



Brian Sandoval  
*Governor*

Joel A. Dvoskin, Ph.D.  
*Chair*

Hon. Jackie Glass, Ret.  
*Vice-Chair*

# Behavioral Health and Wellness Council

## Behavioral Health and Wellness Council Meeting Minutes January 29, 2014

### **Meeting Location**

Grant Sawyer State Office Building  
555 East Washington Avenue, Room 4401  
Las Vegas, NV 89101

### **Videoconference Location**

Legislative Building  
401 South Carson Street, Room 2134  
Carson City, NV 89701

### **Members Present**

#### **Las Vegas:**

Joel Dvoskin, Ph.D., ABPP  
Hon. Jackie Glass, Ret.  
Michael Babbitt  
Timothy Burch  
Dale Carrison, D.O.  
Sue Gaines  
Doug Gillespie  
Marilyn Kirkpatrick  
Katherine Miller  
Karla Perez  
Scott Roberson  
Susan Roske  
Debbie Smith  
Dick Steinberg  
Randolph Townsend  
Richard Whitley  
Michael Willden  
Steven Wolfson

#### **Carson City:**

Pat Hickey

### **Members Absent**

Monte Miller

### **Staff Members Assisting**

Melissa Slayden, DPBH

## I. Call to Order, Welcome, Roll Call, Announcements

Dr. Joel Dvoskin chaired the meeting and called to order at 9:10 a.m., welcoming everyone. Roll call was taken by Melissa Slayden; a quorum was noted. Dr. Dvoskin explained that public comments would be limited in time.

## II. Public Comment

Dan Musgrove, Clark County Children's Mental Health Consortium, Board Member and Vice Chair. Mr.

Musgrove gave the Council accolades, brought a letter and some priorities. He asked to give a more formal presentation later and asked group to address children's mental health issues.

III. Presentation on Nevada Open Meeting Law

Susanne Sliwa from the Attorney General's Office gave a brief overview of Nevada Open Meeting Law and how it affects the Council. Quorum, Agendas, Public Access, Information Dissemination, and Subcommittees were all discussed.

IV. Overview of Nevada's Behavioral Health System

Dr. Linda White and Dr. Tracey Green presented Mental Illness in Nevada: Screening, Intervention and Intercepts to Avoid System Failure. Dr. White defined mental illness (MI) and discussed screening, interventions, and consequences of system failure throughout the life continuum. Dr. Green described the State behavioral health system as it exists today. She defined acute versus free standing psych facility (no reimbursement under Medicaid). Discussed the Nevada state inpatient mental health beds at Rawson Neal Hospital (civil-adult), Dini Townsend Hospital (civil-adult), Desert Willow (civil-children), and Lake's Crossing Center (forensic), and the private inpatient mental health beds. One gap to address is to either get additional psych beds in medical facilities or look to alternatives for reimbursement in free-standing psych facilities. Dr. Green presented an Intercept model when dealing with persons with mental illness. She discussed the Legal 2000 hold and how it affects patients, emergency rooms, mobile crisis units, psychiatrists and emergency room physicians. There is a lack of intermediate facilities able to address inebriates who do not need immediate medical attention. Homelessness affects discharge planning, as it is not appropriate to discharge an individual to a bridge, a park, or the streets, representing a gap in capacity to serve individuals requiring placement. There is no link with the state electronic health care records and jail for identification and continuity of care. Misdemeanor diversion programs and pre-arrest programs are additions the State may want to employ. The State has a need of specialty courts. Nevada lacks integrated medical-mental health systems. Dr. Green also discussed the closure of the urgent care and Emergency Medical Treatment and Active Labor Act (EMTALA).

V. Budget History and Overview

Director Mike Willden gave a summary of the budget as it exists now and historically through FY07. He described effective spending, resource leveraging, and additional resources. He reviewed national comparative data and its inconsistencies in comparative reporting, Nevada behavioral health spending, Division of Public and Behavioral Health budgets, and FY14 budgeting. He also discussed the current Medicaid enrollment projections and current enrollment efforts.

VI. Presentation of the 2013 Comprehensive Gaps Analysis of Behavioral Health Services

Kelly Marschall of Social Entrepreneurs briefly presented the Gaps Analysis summary. The analysis was not for strategic decisions rather identifications of gaps in service delivery system for behavioral health. She described the framework (assessment, capacity, planning, implementing, and evaluation), data collection (qualitative and quantitative), and limitations of the report. Ms. Marschall spoke to how resources are used throughout the State and described current behavioral health consumers in Nevada. She described the unmet need and gaps in services. The report makes recommendations to address the gaps in services.

