. In Elko there are two social worker positions, with one position being filled in April. For individuals applying for positions in Winnemucca, Elko and Ely, the applicants are offered a percentage for interview and moving expenses.

Mr. Ward questioned if there has been a discussion for a difference in the compensation levels for individuals working in the rural areas? Dr. Buel stated that this has been discussed, but cannot be accomplished based on the state pay scale and state personnel regulations. Individuals in the rural areas do start in the middle of the pay scale – not the bottom.

Upon questioning by Dr. Richitt, Dr. Buel stated that individuals applying in rural areas are encouraged to apply in other rural areas, but are not always willing to move to other rural areas.

Dr. Richitt stated that a waiting list of 300 individuals is too long. Dr. Buel stated that if all the vacant positions were filled, the waiting list would go away.

<u>RRC</u>

Mr. Ward questioned who put together the grant application and how many grant applications does RRC apply for.

Marcia Bennett, Director for RRC, stated that the Children's Trust Fund applied for the first time for a grant and received \$74,000 to augment the family support budget. Dr. Bennett stated that Kate McCloskey spearheaded the grant application.

SRC

Mr. Ward questioned the service coordination caseload, where and how many are coming onboard.

Dr. Luke stated that there are two new positions, a program coordinator and service coordinator. There is one part-time position and a 1³/₄ position for a Spanish speaker.

Mr. Ward questioned the impact when all 3 positions deployed. Dr. Luke stated that the projected staffing could handle 681 individuals employed with a 1 to 45 ratio.

Mr. Ward congratulated SRC and Dr. Luke on the two year JCAHO accreditation.

CTC's

There were no questions.

NNCAS

Dr. Richitt expressed concern with regards to the waiting list, particularly in early childhood.

Mr. Les Gruner stated that there have traditionally been waiting lists in those two programs and DCFS has attempted to address it through the legislative process and will continue to address the issue through the legislature. Mr. Gruner stated that those on the lists are triaged weekly and immediate needs are met. The families on the waiting lists are contacted periodically to see if their needs have changed and to facilitate resources. Upon questioning by Dr. Richitt, Mr. Gruner stated that they would approach the legislature to expand the staffing at NNCAS.

Mojave

There were no questions.

Crisis Call Center

There were no questions.

SNAMHS

Dr. Rosin stated that they are making progress in filling the psychiatrist positions and he will address the other staffing issues in the Medical Director's Report.

STATEWIDE MEDICAL DIRECTOR'S REPORT

Dr. Rosin stated in regards to the staffing recruiting issue, there is an interest to pursue additional positions through the legislative process.

Dr. Rosin stated that the licensing board denied the limited license proposal and as such prospective psychiatrists have been lost. Dr. Rosin reviewed the process wherein various positions to be filled with qualified individuals, and positions in which individuals have been hired. Dr. Rosin stated that they have contacted two headhunter agencies to help recruit qualified individuals. Dr. Rosin stated that the staffing issue is very serious.

Dr. Rosin stated that eight psychiatrists have been contracted to assist with the workload. Upon questioning, Dr. Rosin stated that they have not lost a contracted individual due to liability insurance issues.

Dr. Rosen gave an update on the algorithm. There was a February 1, 2002, start date to start the system and the system in the North has been generalized in a clinic setting and in the South has been generalized in a clinic setting and on an in-patient basis. It is off to a good start. Dr. Rosin stated that they are in the process of starting the second algorithm in the area of major affective disorders and a timeline is being developed.

Dr. Ebo and Dr. Rosin stated that the streamlined policy and procedures of how medications are dispensed and stored have been submitted to the State Board of Pharmacy for approval.

Mr. Ward questioned the security of pharmaceuticals. Dr. Rosin stated that issue is addressed in the policy and procedures submitted to the State Pharmacy Board.

Dr. Brandenburg acknowledged that NNAMHS, under the leadership of Dr. Cook, has received JACO three (3) year accreditation. Dr. Brandenburg stated that he has told SNAMHS that they have until June 2003 to become JCAHO accredited. Dr. Rosin stated that he is working on an action plan to receive JCAHO accreditation.

PUBLIC COMMENT

There were no public comments.

NDALC - 2002 PRIORITIES

Mr. Jack Mayes handed out and reviewed the NDALC Fiscal Year 2002 Priorities. Mr. Mayes stated they are working towards improving housing inadequacies, reviewing individual rights and monitoring the Mental Health Court Pilot Project, review discharge plans of institutions (where are individuals being discharged to), review of Return to Work Programs, and being an advocate of social security benefits for individuals who want to return to work.

Mr. Mayes handed out the new brochure for information. Mr. Mayes stated that NDALC received a \$25,000 grant to plan and develop priorities for Traumatic Brain Injury Services.

