

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

NOVEMBER 14, 2008

VIDEO TELECONFERENCE MEETING LOCATIONS

SIERRA REGIONAL CENTER, 605 SOUTH 21ST STREET, ROOM 122, SPARKS, NV
AND
DESERT REGIONAL CENTER, 1391 SOUTH JONES BOULEVARD,
TRAINING ROOM, LAS VEGAS, NV

MINUTES

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Gretchen Greiner, Ed.D, Chair
Eric Albers, Ph.D.
Barbara Jackson
Kevin Quint, SAPTA
Toni Richard
Lee Derbyshire, Marriage and Family Therapist

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Alistar Barron, M.D.
Julie Beasley, Ph.D.
Johanna Fricke, M.D.
Joan McCraw, MSN, APN, Registered Nurse

CALL TO ORDER

Chair Greiner called the meeting to order at 8:10 A.M. Chair Greiner determined that a quorum of the Commission was present.

CONSENT AGENDA

The following items were removed from the Consent Agenda: Items D – Agency Director’s Reports –specifically the NNAMHS report; Item E – State Medical Director Report – no report submitted; and Item G – Advisory Committee on Problem Gambling Report – no report submitted.

MOTION: Dr. Barron moved to approve the Consent Agenda, minus Items D – NNAMHS Agency Report, E, and G, seconded by Commissioner Jackson. The motion passed unanimously.

Dr. Albers questioned the purpose, role and responsibilities of the Local Governing Boards for the inpatient facilities. Dr. Cook responded that the Local Governing Boards are a requirement of Joint Commission accreditation, as there must be an independent oversight of the facility and that function is provided by the local governing boards. The local governing boards primary functions are to be involved with the quality of care that is provided at the facility, credentialing, review of significant events that occur, and

personnel actions. Dr. Albers stated that he is concerned about the economic impact on staffing, patient care, and the potential problems that might encompass due to the current and anticipated budgetary cuts. Dr. Albers stated that at the November 13th NNAMHS Local Governing Board, it was stated that the anticipated budgetary cuts are confidential and questioned how can that information be confidential to a Local Governing Board which has oversight and responsibilities to that facility and how can the Local Governing Board make responsible decisions without all of the information. Dr. Cook responded that the Governor's Office has directed Department Directors/Administrators to keep this information confidential. Dr. Cook stated that all Departments were required to plan for either 4%, 7%, or 11% cuts in Fiscal Year 2009. Dr. Cook stated that Department staff will spend the next five days determining the impact of those cuts with the budget proposal submitted to the Governor by Wednesday. There are currently \$28 million in budget cuts for this fiscal year.

Chair Greiner expressed that the budget should preserve what can be preserved, but if the cuts are deep enough, it will affect licensure and accreditation.

The Commission expressed their frustration at not being involved in the budget reduction process and the information sharing process during this budget crisis. Dr. Cook informed that the budget process in an internal deliberation process, between the Governor's office and the Agency Heads, and then the proposals are made public.

The Commission discussed the possibility of holding a special meeting to discuss the budget proposals, once those proposals are made public.

ACTION: The Commission agreed to hold a special teleconference meeting on December 2, 2008 to begin at 10:00 A.M.

MOTION: Following discussion, Dr. Albers moved to approve the NNAMHS Agency Director's Report, seconded by Commissioner Richard. The motion passed unanimously.

INTRODUCTION OF TECHNICAL PROGRAM CONSULTANT AND ADMINISTRATIVE ASSISTANT TO THE COMMISSISON

Dr. Greiner advised that Dr. Kevin Crowe has been hired as the Technical Program Consultant; and Michelle Cannizzaro has been hired has the Administrative Assistant.

ACTION: The Commission requested that Ms. Cannizzaro e-mail her contact information to all Commissioners.

INTRODUCTION OF DEE MCLELLAN, DEPUTY ADMINISTRATOR

Dr. Cook introduced Dee McLellan as the new Deputy Administrator for Mental Health and Developmental Services. Ms. McLellan, based in Las Vegas, will be responsible for supervising SNAMHS and NNAMHS; streamlining the personnel system; developing a utilization management program; and overseeing the strategic planning of the Division.

Chair Greiner advised that this will be a very flexible agenda; and there are two item 5's, so there will an Item 5A and an Item 5B.

