

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

SEPTEMBER 18, 2009

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:

Kevin Quint, SAPTA, Chair
Alistar Barron, M.D., Vice Chair
Julie Beasley, Ph.D.
Gretchen Greiner, Ed.D.
Barbara Jackson
Joan McCraw, MSN, APN, Registered Nurse

COMMISSIONERS ABSENT:

Eric Albers, Ph.D. - excused
Toni Richard – excused
Lee Derbyshire, Marriage and Family Therapist - excused
Johanna Fricke, M.D. – excused

CALL TO ORDER

Chair Quint called the meeting to order at 9:35 A.M. Chair Quint determined that a quorum of the Commission was present.

CONSENT AGENDA

The Commission removed Item B - Consumer Services Assistance Program Update, Item C – Statewide Suicide Prevention Plan, and Item E – Autism Task Force Report as those reports were not received.

MOTION: Commissioner Greiner moved to approve the Consent Agenda to include the May 8, 2009 minutes and the Agency Director Reports as presented, seconded by Vice Chair Barron. The motion passed unanimously.

FINAL BUDGET UPDATE

- Dr. Cook stated that there is a transfer of funds into the budgets of DRC and SRC.
- SNAMHS balance of pharmacy savings of approximately \$12 million was transferred to the Division's budget due to an overestimation in the pharmacy budget. The staffing ratio was reduced from 2.4 to 1 to 2.1 to 1. There was no reduction in medications.
- NNAMHS reduced staffing and reduced the staff/bed ratio due to a decrease in the budget and NNAMHS has been experiencing an increase in their caseload which may impact their pharmacy budget. A letter of intent has been sent to the Interim Finance Committee for a possible increase in the pharmacy budget if necessary due to the caseload increase.
- Information Systems will be keeping old computers longer than expected and in the process of recruiting a new IT Manager. This IT Manager will be requested to review AVITAR and determine how and where the system should proceed.
- Rural Regional Center had no reduction in positions and saw very little growth. There may be some impact due to changes in eligibility and cases being closed and opened due to individuals moving in and out of the area. There are numerous staff vacancies.
- Center Office budget lost four administrative positions and equipment funding.
- SAPTA saw a transfer of funding of \$700,000 from prevention to treatment. Chair Quint expressed concern and suggested that the Commission discuss the views of prevention and treatment issues.
- DRC lost all growth in their budget, but received maintenance funding of \$6.8 million due to a large wait list and a concern of this population.
- SRC had additional savings due to the closure which lessened the impact in other areas and received \$3 million in caseload growth.
- Lakes Crossing staff was decreased from 76 to 70, based upon a request of the Division.
- Rural Clinics has reorganized and there are currently 21 rural clinics. \$1 million was provided by the Legislature to enable the rural clinics to remain open. The only two rural clinics that were closed were located in Dayton and Wendover.
- An RFP has been published for a Demonstration Project in Rural Nevada for integrated care in the following areas: 1) primary; 2) behavioral; and 3) substance abuse, and provide all of these services to clients; develop programs and collect data. Provide a report to the 2011 Legislature for the funding to continue and expand and provide expanded services in rural Nevada.

Dr. Cook stated that statewide the revenues continue to decline with the possibility of a special session called to deal with the revenue shortfall.

FINAL LEGISLATIVE REPORT –

Dr. Cook provided a final report on the following legislative bills:

