

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

NOVEMBER 19, 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
Eric Albers, Ph.D.
Gretchen Greiner, Ed.D.
Barbara Jackson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Alistar Barron, M.D., Vice Chair
Julie Beasley, Ph.D. – arrived at 8:45 A.M.
Joan McCraw, MSN, APN, Registered Nurse
Johanna Fricke, M.D. – arrived at 8:45 A.M.

COMMISSIONERS ABSENT:

Toni Richard
Lee Derbyshire, Marriage and Family Therapist - excused

CALL TO ORDER

Chair Quint called the meeting to order at 8:40 A.M. Chair Quint determined that a quorum of the Commission was present.

CONSENT AGENDA

Chair Quint removed the Rural Clinics Agency Director Report from the Consent Agenda as the wrong report was submitted.

MOTION: Commissioner Greiner moved to approve the Consent Agenda excluding the Rural Clinics Agency Director Report, seconded by Commissioner Jackson. The motion passed unanimously.

MOTION: Following an update on caseloads and SAPTA, Commissioner Greiner moved to approve the Rural Clinics Agency Director Report, seconded by Commissioner Fricke. The motion passed unanimously.

REPORT AND DISCUSSION OF THE LEGISLATIVE INTENT OF SECLUSION AND RESTRAINT DATA

Julie Slabaugh, Deputy Attorney General, provided the following report on the legislative intent for the transmitting of the Seclusion and Restraint forms to the Commission and review of those forms, per a request from the Commission at the last meeting in September.

- The statute was enacted in 1975 and there was no discussion regarding the review of the forms and no in-depth discussion regarding the review of seclusion and restraint forms or the forms being transmitted to the Commission.
- From 1975 through the 1980s there was a general trend for more oversight of the mental health system.
- During the 1993 Legislative session there was discussion regarding that the seclusion/restraint and denial of right information should be forwarded to the Commission for review, the Legislature also extended the reporting of seclusion/restraint and denial of rights to the private facilities.
- In 1995, the Legislature enacted legislation which allowed the Commission the authority to hold an Executive closed session to review and discuss the seclusion/restraint and denial of right forms in detail. Ms. Slabaugh indicated that it was stated that closing the meeting was needed to allow the Commission to fulfill its statutory requirements of providing a thorough review of denial of right or other activity relating to client care without violating the open meeting laws of the state.
- The Legislative intent has been for the Commission to perform a thorough review of the forms to include a review every form and then investigate, if necessary.

Ms. Slabaugh offered, in keeping with the legislative intent, that the Commission could delegate staff to compile, review the forms, and then report trends and aggregate data to the Commission; or the Commission could keep receiving and reviewing each form, as is current practice.

The Commission discussed that this has become a monumental task, as there are a lot more forms submitted by the facilities since 1995.

Commissioner Greiner expressed her concern regarding the disparity between the ability of the reviewers; and stated that the current process is an unequal process based upon the individual reviewer's education, expertise and understanding of the medications used.

Commissioner McCraw suggested that the Commission be allowed additional time to review the forms, as two weeks prior to the meeting is insufficient time. Commissioner McCraw stated that there continues to be a few private hospitals not submitting the information and forms.

Vice Chair Barron suggested that a nurse clinician be contracted to review the forms based upon guidelines adopted by the Commission.

Ms. Slabaugh offered that the Commission can adopt any of the previous avenues discussed to review the forms, as long as the process is meaningful.

Commissioner Fricke expressed support for the Commission to draft and adopt guidelines for the review of the forms.

Chair Quint suggested that the Commission review the forms in such a way for trend data and suggested that the Priorities Subcommittee develop criteria and guidelines on how to use the data to improve services and identify problem areas.

Commissioner Albers stated that one of the issues in the review of the forms is reliability, as there is a need for uniformity in the reviews and additional time is needed to perform the reviews. Commissioner Albers stated that if an individual was selected to review the forms, it would need to be an independent reviewer, not employed by the State or any facility.

Ms. Slabaugh stated that if the Commission were to establish guidelines, she would recommend that guidelines be established for both mental health and developmental services.