Chair Greiner expressed her sorrow at the passing for Dr. Rena Nora unexpectedly last weekend. Dr. Nora was the Commission's conscious when it came to suicide prevention, problem gambling, traumatic brain injury, and alcohol and substance abuse. Dr. Greiner stated that Dr. Nora was a very gracious lady, who always saw the positive side of things.

ACTION: Commissioner Derbyshire suggested that the Commission send a letter to Dr. Nora's family, remembering Dr. Nora for all of her contributions and be added to the special teleconference agenda meeting for approval.

Commissioner McCraw stated that she attended multiple services for Dr. Nora, and the outpouring of gratitude and love from the community was remarkable. Commissioner McCraw stated that Dr. Nora was certainly one of a kind.

Dr. Barron stated that Dr. Nora was a remarkable individual.

REPORT OF THE LEGISLATIVE HISTORY OF NRS 435 AS TO THE INTENT FOR THE APPROVAL OF ANNUAL RECERTIFICATION OF COMMUNITY TRAINING CENTERS

Ms. Slabaugh stated that at the last meeting she was directed to research the legislative history of NRS 435 with regard to community training centers. Ms. Slabaugh stated that there is really no history specific regarding the community training centers. Ms. Slabaugh stated that NRS 435 was enacted in 1969 which created the community training centers and at that time the Administrator approved the community training centers, if a community training center was rejected, that decision could be appealed to the MHDS Advisory Board; in 1971 the law was changed in that the approval, certification, and rejection process for the community training centers became the responsibility of the MHDS Advisory Board. In 1985, the MHDS Commission was created with the intent to provide a public forum for mental health, provide accountability to the taxpayers and the Nevada Legislature, provide through the membership needed new perspectives, increase knowledge in treatment of mental illness, be representative of mental health and improve the system in coordination of all mental health programs, evaluation of future state needs, development of a mental health plan for the state, upgrade the quality of care to patients, establish programs to prevent mental illness, and overall better the system.

Rosemary Melarkey stated that the approval authority is very broad and advised that the MHDS Division has submitted a legislative bill draft request for jobs and day training centers that would replace old language and place the approval of the community training centers with the Division of Mental Health and Developmental Services. There would be a review process and certification through a quality assurance procedure.

ACTION: Dr. Albers requested that the Commission be kept apprised of this bill draft requests progress.

LEGISLATIVE UPDATE OF BILL DRAFT REQUESTS –

- **ON CALL PAY FOR PSYCHIATRISTS** - The purpose of this bill draft request would be to solidify in law an existing practice within MHDS. Currently, MHDS provides on-call pay for psychiatrist. While many MHDS psychiatrists still retain their classified status, all newer psychiatrists are hired into the unclassified service. It is generally accepted that unclassified employees cannot receive additional compensation for standby status and overtime. Compensating physicians for on-call duties is a standard practice throughout the nation. There is a nationwide shortage of psychiatrists and current law places Nevada in an extremely disadvantageous position with respect to recruiting and hiring psychiatrists. Language is being proposed which would allow other physicians and pharmacists to receive on-call pay as needed.
- **FORENSIC/NOTIFYING VICTIMS** – At the present time, the Division of MHDS does not have the authority to notify the victims of crimes of individuals acquitted Not Guilty by Reason of Insanity, or found incompetent without probability when they are released from a secure forensic facility. This release could be conditional release to the community or complete discharge from any supervision by the facility. This bill draft request would provide that authority so that victims who request to be notified may receive that information.
- **QUALITY CARE OF JOBS AND DAY TRAINING (SRC)** – Certification of Community Training Centers for training disabled individuals and individuals with related conditions. This amendment will establish provisions for the certification of providers of all Job and Day Training Services to provide services in the community to assist disabled individuals and individuals with related conditions to provide opportunities that promote independence, integration and inclusion into the community.
- **WORK SHORTAGE RURAL AREAS (RC)** - Due to the work force shortage of mental health providers in Nevada, the expansion of specific statutes to have clinical social work interns, licensed marriage and family therapist interns, and licensed professional counselor interns, incorporated within the policies of health insurance to provide coverage for treatment of an illness which is within the authorized scope of such professionals and the ensure reimbursement for treatment by such professionals.

