

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

MARCH 18, 2011

VIDEO TELECONFERENCE MEETING LOCATIONS

SIERRA REGIONAL CENTER, 605 SOUTH 21ST STREET, ROOM 122, SPARKS, NV

AND

MHDS CENTRAL OFFICE, 4126 TECHNOLOGY WAY, 2ND FLOOR CONFERENCE
ROOM, CARSON CITY, 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

Pamela Johnson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Julie Beasley, Ph.D.

Marcia Cohen

Valerie Kinnikin

TJ Rosenberg

COMMISSIONER ABSENT:

Barbara Jackson

CALL TO ORDER

Chair Quint called the meeting to order at 9:00 A.M.

CONSENT AGENDA

APPROVAL OF THE NOVEMBER 19, 2010 MINUTES

AGENCY DIRECTOR'S REPORTS

MOTION: Commissioner Beasley moved to approve the Consent Agenda, seconded by Commissioner Johnson. The motion passed unanimously.

REVIEW AND DISCUSSION OF THE FINDINGS OF THE GOVERNOR'S COMMITTEE ON CO-OCCURRING DISORDERS' JANUARY 31, 2011 LEGISLATIVE REPORT

Dr. Leslie Dickson, Chair of The Governor's Committee on Co-Occurring Disorders, indicated that the Committee submitted their report on January 31, 2011. Dr. Dickson stated that the Committee focused on the interaction of the mental health substance abuse system with the criminal justice system. The Committee spent the last eighteen months primarily evaluating the interaction of the criminal justice system with the agencies within the state which provide services to individuals with mental illness and substance abuse which is defined as a co-occurring disorder (COD). It is believed and evidence supports that individuals with COD's do best when treated in integrated programs and therefore the Committee focused on what factors are preventing such integrated treatment.

The Committee addressed and took action on the following issues:

- Established a "Welcoming Statement" to be enacted through legislation as a statewide policy statement on the treatment of individuals with co-occurring disorders in Nevada.
- Solicited testimony from the Nevada Department of Corrections regarding treatment programs for inmates with co-occurring disorders.
- Solicited testimony from the Department of Public Safety, Division on Parole and Probation on the supervision of offenders with co-occurring disorders.
- Solicited testimony from treatment professionals in the Clark County Detention Center on the resources available for inmates with co-occurring disorders.
- Solicited testimony from community treatment providers on the services available for individuals diagnosed with co-occurring disorders.
- Solicited testimony from local law enforcement regarding specialized training and approaches to person with co-occurring disorders.
- Recommended enhancement of SB 2 to increase the Committee membership to include representatives from Vocational Rehabilitation, Department of Corrections, Juvenile Justice and local law enforcement.

The Committee has recommended that the Legislature amended NRS 439.527 to increase the membership of the Committee on Co-Occurring Disorders to include representation from Juvenile Justice, Police, Department of Corrections, local jails, Department of Vocational Rehabilitation and Clinical Licensed Professional Counselors and amend NRS 439.528 to adopt the Welcoming Policy and require its posting in all agencies which provide mental health and substance abuse treatment.

The Welcoming Policy states: "It is recognized that when a person enters the door of any program at this agency, she/he is reaching out for help and deserve an empathic,

welcoming response. We take responsibility for assisting each person who enters our doors for help by making sure she/he has an integrated risk assessment and screening to assure safety and supportive assistance to engage appropriate services. This agency's programs provide the opportunity for a treatment relationship that integrates attention to clients' multiple needs in treatment, and to appropriate referrals and resources during and after treatment. The life of each person is precious, and we are part of welcoming each person into healthy living that includes recovery from mental illness and substance abuse."

The Committee supports AB 94 which creates an outpatient commitment law.

The Committee would like to distribute this report out to numerous agencies, to which the recommendations would apply; as some recommendations involve communication.

The following issues were discussed as obstacles:

- Tremendous disconnect;
- How to access other agencies;
- Problems with clients finding clinics, obtaining appointments, and paying for appointments and medications; and
- Need for more service coordination.

Chair Quint suggested partnering with Rural Clinics and other urban areas, when treating the same patients in an effort to unite different systems and consolidate services.