Dr. Cook felt that the idea for an expert review of the forms was a good idea and stated that currently the reports are three to four months old and questioned if this is meaningful feedback to the facility after a long time lapse since the incident.

Chair Quint suggested that the Priorities Subcommittee, with the support of Dr. Crowe, develop a process to review the forms and report trends.

It was discussed that the State of Nevada has a contract with NRI (Nasbit Research Institute) to provide data for the Joint Commission report. The State of Nevada does

not keep the data that is provided to NRI; it was also noted that the physician notes and narrative information are not transferred to the NRI.

MOTION: Vice Chair Barron moved to authorize Dr. Crowe to draft and formulate the guidelines, with collaboration suggestions from Commissioners, for both adult and child and mental health and developmental service form review, seconded by Commissioner Greiner. The motion passed unanimously.

ACTION: Chair Quint recognized that Vice Chair Barron and Commissioner Fricke will develop recommendations in the review of the children's forms; and Vice Chair Barron and Commissioner McCraw will develop recommendations for the review of the adult forms.

UPDATE FROM THE PRIORITIES SUBCOMMITTEE TO INCLUDE STRATEGIC PLANNING, DEVELOPMENT OF MISSION STATEMENT, BYLAWS AND REGULATION PROCESS

Chair Quint handed out draft minutes from the November 16, 2009 Subcommittee meeting for information.

The Commission reviewed the following draft mission statement:

"We are a legislatively-created body designed to provide policy guidance for the integrated care and treatment of adults and children with mental health, substance abuse, and developmental disabilities/related conditions and administered by state agencies in Nevada through the Division of Mental Health and Developmental Services and the Division of Child and Family Services. We are also designed to promote client rights of all clients of such treatment facilities, whether they are for adults or minors, or public or private facilities."

MOTION: Commissioner Albers moved to approve the mission statement as presented and to post on the Commission's website, seconded by Commissioner Greiner. The motion passed unanimously.

The Commission reviewed the draft priority list and amended the list to include the following:

- Collaborate and work closely with related groups (MHPAC, Co-Occurring Disorders Committee, LGBs, Department of Corrections, Medicaid, Consortia, etc.)
- Become more data driven (i.e. How are we using data? How can it be applied? How to use data in advocacy with the Legislature and other bodies?)
- Resolve the seclusion and restraint issue in a way that makes quality of care and patient safety top priorities while being useful to MHDS and DCFS. Patients' rights in general are a priority.

- Develop a statewide mental health plan for adults.
- Continue work on the Children's Statewide Plan.
- Dual diagnosis for children.
- Study and develop solutions to the "revolving door" issue as they pertain to substance abusers and their involvement in the MHDS system.
- No in-patient/residential services for individuals with co-occurring disorders in the north.
- Development of bill draft request for Legal 2000.
- Clarify transition from child to adult mental health.
- Dialogue and collaborate with the Insurance Commission on how the required insurance for autism as mental illness is being implemented.
- Mandatory out-patient services.
- Misdemeanor for in-patient staff assault, currently it is only a felony if there is permanent physical damage a State of Nevada employee/staff member and allow for any staff assault to be charged as a felony.
- Emergency rooms and the impact on services.
- Mental health psychiatric advanced directives.
- Discussion on how to become more involved in the Developmental Services responsibilities and focus as a whole for the developmentally disabled as there are currently no hospitals accepting developmental disabled children.

ACTION: Chair Quint will send an e-mail out to Commissioners requesting additional suggestions to be included on the list.

A break was granted at 9:55 A.M.

The meeting reconvened at 10:15 A.M.

DISCUSSION ON WHAT REPORTS THE COMMISSION NEEDS TO STREAMLINE AND FOCUS AREAS FOR THE AGENDA

Chair Quint stated that the reports the Commission receive are a snapshot in time and questioned if the reports need to be amended for different or additional information or if there are other reports that the Commission would like to review.

Commissioner Beasley expressed that it is important for the Commission to receive overview, aggregate trend reporting and regular reporting from the agencies/facilities in order to keep the Commission informed.