2008 AUTISM REPORT AND ACTION PLAN

Commissioner Richard introduced Jan Crandy of the Nevada Autism Task Force. Ms. Crandy stated that the Nevada Autism Task Force was created to study and make recommendations to the Governor and the Legislature regarding the growing incidence of autism and ways to improve the delivery and coordination of autism services in the State. The Task Force shall complete its review and submit its findings and recommendations to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the appropriate legislative committees on or before August 1, 2008.

The following are the recommendations of the Autism Task Force, as outlined in their Executive Summary:

1. The Nevada Legislature is asked to ensure that Autism Spectrum Disorder is treated as any other medical condition, by passing insurance legislation that will require, in general, health insurance policies and the medical assistance program to cover the screening, diagnosis and treatment of Autism Spectrum Disorders in individuals less than 21 years of age.
2. The Nevada Legislature is asked to pass legislation that makes permanent the Autism intervention program currently funded in budget account 3266 in the Office of Disability Services.
3. The Nevada Legislature is asked to pass legislation that requires screening and diagnosis of Autism Spectrum Disorders.
4. The Nevada Legislature is asked to pass legislation that will improve the State's ability to serve citizens with Autism Spectrum Disorders through enhanced professional development specific to Autism Spectrum Disorders.
5. The Nevada Legislature is asked to pass legislation that ensures existing service systems to address the needs of adult Nevadans with Autism Spectrum Disorders.
6. The Nevada Legislature is asked to pass legislation that ensures the paraprofessional aides serving students with Autism Spectrum Disorders in special education are appropriately qualified, meet competencies and receive pay based on a tier system.
7. The Nevada Legislature is asked to pass legislation for the development of a 10-Year Strategic Plan to address Nevada's Autism Spectrum Disorders workforce needs.
8. The Nevada Legislature is asked to pass legislation requiring any state or public schools to adopt the Autism Task Force Best Practices when serving individuals with Autism Spectrum Disorders.
9. The Nevada Legislature is asked to pass legislation that continues the Nevada Autism Task Force.
10. The Nevada Legislature is asked to pass legislation that establishes a system for collecting and compiling longitudinal data on individuals with Autism Spectrum Disorders across early intervention services, elementary and secondary schools, vocational rehabilitation, and developmental services. Requires the Division of MHDS and the Office of Disability Services to include children with Autism Spectrum Disorders in their caseload tracking and projection data systems.
11. The Nevada Legislature is asked to pass legislation that pilots at least three projects to lower public school caseload size based upon the number of students with Autism Spectrum Disorder and the severity of their disability. Ensuring a pilot would take place in Southern Nevada, Northern Nevada, and Rural Nevada.

Ms. Crandy stated that the full report shows the cost benefits in providing services to children early in order to lead normal lives and less than 8% of children in Nevada are receiving help to pay for autism services. Ms. Crandy stated that there are currently twenty states that currently require insurance coverage for autism services.

Ms. Crandy requested that the Commission take action to support the recommendations of the Nevada Autism Task Force and endorse Bill Draft Request 44; and stated that this support can be placed in the Commission's letter to the Governor and Legislature.

Dr. Barron questioned why only autism services are being requested to be covered by insurance and why not include other children and adults who would benefit from intensive services. Ms. Crandy responded that insurances specifically exclude "autism" and the bill draft request would include all insurances to coverage autism services, but Medicaid remains excluded.

ACTION: Vice Chair Quint suggested prioritizing the issues in the letter to the Governor and Legislature.

Ms. Sliwa stated that at DRC there is a petition if individual Commissioners would like to sign supporting BDR 44.

ACTION: The Commission agreed to place support for the Nevada Autism Task Force recommendations and BDR 44, insurance coverage for autism, in the letter to the Governor and Legislature. Commissioner Richard will provide the Commission with a copy of the second draft of the BDR 44.

A break was granted at 9:45 A.M.
The meeting reconvened at 10:00 A.M.

DISCUSSION AND CONCERNS AND POSSIBLE SOLUTIONS TO THE RURAL CLINICS CONSOLIDATIONS

Vice Chair Quint stated that he works for the Coalition "Join Together Northern Nevada" in Washoe County and there are also eleven other coalitions within the State, which cover every county in the State and tribes. Vice Chair Quint suggested the Commission and MHDS join forces with Join Together Northern Nevada Coalition to develop a plan to help the rural areas with the rural clinics consolidations.