Dr. Ghertner stated that SNAMHS has an intensive co-occurring disorder program operated through a SAPTA grant.

Commissioner Beasley stated that the report was very thorough and helpful; and suggested facilitating communication with the Committee.

MOTION: Vice Chair Barron moved to endorse the Co-Occurring Disorders' Committee Recommendations and Plan, seconded by Commissioner Beasley. The motion passed unanimously.

Chair Quint led the discussion regarding the level of working with Co-Occurring Disorders Committee to include:

- Attend meetings;
- Increase communication between the programs; and
- Develop a plan to identify programs to outline the program, the services provided and the location of the program/services.

ACTION: Agenda item for a deeper discussion regarding how to improve communication and working relationship with the Co-Occurring Disorders Committee.

ACTION: Upon the recommendation by Chair Quint, Vice Chair Barron will work with Dr. Dickson to draft a List/Action Plan. Chair Quint and Dr. Crowe will then schedule a teleconference call with Vice Chair Barron and Dr. Dickson to prioritize the list of recommendations and itemize what has been completed, in process, and what recommendations need further discussion and plans.

INTRODUCTION OF NEW MHDS DEPUTY ADMINISTRATOR

Dr. Cook formally announced that Jane Gruner is the new MHDS Deputy Administrator. Ms. Gruner will continue to oversee the developmental services side of the Division as well as the duties of the Deputy Administrator.

LOCAL GOVERNING BOARD (LGB) UPDATES

Chair Quint reviewed that there are three Local Governing Boards: 1) Lakes Crossing; 2) NNAMHS; and 3) SNAMHS. Chair Quint stated that it is responsibility of the Commission to attend the LGB meetings; and Commissioners have been attending these meetings.

Dr. Crowe stated that the LGBs are a planning mechanism on the mental health adult side that largely involves the in-patient programs. The Commission has a strong involvement in the LGBs and with that focus; this item has been added to the Commission New Member Orientation and a reoccurring agenda item to the meeting agenda for ongoing discussion.

The LGBs are active organizations, required by JACHO accreditation, and perform a real time function of assisting the Commission in operating and assisting the Agency with in-patient programs. There are similarities and differences with each LGB; Dr. Crowe discussed the possibility of standardizing the LGB agenda. There was discussion if the LGBs would benefit from using a standard agenda.

ACTION: The Commission agreed to use a standard agenda format for the LGB's. The next meetings are scheduled for April 20th for Lakes and NNAMHS and April 21st for SNAMHS Local Governing Boards.

STATUS OF MHDS LOCAL ADVISORY BOARDS AND COMMISSION LINKAGE

Dr. Crowe stated that Local Advisory Boards are similar to the Local Governing Boards and a planning mechanism on the adult side. The Local Advisory Boards are currently

operational. The Commission appoints members to serve on the Local Advisory Boards.

The Local Advisory Boards are defined as follows: "The MHDS Commission has created advisory boards in Washoe and Clark Counties and makes appointments to these boards from stakeholders in the community. The boards serve to provide information to the Commission regarding service needs, public input, and other issues pertaining to mental health."

Dr. Ghertner provided history of the Local Advisory Boards and suggested that the Commission coordinate these meetings and use the information provided by community members and stakeholders.

Ms. Gruner stated that as an Agency Director she attended the Local Advisory Board meetings. The meetings focus mainly on mental health vs. developmental services (for developmental services there are a People's First Group functioning throughout the State).

Commissioner Rosenberg stated that she has attended these meetings, in the past as a member, and there are usually three to five members as part of the group and individuals provide reports of what is going on in the area of mental health and developmental services.

Ms. Reynolds, Agency Director for NNAMHS, stated that the Local Advisory Boards are an investment in community/public relations and provides an avenue for the community to provide input and ask questions. This avenue allows the Agency to be more sensitive to the perspective of the consumer. Ms. Reynolds would like to see the membership of the Board turned over more often. Ms. Reynolds stated that the Local Advisory Boards are a valuable linkage to the community and she would hate to see the Local Advisory Boards eliminated.

Commissioner Beasley stated that the Local Advisory Boards are a necessary link to the various meetings and encouraged to use meeting time, with all of the Boards, efficiently.