- SB 463 – passed and restricts an employee from being employed as a consultant as staff.
- SB 23 – passed and amends the appointment process for the MHDS Administrator to be appointed now by the DHHS Director.
- SB 78 – passed and establishes standards for Community Training Centers and updates the language to provide efficient oversight for jobs and day training programs.
- SB 79 – passed and provides structure for consortia and subcommittees.
- SB 256 – passed and designates an area on the grounds of NNAMHS as a historic cemetery.
- SB 260 - passed and authorizes the Committee on Co-Occurring Disorders to take certain actions regarding treatment for co-occurring disorders and places the Committee under the MHDS Commission.
- SB 278 – passed and established a Legislative Committee on Health Care District.
- SB 279 – passed and amends the public record documentation laws.
- SB 398 – did not pass but would have required the Department of Corrections to establish intermediate sanction facilities within the facility maintained by MHDS to provide intensive treatment to certain probation violators and offenders who are determined to be alcoholics or drug addicts and are ordered to the custody of the MHDS to receive such treatment.
- AB 6 – passed and revises provisions governing certain emergency admissions to mental health facilities and hospitals. It amends provisions for emergency admissions to psychiatric hospitals and the word “transport” was amended to “admitted” – which means that theoretically an individual can be admitted into a mental health facility prior to being medically cleared, if the facility has the ability to perform the medical clearance. The medical clearance can be performed at that facility, rather than the individual being diverted to an emergency room, which is current practice. MHDS is specifically excluded from this bill by a section which states that MHDS is excluded from this requirement until MHDS has the capability to perform the medical clearance.
- AB 61 - passed and requires notification to victims prior to the discharge or escape of certain individuals from Lakes Crossing Center.
- AB 102 – passed and outlines a specific process and provisions governing problem gambling and establishes a gambling court.
- AB 121 – passed which provides for committees to develop staffing standards for health facilities that employ nurses.
- AB 187 – passed and authorizes the establishment by district courts of a program for the treatment of certain offenders who are veterans or members of the military. This creates a veterans court, the State is specifically excluded from any fiscal responsibility.
- AB 264 – passed and revises provisions relating to defendants who are incompetent and the procedures for the commitment and conditional release.

- AB 279 - passed and creates an alternative sentencing program for individuals on parole/probation who commit a status offence and that MHDS could provide the substance abuse treatment, but not mandated.
- AB 515 - did not pass and requires policies of health insurance and contracts for health care services providing coverage for treatment by certain professionals to also cover treatment by interns.

A break was granted at 9:45 A.M.

The meeting reconvened at 9:52 A.M.

DISCUSSION OF PLANNING TO STRENGTHEN MENTAL HEALTH AND DEVELOPMENTAL SERVICES DIVISION AND COMMISSION COLLABORATION

Dr. Cook stated that as an Agency Director to MHDS Administrator he has seen the Commission evolve into a more proactive body, as the membership of the Commission has changed over the years.

Dr. Cook suggested that the Commission should take a more strategic approach and broader look at the issues and provide a strategic mental health vision for Nevada on how mental health will look in the future, which would be more productive for the Commission and helpful to the Division. The day to day operations move too quickly for the Commission to be able to respond to in an efficient manner.

Commissioner Greiner agreed and stated that each Commissioner has their own special interests on the Commission. The Commission should look at what can be done to make things easier on staff and the Commissioner. Commissioner Greiner suggested that the Commission not micromanage reports, but instead work on a State Mental Plan.

Commissioner Beasley stated that the time spend in these meetings needs to be meaningful and be able to make an impact on day to day operations. It would also be a asset if the Commission could be ahead on proposed legislation.

ACTION: Dr. Cook suggested that the Commission, at the next meeting, develop a mission statement in an effort to begin the strategic plan.

ACTION: Commissioner Quint will send an e-mail to each Commissioner requesting their input on what areas need to have Commission focus.

Vice Chair Barron stated that there needs to be more coordination between medical providers in an effort to eliminate the duplication of tests.

DISCUSSION WITH CHAIR OF THE CO-OCCURRING COMMITTEE REGARDING AREAS OF MUTAL INTEREST AND COLLABORATION

Dr. Cook suggested the marshalling of resources for a greater impact and for the Commission and Committee to work together to develop recommendations in an effort to provide integrated care across areas. There are numerous board, committees and subcommittee to work on plans and recommendations in this area.

Dr. Dixon recommended pilot programs to provide integrated care in mental health and substance abuse for individuals in the criminal justice system to get the care they need.