Christy McGill, Join Together Healthy Communities Coalition, stated that currently conversations are being held at the local level with regard to budget cuts and the closing of rural clinics. Communication is essential in this budget crisis and budget cut process for communities to plan and develop solutions, as these types of budget cuts also put pressure on the county government. Ms. McGill suggested the following as some cost savings: 1) Develop contracts, even small contracts, with local providers; 2) Communication between the State and counties about clinic closures to arrange transportation for clients; 3) Flexibility is key in the ability to share personnel and office space with counties; and 4) Flexibility in training for teachers, school nurses, and law enforcement.

Ms. McGill stated that there are twelve coalitions, each dependent upon their partners, which are both private and federally funded. The coalitions creatively find ways to partner with others to help find services for clients.

Upon questioning by Dr. Albers, Dr. Cook responded that the MHDS Block Grant funding does support rural clinics for services. Dr. Cook stated that funding for contract services are included in the proposed 2010/2011 budget enhancements.

Ms. McGill stated that the Coalition could develop a plan to patchwork together services for emergency and a collaboration of services. Chair Greiner stated that collaboration is key for the rural areas.

Dr. Cook stated he is in the final phase of selecting the Director of Rural Clinics and that individual will be directed to work with the Coalition and rural communities for collaboration of services and to be flexible in developing plans. There are a variety of services in the rural areas and a need to collaborate services and utilize the community partners already there.

Vice Chair Quint stated that the budget cuts have helped to agencies to collaborate and find ways to provide services to the public.

Ms. McGill stated that law enforcement in the rural areas have expressed concerned about transportation and a need for transitional plans; and that without plans the new mental health facility in the rural areas will be the jail. Ms. McGill stated that law enforcement has been requested to begin collecting data to share with the Commission. Local governments are willing to collaborate for creative solutions to the issues in their communities.

Ms. McGill requested a Memorandum of Understanding (MOU) with Rural Clinics in order to submit a Federal Funding Grant, due in January, which would include law enforcement, mental health and education. Dr. Cook stated that the MOU should be sent to him at the Carson MHDS Central Office.

Dr. Albers questioned how clients are being informed of these closures. It was stated that Rural Clinics does contact clients via phone or in person, and multiple attempts are made to contact each and every client. Ms. McGill expressed concern about indigent individuals, who are hard to locate and reach on a regular basis.

Cheryl Bricker, Douglas County, reiterated that communication, transparency, and flexibility are very important so that counties make appropriate plans. Douglas County will be holding a community meeting next week to address issues to be pro-active, not re-active.

ACTION: Upon a request by Commissioner Derbyshire, Vice Chair Quint stated that he will e-mail the Coalition Contact List to Mrs. Harper to distribute to Commissioners.

DISCUSSION OF THE PROPOSAL TO ELIMINATE THE PSYCHOLOGIST POSITIONS FOR RURAL CLINICS

Dr. Laurie Drucker, President of the Nevada State Psychological Association (NSPA), stated that NSPA represents the interests of psychologists working in Nevada in both public and private settings. NSPA's mission is to seek to promote the highest quality mental and behavioral health care for Nevada's citizens and is very concerned regarding the manner in which Rural Clinics has proposed to reduce its budget, including the proposal to eliminate all but one psychologist position. Dr. Drucker stated while aware that Nevada's budget crisis is necessitating painful cuts in services across the board, NSPA is gravely concerned that a large part of the "solution" is to

disproportionately cut psychologists positions in the Rural Clinics. Furthermore, NSPA has been dismayed by reports that psychologists have been viewed by Rural Clinic Administrators as dispensable members of mental health treatment teams whose current role seems to cost the system more than it contributes. According to recently released budget proposals from the Division, rural mental health will be addressing the need for budget cuts by restructuring its service delivery model to focus more on Targeted Case Management or Rehabilitative Services that de-emphasize psychotherapy services and focus on providing medication and time-limited skills development groups. It is reported that they will be replacing "hard-to-fill or expensive positions" with lower-level staff such as Mental Health Technicians or Psychiatric Caseworkers. It is our understanding that with regard to psychologists, 11 of 12 positions will be cut.