Dr. Ghertner stated that in Southern Nevada, the Local Advisory Board focuses on developmental issues with no mental health representatives. Dr. Ghertner stated that there are several very active mental health stakeholder community organizations that currently meet in metropolitan Las Vegas and he and his staff attends all of those meetings. Dr. Ghertner feels that there is duplication of services and the Commission should have an avenue of obtaining input, appointments, and/or coordination of these meetings.

Chair Quint requested that the Commission consider the following:

1. Is there a need for the Local Advisory Boards?
2. How did the Local Advisory Board begin?
3. What is the linkage with the Commission?
4. Is there a duplication of responsibilities with the Local Advisory Boards with other Boards?

ACTION: Commissioner Beasley suggested adding, as an agenda item, the Local Advisory Boards within the strategic plan within the Bylaws.

Dr. Ghertner questioned if the Local Advisory Boards are a Block Grant requirement; the Bylaws of the Local Advisory Boards are not in agreement with the Block Grant and there is a need for consistency within all of the Local Advisory Boards. Roger Mowbray responded that there may be a need for communication for clarification; but there is no direct funding from the Block Grant to the Local Advisory Boards.

It was discussed that there needs to be a more accurate description of the function/description of Local Advisory Boards.

ACTION: Chair Quint recommended gathering additional information and inviting the Chairs of the Local Governing Board to the next meeting of the Commission for further discussion.

Chair Quint stated that he is concerned regarding the duplication of meetings and with the discussion to eliminate the Local Advisory Boards.

Dr. Crowe suggested working with Agency Directors to recommend a process with the three Local Advisory Boards.

ACTION: Commissioner Beasley requested that for the next meeting the Strategic Planning Flow Chart be included for review.

It was stated that next meeting of the Northern Local Advisory Board meeting is scheduled for the second Tuesday of the month beginning at 4:00p.m. The next meeting of the Southern Local Advisory Board is scheduled for and April date. Chair Quint requested that Dr. Ghertner advise either himself or Dr. Crowe of the next meeting date of the Southern Local Advisory Board.

ACTION: It was requested that a listing of the Local Advisory Board membership and a calendar of all Board meetings for one month be placed on a calendar for the Commission to review. It was requested that staff investigate if there is a requirement that Commissioners attend the Local Advisory Board meetings.

APPROVAL OF THE APPLICATION FOR KATHERINE STANSBERRY FOR THE MEMBERSHIP TO THE SOUTHERN NEVADA MHDS ADVISORY BOARD

MOTION: Commissioner Beasley moved to table this time until the next meeting for possible action, as the Commission is not ready to make a decision regarding this issue, seconded by Vice Chair Barron. The motion passed unanimously.

Chair Quint stated that that the postponement of this approval is not about the applicant, but about the Commission's lack of process and knowledge of the Local Advisory Boards and the Commission's responsibility with the Local Advisory Boards.

CLARIFICATION OF THE MEMBERSHIP AND APPOINTMENT OF COMMISSIONERS FOR THE FOLLOWING SUBCOMMITTEES:

- **LEGISLATIVE PRIORITIES SUBCOMMITTEE**
- **CHILDREN'S MENTAL HEALTH PLAN SUBCOMMITTEE**

The membership of the Subcommittee was clarified as follows:

Legislative Priorities Subcommittee:

- Chair Kevin Quint; Commissioner Beasley; Commissioner Kinnikin; Commissioner Cohen; and Commissioner Barron.

Children's Mental Health Subcommittee:

- Chair Julie Beasley; Commissioner Johnson; Commissioner Kinnikin; Commissioner Rosenberg; and Commissioner Barron.

ACTION: Commissioner Beasley requested that the terms of the subcommittee membership and leadership be defined. Dr. Crowe agreed and will draft language for inclusion in the Bylaws.

MOTION: Vice Chair Barron moved to add Commissioner Rosenberg to the Children's Mental Health Subcommittee, seconded by Commissioner Beasley. The motion passed unanimously.

A break was granted at 10:30 A.M.

The meeting reconvened at 10:46 A.M.