Commissioner McCraw supported the continued receipt of Agency Director reports.

ACTION: The Commission agreed to amend the Consent Agenda and rename the report from the Suicide Prevention Office to the "Office of Suicide Prevention Report".

ACTION: The Commission requested that reporting be in aggregate form once a year and for caseload data to be provided on a month by month basis.

ACTION: Dr. Cook will send the CLEO report to Chair Quint in order for Chair Quint to determine if this report should be included on the Consent Agenda.

COMMISSION DISCUSSION AND POSSIBLE APPROVAL OF A LETTER OF SUPPORT FOR SAMHSA GRANT

Dr. Crowe advised that DCFS had requested that the Commission provide a letter of support for the SAMHSA grant, but that application has been placed on hold at DCFS and currently there is no grant application pending.

Susan Mears, DCFS, commented that the grant is due December 8, 2009 but a decision was made to place the application on hold for the current round of grant applications. Ms. Mears stated that there is a move towards the grant of a pilot program and DCFS will request Commission support when this grant application is ready.

MOTION: Commissioner Greiner moved to authorize Chair Quint to provide a letter of support for the DCFS grant application, when the grant application is ready during the 2010 calendar year, seconded by Commissioner Jackson. The motion passed unanimously.

REVIEW AND DISCUSSION OF 2011 LEGISLATIVE ISSUES, CONCERNS, AND POSSIBLE COMMISSION ACTIVITIES

Chair Quint stated that this agenda item is related to item #3 and the priorities list. The Priorities Subcommittee will review the list that he drafts, based upon the comments received, and will submit the list for full Commission approval. Chair Quint led the discussion to include the following:

- Co-occurring disorders
- DCFS Legal 2000, possible bill draft request
- Payment and support insurance coverage for children with autism and other developmental delays
- Equitable treatment and insurance coverage for neo-developmental disorders – to include funding for a fetal alcohol program
- Categorize disability areas

ACTION: This will be a recurring agenda item for discussion.

ACTION: Chair Quint suggested that Commissioners contact him via e-mail if they have additional areas of legislative concern.

DISCUSSION AND POSSIBLE APPROVAL OF ANNUAL LETTER TO THE GOVERNOR

Dr. Crowe stated that a report is to be submitted to the Governor by the end of January; and research into the statute to determine what should be addressed and the letters and reports for the past three years have varied.

Dr. Crowe stated that he can prepare a draft, with help from the agencies, to include outcome measures, a brief rating sheet for the agencies to report the impact of previous recommendations. Dr. Crowe suggested using the outcome measure and a statement/follow-up on the 2007-2008 previous recommendations.

Commissioner Albers questioned the impact of the letter/report and how is the information contained in the letter/report used by either the Governor or the Legislature. Dr. Crowe responded that one possible impact could determine what items are included and/or excluded from the Executive Budget. Dr. Cook stated that all agency budgets are due to the Governor by September 1st. Commissioner Albers felt that the purpose of the letter was to be informative of the functions of the Commission and affect the change of outcomes in other avenues.

Commissioner Greiner suggested keeping the letter short (four pages or less) with bulleted item points and recommended that the Commission pick the battles the Commission would like to engage in and include and be up front regarding the fiscal impact of suggestions. Commissioner Greiner suggested authorizing the Chair to respond quickly to legislative issues as they arise in order to be able to weigh in on legislative issues.

Dr. Crowe is working on a legislative response process for the Commission and Chair.

Commissioner Greiner stated that it is important to authorize an individual(s) to be able to speak/testify on behalf of the Commission and provide the position of the Commission in the appropriate venue.

ACTION: Chair Quint will e-mail a draft of the letter to Commissioners for feedback, prior to the letter being sent to the Governor.