Dr. Drucker emphasized the following three points:

1. Psychologists are highly trained in assessment, differential diagnosis, referral and evidence-based treatment development, implementation and supervision for the seriously mentally ill population.
2. One psychologist position across the entire system of Rural Clinics is unacceptable. This strategy underutilizes the expertise of psychology and ultimately denies the rural residents of Nevada access to high quality mental health care.
3. NSPA urges Division Administrators to look at cost-effective alternatives to laying off its highly qualified and devoted psychologists. NSPA is eager to partner in these efforts and willing to collaborate with both administrators and other mental health disciplines in transforming the system of care to meet fiscal realities while continuing to provide needed care to some of the most underserved members of our community.

Dr. Drucker stated that psychologists' training is unmatched by master's level training; a system of care without psychologists is not of the same quality as a system of care with psychologists. Psychologists' diagnostic capabilities are sophisticated and informed by state-of-the-art assessment instruments that are solely within scopes of practice to utilize. Psychologists make unique and valuable contributions to any multidisciplinary treatment setting. All individuals with serious mental illness and serious emotional disturbance need psychological assessment. Psychologists can provide differential diagnosis of complex combinations of mental illness and substance abuse and are the only mental health professionals who can perform diagnostic testing. Psychologists are one of two licensed professional groups that can provide comprehensive treatment to individuals with the full spectrum of mental illness (including psychotic disorders) and substance abuse disorders.

NSPA understands that this issue is complex and that solutions depend not just on having adequate staff to provide services but also on reforming the way those services are delivered within the very real constraints of money, infrastructure, and community engagement. NSPA urges the administrators of the MHDS and the Commission to partner with NSPA to find innovative, alternative models to provide full mental health care to our rural citizens. NSPA offers to work with Rural Clinics with the NSPA's Training Consortium to establish psychology internships and postdoctoral residencies, taking advantage of the short supply of these positions nationally despite very demand.

Dr. Drucker, on behalf of all psychologists, and particularly those working in the state in the Rural Clinics, wish to express very strong concerns about the immediate and long-term consequences should psychologist positions be so disproportionately cut or eliminated. Not only will the state lose the services of highly qualified professionals, but individuals whose stability and well being depends upon comprehensive and collaborative treatment services will be harmed. We believe that there is an opportunity here to seek innovative alternatives to providing fully staffed mental health services to Nevada's rural citizens and hope to partner in developing a new plan.

Dr. Beasley stated that she is concerned about watering down this profession, as this creates a dangerous situation and there is a need to resolve this in a collaborative manner.

Dr. Stuart Ghertner, speaking as a psychologist, expressed concern that conceptually the team of psychologists is oriented and directed toward treatment of the seriously mentally ill and the use of a licensed counselor cannot mirror the services of a psychologist. Dr. Ghertner emphasized that in this fiscal crisis, rural and urban areas should be treated equally with respect to qualified staff.

Upon questioning by Dr. Albers, Dr. Cook responded that the one psychologist will provide oversight of the program and will be a statewide roving psychologist. It was discussed that there will be approximately a caseload of 2000, and is this a good use of this individual's time to be roving around the state, and how much time will actually be spent in the rural areas. Dr. Cook also responded that with layoffs there will be position bumping and both the rural and urban positions could be affected.

Dr. Albers encouraged the different mental health professionals and licensing boards to not isolate themselves from each other and encouraged collaboration and support of each other. Dr. Albers expressed concern that the declassification of mental health services is at a dangerous level; and there is need for a total "TEAM" approach.

Dr. Drucker requested that the Commission not support the elimination of eleven psychologist positions and request that MHDS reconsider the eliminations of these positions.

Dr. Cook responded that psychologists have not been properly utilized in the rural areas due to the current model. Clients have become too reliant on counselors and there is a need to change this model. Dr. Cook stated that the impact of budget cuts have changed the business model to provide very basic services and treatments such as service coordination, medication management; and limited psy-social rehabilitation/therapies. Dr. Cook stated that it has been discussed to possibly utilize the savings from the elimination of positions to contract with psychologists on an as needed basis - privatizing services.

Dr. Cook stated that he is willing to look at any proposal, but cannot make any promises given the economic predictions.

ACTION: Dr. Drucker will submit a proposal to Dr. Cook with regard to psychologist positions in Nevada.

Dr. Cook emphasized short-term and group therapies as Medicaid is requiring pre-authorization for services and re-authorizations for services beyond certain limits.

Commissioner Jackson, speaking as a consumer, stated that she understands the reason for the budget cuts, and sees this as a opportunity to improve the system and for clients to become a productive citizen. Currently, the system is designed for clients to be dependent upon the system and the client needs to take responsibility to become a better individual, graduate from the system, and become a productive citizen.