MHDS BUDGET UPDATE

David Prather, ASO for MHDS Division, updated that the two legislative budget hearings for mental health have been completed and the Division is waiting for an official response from the Legislative Counsel Bureau (LCB) on the second budget hearing; no future budget hearing dates have been scheduled. There has been a lot of public input and legislative "on record" comments.

Mr. Prather stated that he is in the process of preparing responses to budget questions; currently the budget process is in a holding pattern. The next phase is the “work session” with adjustments within the budget anticipated.

Mr. Prather provided a summary of budget cuts to the mental health budgets: elimination of the triage centers both north and south; elimination of the consumer assistance program at SNAMHS; elimination of the senior outreach programs at SNAMHS and NNAMHS; pharmacy reductions at SNAMHS and Rural Clinics (a result of savings by efficiencies in managing the pharmacy); a four bed closure at Lakes Crossing; eliminate the grounds keeping at SNAMHS and transfer to a contract services; reduce psychosocial rehabilitation across the Division; out-patient counseling reduction across the Division; PACT team elimination at SNAMHS; reduction of staff Division wide; moving funds to contracted services; mobile outreach safety team reduction; service coordination reduction in Rural Clinics, a residential reduction across the Division; elimination of mental health courts to be transferred to county budgets; and residential reduction statewide.

Mr. Prather provided a summary of budget cuts on the developmental services side: reduction in behavioral health across all agencies, in conjunction with the loss of TANF funding – reduction in self-directed family support services and autism services; SLA reduction at DRC; and transfer of children services to counties. Mr. Prather stated that a dialogue has been opened between state agencies and county agencies with regard to budget issues.

Mr. Prather provided a summary of SAPTA reductions: staffing reductions; eliminate an ASO position and reorganize the accounting staff; reduction in co-occurring disorders programs of approximately \$2 million; reduction in prevention programs; and elimination of vacant positions that currently exist.

Mr. Prather provided a summary of Central Office reductions: staff eliminations; reductions in travel; and IT staff reductions.

Mr. Prather stated that preliminary reductions total approximately \$80-90 million for the biennium.

Jack Mayes, Executive Director of the Nevada Disabilities Advocacy and Law Center, stated that he attended the budget hearings, but did not testify. Mr. Mayes stated that there are legal issues and concerns with the budget as proposed. Those concerns have been communicated with the Senate Leadership and they have been advised of the Olmstead Supreme Court ruling. Mr. Mayes stated that there is also concern regarding staffing cuts/levels with regard to client on client or client on staff abuse.

Chair Quint emphasized that the Commission's stance has been to advocate for preservation of core services for a continuum of care and advocate that the mental health courts and triage centers should be retained and funded at the State level.

LEGISLATIVE UPDATE

- Children's Mental Health Plan Bill Draft Request – Dr. Beasley stated that this Plan is included in the Division of Child and Family Services (DCFS) budget; the plan provides structure and is a guiding plan for DCFS. The BDR is a small part of a statewide plan, developed by stakeholders; this BDR has not yet been introduced in the legislature.

ACTION: Chair Quint stated that he will contact the Legislative Priorities Subcommittee and the Children's Mental Health Plan Subcommittee to schedule a meeting in April.

It was announced that May 3rd is Children's Mental Health Day.

- AB 48 – Revises provisions governing children's mental health consortia – This bill continues the children's mental health consortia and provides operational funds of \$30,000 per region to the children's mental health consortia.
- AB 94 – Authorizes the involuntary court-ordered admission of certain persons with mental illness to programs of community-based or outpatient services under certain circumstances – This provides for programs to be offered after an individual leaves the hospital.

Dr. Cook updated that there was problems with the original bill draft and he has provided amendments. The amendments would make the bill permissive, not mandatory, so that counties could implement provisions of AB 94 when the county has funding available. The bill required county district courts to implement a number of procedures which were costly to the counties. The amendments were submitted approximately one month ago and, to date, no response has been received by the Legislature.

STATUS REPORT AND UPDATE OF CHILDREN'S MENTAL HEALTH SUBCOMMITTEE AND UPDATE FROM THE LEGISLATIVE SUBCOMMITTEE

Chair Quint stated that this was previously discussed under the Legislative Report.

ACTION: Chair Quint will contact Commissioner Beasley regarding scheduling the next Subcommittee meeting.