Mr. Mayes handed out an Investigation Report in the Matter of the Death of JML, February 1, 2002. Mr. Mayes stated that NDALC reviewed the case to determine if there was any abuse or neglect. Mr. Mayes stated that there are a couple of issues that need to be addressed to include: notice of delays and the quality of care being

provided. Mr. Mayes stated that he would be meeting with Dr. Brandenburg and Mr. Willden to discuss these issues.

ACTION: Mr. Ward requested that the NDALC submit their priorities for review and possible legislative issues that the Commission may wish to address. Mr. Mayes will provide that information.

MHDS POLICIES

#3.009 – Federal Grant Reporting Procedure

Dr. Crowe stated that this is a revision to the existing procedures and clarifies the timelines and how grants are managed and formatted.

#4.039 – Performance Improvement

Dr. Crowe stated this is a new policy and is for consistent accreditation of the agencies statewide and consistent approaches for performance improvement (quality assurance). Dr. Crowe explained that Section A outlines the mental health component for performance improvement and Section B outlines the developmental services programs.

#4.045 – Shelter Plus Care Housing Unit Leases

Dr. Crowe stated that this policy is the Client Rights Policy and outlines clear roles, responsibilities, and expectations on entering into a lease agreement, to include protecting clients from unforeseen rent increases, requires 60-day notice of any changes, outlines eviction procedures, etc.

#4.046 – Performance Improvement Plan – Contract Providers

Dr. Crowe stated that this policy provides consistent accreditation and performance improvement activities from contract providers. The policy clarifies the expectation of the contract provider.

#4.047 – Utilization Review for Service Coordination for Mental Health Agencies

Ms. Hosselkus stated that the changes to the policy reflect changes within the Medicaid guidelines. The change was that no one should receive in excess of 30 hours per month in service coordination unless there is a special exemption. Ms. Hosselkus stated that also included in the policy is the opportunity to track any client that is in excess of 30 hours of service coordination.

#4.048 – Instructions and Guidelines for Investigators

Ms. Hosselkus stated this policy was developed to give individuals who do investigations on agencies and provides guidelines for a report. No reporting has been received to date to determine how well this policy is working.

#5.027 – Non-Discrimination in Employment

Ms. Kathy McCormick, Personnel Officer, stated that this policy summarizes state and federal laws as they pertain to discrimination and harassment. The State of Nevada has a sexual harassment policy that was used as a guideline for the Division's policy.

MOTION: Mr. Ward moved to approve the seven policies as submitted and amended, seconded by Dr. Nora. The motion passed unanimously.

Mr. Ward complimented Developmental Services on policy #4.039 for the emphasis on person-centered treatment. Mr. Ward stated that he has received comments that the focus for improvement needs to be in offering treatment on a more individualized basis.

INFORMATIONAL

Dr. Brandenburg stated that the DCFS agenda for Mental Health Consortium was added to make sure that the Commissioners and the DCFS boards are in concert with this issue. Dr. Brandenburg stated that both bodies have specific statutory requirements/responsibilities. The DCFS is responsible to provide information in regards to children's mental health issues and MHDS Commissioners have the responsibility for policy issues regarding DCFS. Les Gruner introduced Theresa Anderson, Deputy Administrator. Mr. Gruner handed out NRS 233B, for information, that outlines the responsibility of the Consortium that was in Assembly Bill 1, Child Welfare Integration Act. This Act added the Mental Health Consortium with the requirement to address the mental health needs of children. The Consortium and the Commission need to regularly communicate to eliminate duplicate efforts. It was mandated that the Consortium be developed in north/south/rural Nevada and meet frequently to develop a plan for meeting the needs of emotionally disturbed children. Mr. Gruner reviewed the membership of the Consortium. Mr. Gruner stated that the meeting process has begun and they are in the beginning stages of the plan. The timeline is to have a plan by June 15, 2002.

ACTION: Mr. Gruner suggested that a formal presentation of the Consortium be at the next meeting of the Commission.

Mr. Ward stated that the outcome of the joint meeting was to consider all consumers from birth to death. Information from the Consortium will be very helpful in determining legislative issues.

Dr. Fricke questioned where would family members of emotionally disturbed children receive services. Mr. Gruner stated that the plan will be addressing this issue and a plan and process by which all emotionally disturbed children will receive services.

Dr. Richitt questioned if the Commission's duties listed in NRS 433B, Section 130 are new or not. Mr. Gruner answered that the Commission duties listed are not new and have been listed in the statute. Dr. Richitt requested a listing of Commission duties for review to make sure that the Commission is addressing all of their duties appropriately.