Rosalyn Reynolds, NNAMS, stated that the target population needs short-term therapy and it takes a whole team and precision action to address a client's problems. Dr. Cook stated that budget cuts are an opportunity to re-evaluate services provided to clients.

DISCUSSION OF THE TECHNOLOGY ISSUES AND NEEDS OF THE RURAL CLINICS

Chair Greiner stated that there are significant technology problems and issues with providing telemedicine to the rural clinics. The video transmission and audio is unacceptable and it appears that the equipment is not the problem, but a band width problem which is not sufficient to provide quality video conferencing and quality services in the rural areas. The poor video conferencing quality technology problems make the job of telemedicine extremely difficult and ineffective. Chair Greiner stated that if telemedicine is going to be the main resource for clients in the rural areas, it needs to be fixed. Chair Greiner stated that at one of the Road Trip meetings it was suggested to use the university video conferencing system and this idea was shut down at the meeting. Chair Greiner stated that all options need to be researched to find and use the best system available.

Eric Skansgaard, Northern Regional Director for Rural Clinics, stated that concerns have been expressed regarding confidential information being on a public video conferencing system for the telemedicine and how to overcome the HIPPA issues associated with sharing information over a public hospital framework. Chair Greiner suggested closing the doors for confidentiality of clients and stated that the video conferencing rooms can be isolated in order to protect a client's confidentiality.

It was also suggested that the University of Nevada has quality video conferencing equipment with many sites around Nevada and suggested that Rural Clinics look into using this equipment for telemedicine video conferencing. It is was stated that if Rural Clinics intends on relying on telemedicine, then the equipment needs to work properly in order to provide the service. It was suggested that MHDS needs to become more creative in order to provide the services in the best and most efficient way possible to clients in rural areas.

ACTION: Dr. Cook stated that the new Rural Clinic's Director will meet with Chair Greiner, as a knowledgeable rural representative, to discuss rural problems, issues and possible solutions.

UPDATE ON RURAL CLINICS' ROAD TRIP

Mr. Skansgaard, on behalf of Sue Ann Bawden, stated that they met with approximately 360 individuals (to include clients, community representatives, staff and stakeholders) in fifteen centers and provided an overview of the clinic's capacities, challenges, constraints, and opportunities. The goals of the presentation were to share the results of the consumer surveys and educate related to budgetary constraints and the fiscal realities facing all of the communities, enlist community feedback and participation regarding the decisions affecting their communities. The communities were notified that these were proposals and interested in collaborating and partnering across a wide range of resource development and service delivery schemes. The hub and spoke model was discussed and modular care designs, educated about the increased emphasis on group therapy, decreased utilization of the long-term individual psychotherapy, and problem solve collaboratively with shared strategies, which looked different in each community.

Mr. Skansgaard reported that overall the communities thanked Rural Clinics for the communication. The hub communities were typically satisfied with the results of what was occurring, and expressed concern regarding fear, solidarity, and discontent. Mr. Skansgaard stated that Dr. Cook has instituted the "think outside of the box" concept, and there has been a sharing of resources in each community from coalitions to stakeholders that has resulted in the partnership with the United Way in reorganizing the "211" telephone system. There is also the collaboration of the sharing of training, resources, and room sharing for telemedicine in the private hospitals.

Mr. Skansgaard stated that they have requested from each community, a list from the stakeholder group of who, what, where, when of resources in the community that are available and would be able to make a commitment to partnering with Rural Clinics.

Mr. Skansgaard stated that a stakeholder survey was presented, as Rural Clinics did a broad spectrum data collection to determine priorities. Rural Clinics learned that the communities need the support of the Coalitions and the Commission; and individual psychotherapy was favored two to one over group therapy as an item that was endorsed as important to them. Rural Clinics identified that there is a lot of work ahead in moving forward to maintain and increase collaboration in the communities.

A lunch break was granted at 12:05 P.M.

The meeting reconvened at 1:20 P.M.

(Dr. Fricke and Commissioner McCraw were not present at 1:20 P.M.)

REPORT AND RESEARCH INTO THE ADVANCE DIRECTIVES LAW

Chair Greiner reported that this item will be placed on the March agenda, as Dr. Crowe was unavailable for this meeting.