UPDATE OF MENTAL HEALTH PLANNING AND ADVISORY COUNCIL (MHPAC) COLLABORATION

Dr. Crowe stated that one major deliverable of his contract, is to strengthen collaboration between the Commission and stakeholder groups. One key stakeholder is the Mental Health Planning and Advisory Council. The Council is federally recognized,

mandated, and consumer orientated. Dr. Crowe reviewed a list of possible collaborative activities for 2009-2010:

- Increased meeting involvement with a physical presence at both Commission and Council meetings.
- Develop a strategic planning process for the Commission.
- Develop concept paper to explore feasibility of linkages with related legislative and advocacy efforts (such as Children's Plan, Co-Occurring Disorders and Department of Corrections).
- Children's Mental Health Statewide Plan – proposed February Summit meeting.
- Review included and excluded budget requests with Commission.
- Annual coalition reports to be accepted by Commission.
- Governor annual letter to include appropriate data.
- Mental Health Month – May – what can be done to highlight this month.
- Review of DHHS budget inclusions and exclusions.
- Specific bylaw revisions through Commission Subcommittee.
- New member orientation.

FY 2011

- Feasibility of integrated meeting calendars between Council and Commission.
- Review of DHHS budget inclusion and exclusions.
- Mental Health Month activities.

Upon questioning regarding where Council and Commission meetings are held, it was discussed that the Commission and Council meetings are teleconferenced and caution was expressed regarding the cost of travel with the integration of meetings. It was discussed that the Commission needs to be cautionary and not discourage collaboration with the Council and the proposed activity list needs to be specific to each group based upon each group's responsibilities and desires.

Mr. Mowbray stated that the Council at their November 6, 2009 meeting elected new officers for a two year term, with Renee Norris as Chair; Patricia Peterman as Vice Chair; and Alyce Thomas as Past Chair. The Council has twenty-one members. The next meeting is scheduled for January 12, 2010. At that meeting, the Council will be developing a laundry list of strategic planning ideas of every member who wants to pursue/devote their time to; and narrow the list to approximately three focus items in order to be effective.

Mr. Mowbray offered that the Council would be very interested in contributing to the Governor's letter for 2011 and with regards to the State Plan, in an effort towards consistency and a single plan. The federal block grant is viewed not just a plan that addresses how the block grant is spent, but it is expected to be a picture of the entire system of care in the State. The planning accomplished by the Consortia will be an important addition to next year's plan and the inclusion of an adult state plan. The

Council would appreciate the opportunity to collaborate with the Commission on these issues. Mr. Mowbray stated that the data from state fiscal 2009 is ready to be submitted and the outcome measures will be an important component to track changes year to year.

JCAHO PRESENTATION

This item was tabled and Chair Quint will discuss the intent of the requested presentation with Dr. Cook for possible placement on a future agenda.

RURAL CLINICS UPDATE

Dr. Cook introduced Barbara Leiger as the Director of Rural Services, replacing Marcia Bennett, who resigned her position as Director and resuming her previous position. Dr. Cook reminded the Commission that a decision was made to separate the southern rural clinics (Pahrump, Mesquite, and Laughlin; and satellite clinics in Overton and Caliente) and include as part of SNAMHS. Dr. Ghertner stated that they continue to temporarily manage Tonopah but will be transiting to the north.

Dr. Cook stated that the process of consolidating the rural regional and rural clinics offices in the north continues and with the possibility of renaming to Rural Services to include northern Nevada. SNAMHS, under the direction of Dr. Ghertner, will include the rural areas of southern Nevada.

Commissioner Greiner stated that there have been positive sweeping changes in how Rural Clinics and Rural Regional operated and questioned if those changes were going to continue. Dr. Cook responded that it is his intent to continue and proceed with changes implemented by Ms. Bennett for improved efficiency, effectiveness, and orientation of services in rural Nevada.

Commissioners Greiner, Albers, and Jackson commended Ms. Bennett for her vision and ideas in moving the services in rural Nevada forward and would like to see the new leadership continue on this path.

Ms. Leiger stated that she has been communicating with Ms. Bennett and intends to continue with the vision that Ms. Bennett started.

Upon questioning by Commissioner Fricke, Dr. Cook responded that in order for an individual to receive services from an MHDS site, the individual must be a Nevada resident. Dr. Ghertner added that this is a statewide policy, with the exception of emergency services.