LETTER TO FACILITIES REGARDING DENIALS AND S/R

This will be placed on the next meeting agenda.

FOLLOW-UP - REVISION OF DENIAL FORM TO INCLUDE DIFFERENTIATION OF MEDICATIONS TAKEN PREVIOSULY AND WHAT IS BEING PRESCRIBED NOW

Dr. Rosin handed out a revised Denial Form with the added section of current/ongoing medications taken section. If this form is approved, the forms will be distributed throughout the Division.

ACTION: Dr. Rosin will submit, for approval, the revised Denial Form with the amendments at the next Commission meeting.

Dr. Richitt suggested that an ID number, in addition to a Case number, be added to the Form, to keep track of multiple episodes with the same client.

Dr. Rosin will submit a proposal to add an ID number in additional to a Case number at the next meeting.

ACTION: Dr. Brandenburg stated that he would discuss this issue with the Program Evaluation individuals within the Division to see what can be done to give a separate identification number and will report to the Commission at the next meeting.

Dr. Rosin handed out the SNAMHS report and stated that there are 31 staff vacancies, to include 9 psychiatrist positions.

Dr. Fricke questioned if the lack of psychiatrists equals a lack of care and a continuity of care for clients. Dr. Rosin states that the turnover of staff continues to be an issue with consumers and staff.

A lunch break was granted at 12:35 P.M. The meeting reconvened at 1:20 P.M.

ACTION ON ROUND TABLE AND/OR REVIEW OF DENIAL OF RIGHTS

Dr. Nora expressed her thanks for the recognition. Dr. Nora reported on the second meeting of the legislative committee on suicide prevention. Dr. Nora stated that there might be a proposal, that she would support, that would require two hours of suicide prevention and education when applying for licensing. Dr. Nora stated that it is very important to consider the needs of suicide survivors.

ACTION: Dr. Nora requested a discussion for the suicide prevention requirement be placed on the next agenda.

Dr. Nora stated that she attended a very interesting meeting between gaming industry individuals and clinicians. They held a one-day discussion regarding the impact of Internet gambling for compulsive gamblers. Internet gambling will be an issue at the next legislative session.

Mr. Ward expressed concern with regards to NRS 433B.130 – The Commission must approve the training, experience, and credentials of the Deputy Administrator and administrative officers. Mr. Ward requested that an executive summary of the Commission's duties and authorities be prepared for review at the next meeting.

ACTION: Ms. Hosselkus will review in depth the statutes for Commission duties and report at the next Commission meeting. Ms. Hosselkus will provide a packet of information with statutes that pertains to the Commission and cross-referenced with other statutes.

ACTION: Mr. Ward requested that each Commissioner provide a listing of personal preferences for legislative priorities.

Mr. Ward stated that the Commission needs to move forward on legislative issues, to determine if there is any overlap or mutual interest with other agencies.

ACTION: Mr. Ward, Dr. John Brailsford and Dr. Eric Albers, Legislative Subcommittee, are to review areas alluded to in past Commission discussion and provide feedback at the next Commission meeting for review, discussion and action.

Dr. Richitt requested clarification of Agenda Item #18. Mr. Irvin, Deputy Attorney General, stated that at the next Commission meeting he would provide letters to various hospitals that should be reporting to the Commission. His office will be sending letters to those hospitals.

ACTION: Mr. Irvin will report at the next Commission meeting.

ACTION: Chair Brown stated that it is important to get started on legislative issues and stated that a Discussion/Action on Legislative Issues be placed on the next agenda.

ACTION: Chair Brown stated that the election of the Chair of the Commission is to be placed on the next Commission agenda.

Dr. Nora stated that the video teleconferencing was fine. Dr. Nora would prefer face-to-face meetings, but not too bad.

Dr. Richitt stated that she is not exactly sure about holding meetings by video teleconferencing.

Mr. Ward stated that the video teleconferencing is better than the phone system for meetings. Mr. Ward stated that Dr. Brandenburg would report to the Commission at the next meeting with regards to the budget and video teleconferencing. It costs \$200 to fly one Commissioner to a meeting and the cost for a video teleconference meeting is \$250. It may be cost effective to have all the Commissioners in one place for the meeting, and have the agency directors by video teleconferencing to save travel expenses for the agencies.

The next Commission meeting will be April 19, 2002, by video teleconferencing with locations at the Grant Sawyer Office Building in Las Vegas and Legislative Counsel Bureau in Carson City. The Commission agreed to try the video teleconferencing three times before making a decision regarding having meetings by video teleconferencing.

Chair Brown adjourned the meeting at 2:25 P.M.

Respectfully submitted,

Christina Harper Recording Secretary