BUDGET UPDATE

Dr. Cook advised that budget documents and key issues are listed on the MHDS website along with the 2010/2011 proposed budgets. Dr. Cook cautioned that the

proposed budgets are subject to change as there is a potential for additional 15%-20% budget reduction and these cuts may include services and staff positions.

Upon questioning, Dr. Cook stated that the privatization issue has been placed on the back burner. Dr. Cook stated that he does have a meeting scheduled with a potential provider in December, but feels that as the money evaporates from the budget, Nevada will become less attractive for companies wanting to provide privatizing services.

Dr. Cook stated that he will be able to provide a more detailed budget overview at the December special teleconference meeting, after the meeting with the Governor.

REVIEW AND ASSIGN COMMISSIONERS TO OUTSIDE COMMITTEES AND COUNCILS: LOCAL GOVERNING BOARDS WILLOW SPRINGS AND DESERT WILLOWS

ACTION: The following assignments were made for the Local Governing Boards:

- Willow Springs – Vice Chair Quint and Commissioner Richard;
- Desert Willows – Commissioners Barron and Fricke;
- Lakes Crossing – Chair Greiner and Commissioners Albers, Derbyshire and Jackson;
- SNAMHS – Commissioners McCraw and Beasley;
- NNAMHS – Chair Greiner and Commissioners Albers, Derbyshire, and Jackson;
- SAPTA – Vice Chair Quint;
- Autism Coalition and ACON – Commissioners Fricke and Richard;
- SB2 Co-Occurring Committee – Commissioners Beasley and Vice Chair Quint;

PROPOSED REGULATION OF THE ADMINISTRATOR REGARDING NNAMHS CEMETERY

Dr. Cook stated there is a cemetery located on the very east corner of the NNAMHS campus. The cemetery was active from 1880 to 1949 and during that time patients who died at the facility (if they didn't have family), as well as community individuals who had no means to provide for a proper burial were buried there. There are approximately 700 to 1,000 individuals buried in the cemetery, but unsure just exactly who is buried where, there is a list of who is buried there just not the location.

Dr. Cook stated that the issue is that there is a small row, 100 yards east of the hospital, of 30 marked graves that are separated from the main cemetery by 700 yards, and a physical barrier between this row and the main cemetery and as part of the NNAMHS construction project for the new building, there will be construction in this area. In order to accommodate that construction, MHDS has to disinter those remains and would like to re-intern those remains to the main cemetery. If these graves are not moved, there will be a strip of graves located between two driveways.

(Commissioner McCraw arrived at 1:40 P.M.)

Dr. Cook reported that he has authority to develop regulations to disinter and reinter graves. There is a one year notification process, this notification has been placed into the newspaper for four consecutive weeks. Dr. Cook stated that he will be holding a

public workshop on November 18 and public hearing on November 19 to solicit public comments for the proposed regulations.

Upon questioning by Chair Greiner, Dr. Cook responded that the issue is that these were patients of the facility and have had a lifetime of being devalued, mistreated, sometimes abused, and then just placed in the ground with no respect and now being moved with no respect. Dr. Cook stated that families and Native American tribes will be contacted with regard to the moving of the graves.

REVIEW AND DISCUSS THE POLICY REGARDING WHAT CONSTITUTES AGGRESSIVE BEHAVIOR FOR THE SECLUSION AND RESTRAINT FORM DOCUMENTATION

Dr. Cook stated that the policies state that a patient needs to be an imminent danger to himself or others before seclusion and restraint can be used.

Jack Rumerson, the SNAMHS Conflict Prevention and Response Trainer, stated that the Conflict Prevention and Response Training emphasizes verbal interventions, preventative measures, developing a communication with patients, to eliminate any hands on seclusion and restraint. Mr. Rumerson stated that restraint is defined anytime you restrict, limit or move an individual against their will. Documentation is mandatory when any hands on or mechanical restraint is used and is a last resort for the safety of that person or others and until the individual regains control and is safe. A locked seclusion takes a doctor's order. Mr. Rumerson stated that there is a review process following an incident where an individual was placed in a restraint or a crisis situation, with all of the staff involved to discuss what went right, what went wrong, what could have changed the direction of the action, and what was the stimulus.

(Dr. Fricke arrived at 1:45 P.M.)

Dr. Cook stated that in each case there is a clinical judgment made about the safety of the individual and surrounding individuals.