Dr. Dixon suggested beginning a dialogue with the criminal justice system for integrated services.

Dr. Dixon stated that the Committee will begin to explore the vacancies on the Committee and will make recommendations to the legislature.

ACTION: Chair Quint will attend the Co-Occurring Disorders Committee meeting in October and Dr. Dixon will continue to attend the Commission meetings to continue the collaboration.

Commissioner McCraw stated that she would like to see protocols on how to address co-occurring disorders in the agencies.

ACTION: Following a discussion, the Commission will fold the Committee's January 2009 report into the development of the Strategic Plan and continue the communication and discussion between the Committee and the Commission.

RURAL CLINICS UPDATE

Marcia Bennett, Director of Rural Clinics, stated that a request for proposal for services of town hall meetings. Rural Nevada has follow up on budget impacts on individuals, all different and enlightening.

As a result of reorganization, the clinics are open, administrative positions have been eliminated and the funding used for contract positions in satellite districts. There has been a consolidation of the Rural Clinics and Rural Regional Center business offices; there continues to be two separate budgets, but the business office services were consolidated into one office.

Ms. Bennett stated that the future plan is to co-locate all administrative staff where the services are being offered. There is also no deputy administrator for Rural Clinics. There is future consolidation planned for residential supports and for individual case

management services for a more efficient service model. Ms. Bennett stated that they are looking at entering into contracts to solve the transportation issues. A private company would provide assistance with no restraint issues.

Psychiatric services contracts for telemedicine and a lot of funding on individual contracts. Scheduling can be a nightmare, so a single contract entity would help schedule to provide services.

DISCUSSION OF THE PROS AND CONS REGARDING THE PUBLIC DISSEMINATION OF SECLUSION AND RESTRAINT DATA

Dr. Crowe stated that this is trend data and is currently reported in public aggregate form at a national, state and facility level. Is usually a ratio. Hospital indicator and Nevada does well, well below the national norm.

Seclusion and restraint are reported from MHDS and NRT.

ACTION: Dr. Crowe will continue to monitor NRI data as it moves to facility data reported.

Dr. Cook stated that the NRI report is specific to NNAMHS and SNAMHS hospitals and private facilities report to another agency and forensics are not included in the NRI report. Dr. Cook stated that NNAMHS and SNAMHS are acute care facilities.

Commissioner McCraw stated that Nevada is well below the national standard and on a daily basis to do intervention before seclusion and restraint.

ACTION: Dr. Crowe will include the NRI website trend data reports as an update in the consent agenda.

DISCUSSION OF MEDICAL CLEARANCE PROTOCOL

Dr. Cook review the draft medical clearance form included in the packet. Dr. Cook stated that he is working with the hospitals in an effort to streamline the medical clearance procedures. This form continue to be under review by the hospitals and the seventeen southern Nevada hospitals are currently providing feedback. The hospitals have agreed to use the form as a template. The information on the form is the minimal information that needs to be provided and should reduce the amount of discussion for complete medical clearance. Dr. Cook stated that this is a collaborative effort and working relationship in both the north and south hospitals.

Dr. Cook stated that based upon the feedback received, he will make a final draft form. This form should streamline the process and not receive acutely medically ill patients at SNMAHS.

A break was granted at 11:25 A.M.
The meeting reconvened at 11:45 A.M.

APPROVAL OF POLICY #5.031 – MENTAL HEALTH AND DEVELOPMENTAL SERVICES FURLOUGH POLICY

Dr. Cook stated that this policy addressed the Governor and Legislative mandated furlough of state employees of unpaid one day a month.

MOTION: Commissioner Greiner moved to approve policy #5.031, seconded by Commissioner Beasley. The motion passed unanimously.

PRESENTATION ON HOW THE DEPARTMENT OF HEALTH INTERFACES WITH THE MENTAL HEALTH AND DEVELOPMENTAL SERVICES DIVISION AS A LICENSING ENTITY

As the presenter, Tracy Green was not present, this item was tabled until the November meeting.