DISCUSS THE REQUIRING OF INDIVIDUALS SEEKING PUBLIC MENTAL HEALTH SERVICES TO APPLY FOR MEDICAID

Dr. Cook stated that discussion began last year requiring individuals receiving MHDS services to apply for Medicaid to help defray costs of providing services. Dr. Cook stated that this has been researched and can legally be requested to be completed.

Dr. Cook stated that he has discussed this proposal with Roman Gillian, Division of Welfare and Supportive Services (DWSS), and that the DWSS would allow all of the MHDS clinics/facilities to have access to the on-line application process. If MHDS were to mandate Medicaid application for all of the clients, the application process could be done either at a MH or DS facility on-line. The sole purpose is to draw additional federal funding to alleviate the draw on the general fund dollars; the downside is that there are a number of individuals/clients who, for personal reasons, are reluctant to apply for Medicaid.

Commissioner Beasley stated that it is important that the application for Medicaid be available on-line and questioned by why an individual would not want to apply. Dr. Cook responded that there are some individuals who are not in the United States legally and other individuals feel that applying for Medicaid is not appropriate for them.

Ms. Gruner stated that for DS families, the issue is that some physicians do not take Medicaid clients and those families want to be able to go to their physicians, but don't want to pay for services. The Katie Beckett program is a co-pay program which depends on a families' income; but there is no charge for service coordination.

Commissioner Rosenberg stated that families in Southern Nevada are being told that per their income, they are not eligible for any services. Ms. Gruner clarified that private insurance does not pay for case management and there is not a financial eligibility for developmental services for service coordination across the State. There is a financial eligibility for support money for any of the self-directed autism or SLA, etc. services.

Vice Chair Barron stated that medications are a huge drain on the State and it would be beneficial to the State if that cost could be transferred to federal funding.

Dr. Cook stated that the proposal would mean that an individual's eligibility for MHDS services would be dependent on the individual applying for Medicaid and not Medicaid eligibility. Upon questioning by Chair Quint, Dr. Cook responded that this requirement would not create new gaps in services. Dr. Cook stated that MHDS would allow clients three to four months to complete the application process.

MOTION: Vice Chair Barron moved to adopt the recommendation by Dr. Cook to require MHDS clients to apply for Medicaid benefits, seconded by Commissioner Beasley. The motion passed unanimously.

PRESENTATION AND DISCUSSION WITH REGARD TO DEVELOPMENTAL SERVICES AND HOW THE COMMISSION CAN COLLABORATE WITH DEVELOPMENTAL SERVICES

Jane Gruner, Deputy Administrator and Statewide Coordination of Developmental Services, stated that Developmental Services has received an additional two year grant for supported employment leadership network contract, which is a national organization which focuses on developing supported employment initiatives within states. In collaboration with that and also working with DETR and Vocational Rehabilitation on a pilot project in support of supported employment with select group of individuals to get the process moving. Ms. Gruner stated that they are working on changing the financial system and the way providers receive payment for working and supported employment.

Ms. Gruner discussed ways in which the Commission could help Developmental Services by focusing on job and day training which allows individuals to stay with their families by attending day programs. In the proposed budget there is no growth in any area of the DS budget, which is a major concern. Currently the wait list has been reduced to a few individuals; but with no growth anticipated in the budget it is anticipated that there will be a long wait list by the end of two years. In Southern Nevada the Jobs and Day Training continues to have a long wait list and this list will only increase with a no growth budget.

Ms. Gruner discussed the following concerns:

- Nevada has a fragile state of community providers. In 2002, the Nevada Legislature paid for a rate study; and that rate study indicated that our providers for supported living and jobs and day training were approximately 36% behind nationally. Since that time providers have received a 16% increase in the rate, but the Legislature has not kept pace with what was in the study. With the cost of living, Providers are behind and cannot pay staff sufficiently which leads to staff turnover.
- Families are requesting different services, making it very difficult for providers. One of the big changes in Southern Nevada has been the request for in-home supports; where the family keeps their loved one at home but a provider comes in and provides the support services. This is a difficult service to provide on a large scale.
- One of the initiatives and collaboration is a statewide initiative with service providers for job and day training. As there will not be an increase in the rate, there is an initiative to reduce paperwork requirements without reducing the

quality components and collaborating other areas within the system to become more efficient.