Dr. Cook stated that sometimes the forms do not provide an adequate description of why staff initiated the seclusion/restraint. Mr. Rumerson stated that they do instruction and reinforce to staff to be more behavior oriented when documenting the incident.

DISCUSSION REGARDING THE LOCATION OF SECLUSION/RESTRAINT AND DENIAL OF RIGHTS FORMS FOLLOWING COMMISSION REVIEW AND APPROVAL AND WHAT INFORMATION FROM THOSE FORMS ARE MAINTAINED IN THE CLIENT'S FILE

Dr. Cook stated that these forms are completed by staff and forwarded to the Commission for review; and are not a part of the client's medical record. The forms are not kept in the patient's file, but are stored separately in a secure location at MHDS following Commission review. Separate documentation of the incident is recorded in the client's medical record.

DISCUSSION ON HOW TO PROVIDE MORE DETAILED, CLEAR, AND CONCISE DOCUMENTATION FOR SECLUSION/RESTRAINT AND DENIAL OF RIGHT FORMS

Dr. Cook stated that if the forms need to be revised that can be done and the Commission needs to determine what information is necessary and if there is a need for more or less information.

Chair Greiner stated that the Commission is charged with a review of the incidents and the form may need to be revamped and simplified for staff to complete with the required information.

Dr. Albers stated that there has been an incredible reduction in the number of seclusion and restraints and suggested that staff help guide in the form revision process.

These forms are kept per the records retention schedule, in which the forms are kept for seven years past the client's death.

Commissioner McCraw stated that she feels that the forms are fine, but there may be a need for additional staff training for reporting to be more descriptive. Commissioner McCraw pointed out that the private hospitals have different forms from public hospitals.

Dr. Cook suggested simplifying the forms to focus on the information that the Commission feels is necessary.

Marcia Bennett, Rural Regional Center, stated that from her observations the Commission is most concerned about two things: 1) was the seclusion/restraint necessary? and 2) is there anything that could have been done to prevent the need for the seclusion/restraint?

ACTION: The Commission directed Dr. Crowe to review the seclusion and restraint reporting forms to determine if the form can be simplified for staff, while maintaining all of the pertinent information, determine if the forms are effective, what information is necessary based upon Commissioner and staff input, and capture concerns about how the forms are being completed to include an area for the Commission to express concern; to be reviewed by Dr. Cook, and report back to the Commission at the March meeting.

FOLLOW UP REPORT FROM AGENCY DIRECTORS OF MH CONSUMER SURVEY RESULTS

Dr. Cook stated that included in the packet are the Plan of Correction from each agency with regard to the 2007 Outpatient Consumer Survey Results. Dr. Cook stated that this type of survey requires a lot of staff time and there are discussions to continue this survey annually due to the loss of resources.

Dr. Albers suggested that the survey list the number of individuals that responded to the survey, not the percentage.

ACTION: Dr. Albers volunteered for a social work student to perform this survey as a school project through the University. MHDS will contact Dr. Albers to set this up.

POSSIBLE AMENDMENT TO MAY 2009 MEETING DATE

ACTION: Due to a scheduling conflict, the Commission unanimously agreed to change the May meeting date from May 1 to May 8 to be held via video conference.

It was stated that the next Commission meeting with MHDS is scheduled for a two day meeting on March 12th with DCFS and March 13th with MHDS to be held in Las Vegas.

FUTURE AGENDA ITEMS

The following items were suggested for the December 2, 2008 teleconference agenda:

- Budget cuts discussion– past, present and future – Dr. Cook;
- Approval of letter to Dr. Nora's family – Chair Greiner;
- Review and Possible Final Approval of letter to Governor and Legislature – Dr. Greiner

The following items were suggested for the March agenda:

- Begin the meeting at 8:30 A.M.;
- Budget Update – Dr. Cook;
- Legislative Update – Dr. Cook;
- Specific Bill Draft Request Update – Dr. Cook;
- Report on the Research regarding Personal Advanced Directive (PAD) – Dr. Kevin Crowe, Technical Program Consultant
- Report on Simplifying the Seclusion/Restraint Forms – Dr. Kevin Crowe

PUBLIC COMMENTS

There were no public comments.

MOTION: Vice Chair Quint moved to adjourn the regular meeting at 2:30 P.M., seconded by Commissioner Jackson. The motion passed unanimously.

Respectfully submitted,

Christina Harper
Recording Secretary