DISCUSSION REGARDING THE DEVELOPMENT AND ADOPTION OF REGULATIONS

Dr. Cook stated that the MHDS Division does not have a lot of regulations and there is a need to develop regulations in certain areas. Dr. Cook stated that at the Division's quarterly leadership meeting, he will discuss developing regulations as an agenda item. The Division would hold the workshop and the Commission would hold the public hearing and adoption of regulations.

Dr. Cook stated a priority list of the areas that need revisions or new sections that need to be developed.

It was discussed that NRS 433.324 states: Regulations.

1. The Commission shall adopt regulations:
 - (a) For the care and treatment of persons with mental illness or mental retardation and persons with related conditions by all state agencies and facilities, and their referral to private facilities;
 - (b) To ensure continuity in the care and treatment provided to persons with mental illness or mental retardation and persons with related conditions in this State; and
 - (c) Necessary for the proper and efficient operation of the facilities of the Division.

2. The Commission may adopt regulations to promote programs relating to mental health and mental retardation and related conditions.

ACTION: A special teleconference meeting needs to be scheduled for the Commission to adopt the temporarily adopted NNAMHS cemetery regulations.

DISCUSSION OF H1N1 FLU ISSUES

Dr. Cook reported that the Division is looking at how the H1N1 flu could impact the staffing and office workplace at Lakes Crossing, NNAMHS, and SNAMHS. Dr. Cook stated that the acquisition of the vaccine is unknown and can only be purchased through the Governor's office.

Dr. Cook stated if the Division was to secure vaccine, the inpatient population and the staff would be the first to receive the vaccine. Quarantine is the biggest issue and the facilities will be following the infectious disease policy.

FUTURE AGENDA ITEMS

The following item will be on the October 26, 2009 teleconference meeting agenda:

- Possible Adoption of the temporarily adopted NNAMHS cemetery regulations.

The following items were suggested for the November 19, 2009 agenda:

- Update and Report from the Priorities Subcommittee – Chair Quint;
- Review and Possible Approval of Draft Bylaws – Chair Quint;
- 2011 Legislative Issues and Activities – Chair Quint;
- Review and Possible Approval of Draft Annual Letter to Governor; Chair Quint;
- Update of PAC collaboration – Kevin Crowe;
- Review stakeholder list – Kevin Crowe;
- Report on Legislative Intent of Seclusion and Restraint Forms – Julie Slabaugh;
- JHACO Presentation – Barbara Qualls and Cody Phinney;
- Presentation from the State Health Division – Richard Whitley;
- Presentation from the State Bio Statistician
- Review of New Member Orientation materials – Kevin Crowe;
- Develop Strategic Plan and Mission Statement – Chair Quint;
- Discussion on what reports to streamline and what areas to focus on for the agenda – Chair Quint;
- Consent Agenda – NRI website Report – once a year – Kevin Crowe;
- Define Commission's role in the regulation process – Chair Quint;
- Discussion of uniform medication formulary between state facilities – Chair Quint;

PUBLIC COMMENTS

Bob Bennett, Chair of the NLDAC, stated that briefly at their meetings they have discussed how to minimize the mental illness stigma. Medicaid stigmatized in a short review of forms and non-recovering.

Need more consumer run programs off campus and a movement to create club centers to teach recovery skills and socialize with others who have similar life experiences. Mental Health American to establish drop in centers. Department of Employment ignore vocation rehabilitation work of clients. Prisoner re-entry programs successful in Washington DC.

Rosalynn Reynolds, NNAMHS stated that the issue of jail to SNAMHS and NNAMHS programs in place but difficulty when they go back to jail off their medications and medication formularies are different.

MOTION: Chair Quint adjourned the regular meeting at 12:20 P.M.

Respectfully submitted,

Christina Harper
Recording Secretary