- Transfer of costs for children services to the counties. This is allowed in Nevada Revised Statutes and the concern is that a lot of time and energy had been devoted to collaborating with county partners; hopefully this issue can be worked out to develop good service coordination and keeping the individual in a family setting. There is a possibility of losing 34 service coordinators positions and this would be a tremendous loss to the families they support. They are the safety net for Nevada families.
- Health Care Reform still under research and review of how this will affect the DS service system. Currently, there is whole new community based waiver which appears to be a safe haven in the Health Care Reform. The big questions are: If you can't having a waiting list, how does that work, what does that do to states and affect individuals and families.

ACTION: Chair Quint would like to the Commission to have a more robust discussion regarding on Health Care Reform and the affect on the whole system at a future meeting.

COMMISSION BYLAW REVIEW

Dr. Crowe stated that he wants to keep the Commission aware of their current operational guidelines as outline in the Bylaws. The Bylaws are updated annually.

Dr. Crowe reviewed the current Bylaws and stated that the process is underway for the annual update the Bylaws. Dr. Crowe stated that a new section has been added to address Subcommittees and the authority of the Subcommittee to make decisions on behalf of the Commission in between regular Commission meetings.

Dr. Crowe stated that he will be also adding a section regarding the Local and Advisory Governing Boards and the Legislative process before the next Bylaw update.

DISCUSS ANNUAL MEETING CALENDAR AND FREQUENCY OF COMMISSION MEETINGS FOR THE UPCOMING YEAR

Dr. Crowe suggested that the Commission consider adopting a firm calendar of meeting dates for the next year. A firm calendar allows for individuals to plan accordingly attendance in order to secure a meeting quorum and stakeholders to attend. Dr. Crowe stated that at the May meeting he would like to propose scheduling regular Commission meetings and Subcommittee meetings. Dr. Crowe suggested that the Commission also consider a combination of teleconference meetings and video conference meetings.

ACTION: Commissioner Beasley requested that the Commission be made aware of the budget implications of Board meetings either via video conference, teleconference, or face to face meetings.

ACTION: May agenda item for the approval of the 2011-2012 meeting dates.

UPDATE OF STATUS OF COMMISSION VACANCIES

Mrs. Harper stated that to date there has been no notification of any appointments. We are currently waiting for the physician appointment, which should be made within the next couple of weeks. The Governor's office is awaiting three nominations from the Marriage and Family Therapy Association as required by statute.

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

Roger Mowbray, support staff for the Council, stated that the Council has created a Consumer and Family Member Advocacy Committee.

Mr. Mowbray stated that the Council's next meeting is scheduled for March 23, 2011 to discuss legislative bills and budget issues. The Council at their last meeting voted to send letters of support to the Legislature and the First Lady indicating support for enacting the Children's Mental Health Plan and concern regarding the moving of mental health courts to the counties; as it has been clear that the counties will be unable to continue with the mental health courts. Mr. Mowbray stated that this is the first time that the Council has taken action steps to advocate for mental health issues during the Legislative Session.

With regards to legislative bills; the Council is tracking SB 44; supports AB 48; and has expressed concern with AB 94.

Mr. Mowbray stated that he has developed a spreadsheet that summarizes the negative budget decisions units affecting programs offered by MHDS and the cuts related to each area/region.

ACTION: It was requested that Mr. Mowbray e-mail that spreadsheet to Commissioners.

Ms. Gruner requested that Developmental Services side to be represented at the meetings when discussing mental health and developmental services to provide input. Mr. Mowbray stated that he will work with Dr. Crowe and the Council to ensure the inclusion of Developmental Services.

Mr. Mowbray stated that May 3rd has been designated as “Children’s Mental Health Day” and the month of May as “Mental Health Month”. The Council is currently in the process of identifying activities, with limited resources, to include a NAMI walk on May 14th and 15th in Reno and a basketball game scheduled for Southern Nevada.