Dr. Ghertner advised that in the southern Nevada, they are in the process of assuming Rural Clinic's organizational management, except for the budget, and handle all of the human resource paperwork, service coordination, and residential reviews. For the next biennium, the budget for southern rural clinics will be included in the SNAMHS budget for a totally integrated budget in the south.

A lunch break was granted at 11:50 A.M.
The meeting reconvened at 1:05 P.M.

PRESENTATION ON HOW THE DEPARTMENT OF HEALTH INTERFACES WITH THE MENTAL HEALTH AND DEVELOPMENTAL SERVICES DIVISION AS A LICENSING ENTITY; HOW THEY VIEW MENTAL HEALTH AND THE NEW COMMISSION ON DISABILITY SERVICES

This item was tabled as the presenters were unavailable.

DISCUSSION AND POSSIBLE ADOPTION OF A UNIFORM FORMULARY MEDICATION BETWEEN STATE FACILITIES AND JAILS AND OTHER AGENCIES

Vice Chair Barron stated that he feels this is an important issue with clients having different medication formularies when admitted to different facilities and suggested that the Commission could prescribe guidelines for formulary medications.

Dr. Cook responded that when clients are arrested or put into other facilities, often those facilities have different formularies. Dr. Cook agrees that it would be beneficial to have uniform medication formularies, but the problem arises as different facilities receive their medications from different places.

There was a discussion regarding the cost effectiveness and the discrepancy in the medication formularies. It was discussed that clients don't respond well to having their medication formularies changed. It was discussed that the largest number of clients moving from facility to facility is from the local jails to Lakes Crossing facility. Dr. Cook stated that there are seventeen counties and municipalities each with their own medication formularies and these formularies are usually highly restrictive.

The following issues were discussed as the barriers in achieving uniformity:

1. Funding issue between what the state allows and the counties/municipalities allow;
2. Organizational issues; and
3. The issue that formularies are non-static.

Vice Chair Barron suggested that he and Dr. Ebo could develop medication formularies guidelines and provide that information to the various entities, but noted that the formularies could not be enforced.

Commissioner Fricke expressed concerns with safety regarding medications and the client's past medical history and this could potentially cause the client harm if this information is not shared between facilities. Dr. Cook responded that agencies do share medical information and when the client is incarcerated, the client can request that his records be shared and advise the jail of any previous medication reactions.

It was discussed that there is no formal mechanism for a uniform formulary as there are too many entities involved with turf and funding issues.

Rosalynn Reynolds, Northern Nevada Adult Mental Health Services, stated that state and counties agencies have built relationships with the local police and jails and are working towards medication uniformity, but funding continues to be an issue.

Dr. Ebo stated that formularies cannot be mandated to outside agencies, jails, or prisons, but a web-based formulary is doable as the server can access formulary medication management as an oversight.

Dr. Cook stated that the State can share the formularies, but expressed skepticism and stated that this will have significant budget impact.

Vice Chair Barron suggested that the Commission form a committee to review formularies and establish a hierarchy of medications and enforceable prescribing guidelines in an effort for the uniform treatment of clients. Dr. Ebo is currently in the process of establishing guidelines for uniform formularies.

Upon questioning by Commissioner Albers, Vice Chair Barron responded that the Commission is being asked to establish a subcommittee and establish guidelines as an advisory.

ACTION: The Commission agreed to place the development of uniform formulary medication guidelines on the Commission's Priorities List. Commissioners Barron and Fricke requested that children's medications be included in the guidelines.

PRESENTATION FROM THE STATE OF NEVADA BIOSTATISTICIAN ON THE USE OF STATE BIOSTATISTICIAN TO INCLUDE AN OVERVIEW OF THE OPERATIONS OF THE STATE BIOSTATISTICIAN AND DISCUSS AREAS OF COLLABORATION WITH THE COMMISSION

Chair Quint stated that Ms. Hansen was asked to discuss how the Commission could become a more data driven group.