IDENTIFICATION OF SPECIFIC COMMISSION ALTERNATIVES FOR PROCESSING SECLUSION/RESTRAINT AND DENIAL OF RIGHT PACKETS TO NRS 433.534(4) AND NRS 241.030

Chair Quint stated that there is a current review of the process of the Commission’s responsibility to review seclusion/restraint and denial of right forms. This discussion is an effort to improve the efficiencies of the Commission’s involvement in the reviewing of denial of rights and seclusion/restraint documents. In a survey of Agency Directors it was indicated that the process could be improved.

Chair Quint stated that there has been discussion to possibly look at data collection/reporting instead on individual reports or a combination thereof. Chair Quint would like the Commission to perform a valuable function to fulfill the statutory responsibility.

Commissioner Beasley stated that she supports a review of the individual reports and feels that if the Commission only reviews summary data, there will be a loss of individual data that may be useful to agencies to improve the quality of care.

Upon questioning by Commissioner Rosenberg, Commissioner Beasley stated that the feedback that the Commission provides is relayed back to the Agencies. Commissioner Beasley stated that the forms need to be updated in order to provide accurate and pertinent information.

Vice Chair Barron stated, as a clinician, he feels that the review is a review of the intervention used. Vice Chair Barron stated that staffs are providing more detail on the forms now that the hospitals and staff have been advised and trained on what information the Commission is reviewing. Vice Chair Barron questioned if the Division can collect data in order to determine a trend or theme? Vice Chair Barron stated that he is most interested in the medications used and the amount of time the client is placed in seclusion.

Commissioner Beasley offered that the Commission is comprised of a variety of individuals with different backgrounds and expertise and each individual could be looking the form from a different perspective which provides for a well rounded review.

Commissioner Cohen stated that each Commission should be looking out for each patient/client and the experience and background of the individual should not matter;

the review should be a review of the degree of the physical or chemical restraint to ensure that the time limit does not exceed two hours and if there was a threat to a staff member.

It was discussed that it would be very expensive and time consuming for an outside contracted individual or staff to perform the review of these forms and then develop a report for the Commission to review.

Commissioner Johnson stated that there is already an internal quality assurance process in place along with the Attorney General's office. Commissioner Johnson would be interested in looking at specific cases to include chemical restraint and long term physical restraints which would be cause for injury to the client.

Vice Chair Barron suggested that form review guidelines with regard to chemical restraints and injuries needs to be established.

Upon questioning by Commissioner Cohen, Ms. Phinney responded that individuals of the MHDS staff track and sort the forms.

Chair Quint proposed that the Commission not review the forms and will further discuss this proposal with Ms. Phinney and the Local Governing Board and will develop a proposal for the May meeting.

ACTION: Chair Quint stated that based upon the comments and input received today, he will draft a precise proposal for review and possible approval by the Commission at the May meeting.

Commissioner Beasley suggested moving to a review of trend data with the possibility of the Commission performing a review of a random sample of the forms.

FUTURE AGENDA ITEMS

The following items were suggested for the May 20, 2011 meeting agenda:

- Update on the Progress of the Subcommittee for the Statewide Children's Mental Health Plan – Commissioner Beasley;
- Update from the Subcommittee on Legislative Issues – Chair Quint;
- Local Governing Boards Update – Chair Quint;
- Local Advisory Boards Update – Chair Quint;
- Legislative Update – Dr. Harold Cook;
- Update of Budget – David Prather;
- Discussion to develop plan with Co-Occurring Disorders Committee – Chair Quint;
- Discussion of the Seclusion/Restraint and Denial of Rights Review Process – Chair Quint;

- Approval of Katherine Stansberry to the Southern Nevada Local Advisory Board – Chair Quint;
- Discussion on Health Care Reform;
- New Member Orientation – Dr. Crowe;
- Approval of 2011-2012 Meeting Schedule;
- New Member Appointment Update – Dr. Crowe and Christina Harper
- Approval of MHDS Policies – Dr. Cook;
- MHPAC Council Update – Dr. Crowe;
- Update of Developmental Services – Jane Gruner;
- Discussion with Jane Gruner regarding Developmental Services – Quality and Providers

PUBLIC COMMENTS

There were no public comments.

MOTION: Commissioner Johnson moved to adjourn the regular meeting at 1:05 P.M.

Respectfully submitted,

Christina Harper
Recording Secretary