Alicia Hansen, Chief Biostatistician of the Office of Health Statistics and Surveillance, provided an overview of her role and the areas she oversees with regard to data and data analysis with the State Health Division; and discuss some of the data sets that would be relevant to the concerns of the Commission. The Health Division is part of the Department of Health and Human Services and her office is within the Bureau of Health Statistics, Planning and Emergency Response. Ms. Hansen oversees three main areas: 1) The Office of Health Statistics and Surveillance; 2) The Office of Vital Records; and 3) The Nevada Central Cancer Registry. The Office of Health Statistics is the data analysis and biostatistics unit at the Health Division and houses several programs.

Ms. Hansen stated that the following areas, in which she collects data, would be the most relevant for mental health would primarily be the 1) Behavioral Risk Factor Survey (BRFS) and system data; 2) In-patient hospital discharge data received from Division of Health Care Quality and Medicaid; and 3) Emergency Room and Ambulatory Surgery data – this includes individuals seen in the emergency rooms, not admitted to a hospital and then released.

Ms. Hansen stated that they have been collecting the following data over the past few years with regard to the BRFSS relevant to mental health:

- Currently on the 2009 BRFSS questionnaire collecting data on the mental illness and stigma model. Collected data on this model in 2007 will have two years of data at the end of 2009.
- In 2006 collected data on anxiety and depression and obtained supplemental funding in 2010 from the federal government to collect the data for 2010.
- Working in conjunction with SAPTA to collect specific data related to drug and alcohol use; and
- Youth Risk Behavior Survey.

Commissioner Greiner stated that it would be interesting to know how many individuals statewide enter emergency rooms for mental health reasons and how many are hospitalized, released and/or referred for additional treatment.

Upon questioning by Chair Quint, Ms. Hansen stated the best way to work with her office is to begin with data they are currently or have already collected which can lead to other areas to look at data collection.

Upon a question by Dr. Crowe, Ms. Hansen responded that for the previous two years they have been receiving claims data for Medicaid and receiving downloads from First

Health which is Medicaid claims data for the fee for service group and does not include HMO data. This is a very difficult data set to work with and currently her office is in the process working towards a different avenue to collect the data.

Ms. Hansen stated that currently there is no mental health information from prisons. Ms. Hansen stated that they house a lot of data and can access available data sets if requested. Ms. Hansen stated that suicide data is available from snapshot reports to full reports of attempted, completed suicides and gender, age and mechanism.

Ms. Hansen stated that the biggest obstacle in the collection and reporting of data is staff time.

ACTION: Chair Quint stated that the Commission needs to further discuss to determine exactly what information the Commission would like to request from Ms. Hansen's office.

DISCUSSION AND REVIEW OF NEW MEMBER ORIENTATION MATERIALS

Dr. Crowe stated that he is in the process of developing a document and binder for new Commissioners for a ninety minute orientation to include Commission history and mission; contact phone numbers; organizational charts; internal and external operations; staff; programs, communications avenues; travel procedures; and policies for both MHDS and DCFS. Dr. Crowe would like to see the new member materials reviewed and updated annually.

ACTION: Dr. Crowe stated that he will have a draft available by January 1, 2010 and finalized by March 2010.

FUTURE AGENDA ITEMS

Commissioners were reminded of the teleconference meeting for Monday, November 23, 2010 for review and approval of MHDS policies. Chair Quint requested that each Commissioner respond to Mrs. Harper on their availability to attend the meeting on November 23, 2010.

The following items were suggested for the March 18, 2010 meeting agenda:

- Update and Report from the Priorities Subcommittee – Chair Quint;
- Review and Possible Approval of Commission Bylaws – Chair Quint;
- Review and Approval of Guidelines for Seclusion/Restraint Forms – Dr. Crowe;
- CLOE Reports for Consent Agenda?
- Review and Approval of Priorities List – Chair Quint;
- Discussion of 2011 Legislative Issues and Activities – Chair Quint;
- Presentation from the State Health Division – Richard Whitley;

- Review and Approval of New Member Orientation materials – Kevin Crowe;
- Discussion of What Specific Information to Request from the Bureau of Health Statistics, Planning and Emergency Response

PUBLIC COMMENTS

There were no public comments.

MOTION: Chair Quint adjourned the regular meeting at 2:20 P.M.

Respectfully submitted,

Christina Harper
Recording Secretary