VII. For Possible Action: Define the Charge of the Council, define the mission and goals of the Council

The Council members discussed why they were asked to be on the Council and what the direction is from the Executive Order and the Governor's Office. The gaps in the behavioral health system need to be addressed. The Council has upcoming deadlines. The Council looked to determine the main direction to begin with the following issues:

- A. Housing
- B. Drugs: Sobering Centers, Detox, Drug Treatment
- C. Criminal Justice: MH Court, CIT and Referrals, Intermediate Placement
- D. Emergency Room Issues

- E. Workforce Issues: Training, Co-Occurring Disorders Expertise
- F. Primary Care support for prescribing psychotropic drugs
- G. Transition/Discharge/Re-entry processes
- H. HMO Co-pay for Medications
- I. Criminal History/Sex Offender Registry, Risk Assessment, Treatment Planning
- J. Veteran's Services, Suicide Prevention
- K. Children's Mental Health and Early Interventions Services
- L. Community-Based Services
- M. Legal 2000, Release of Holds, Subsequent Encounters and Information Sharing/Continuity of Care and Continuity of Case Management
- N. Peer Support and Employment for Consumers of Behavioral Health Services

The list was then prioritized so that the Council can address emergent issues and issues that can be addressed in the future. The approach will be strategic rather than tactical, the Council asked for the Department of Health and Human Services strategic plan for the short- and long-term. Barriers need to be addressed. The Council considered adding a member to the Council to represent children's mental health in the schools.

## VIII. Discussion on Presentations

### A. Nevada's Behavioral Health System

- a. Vice-Chair Jackie Glass asked for clarification on Medicaid reimbursable beds.
- b. Debbie Smith asked for clarification on clinic limitations, based on the number of beds and on the urgent care versus emergency department with the EMTALA regulations.
- c. Debbie Smith asked why the Criminal Justice system is providing initial identification of persons with mental illness rather than service facilities in Las Vegas. Dr. Green provided some clarification but described a lack of data sharing concerning the population (primarily homeless). This describes a data infrastructure need.

### B. Budget History and Overview

- a. Debbie Smith commented that Nevada is at the low end of spending on mental health, nationally compared, and Medicaid funding. Director Mike Willden explained managed care enrollment, fee for service, and transitioning.
- b. Sue Gaines explained that many persons with mental illness cannot pay a co-pay. Director Willden explained Medicaid has no co-pay, unlike Medicare. Dr. Green explained that managed care is best for those with mental illness.
- c. Karla Perez pointed out there is a lack of information dissemination to managed care payers concerning enrollment numbers. Mike Willden explained this would be HPN and Amerigroup, though there is no history about many of the people being enrolled because they are new enrollees.
- d. Tim Burch asked for clarification about managed care on seriously mentally ill. Dr. Green explained that DPBH provides targeted case management, working waivers to the homeless population, in order to keep individuals in managed care.
- e. Debbie Smith wants DHHS input on workforce spectrum recruitment through retention as related to the services the department is able to provide. Mike Willden explained the challenges DHHS faces.
- f. Jackie Glass asked for clarification on the Legal 2000, medical clearance and how this process is done traditionally and in other places. Dr. Green explained that it is in NRS, that some medical clearance has to be provided, and some legislative history concerning the Legal 2000.
- g. How many people coming through the southern Nevada mental health system are locals versus out-of-state persons. Dr. Green explained that in the last 5 years 8% of admissions were from out-of-state.
- h. Marilyn Kirkpatrick asked what it would take to implement a data share system. She also wanted to know about reversions and add-backs. Dr. Dvoskin mentioned the Maricopa

County information share system in the jail data-matches. Karla Perez mentioned the Health Information Exchange and how it might be expanded into the mental health system.

- IX. Discussion and possible action regarding dates, times, topics, and agenda items for future meetings  
February meeting dates were set February 26 and February 27. The issues to be addressed at the February meetings: DHHS Short- and Long-Term Goals, Emergency Room Issues, Housing, and Children's Mental Health Services. The Council will need to meet often and intensely too meet the required deadlines outlined by the Executive Order. The group considered subcommittees for the future. Susan Roske voiced her concerns for juvenile sex offenders for possible legislation suggestions.
- X. Public Comment  
Connie McMullen, on behalf of the Commission on Aging, concerned that the senior population was not well addressed. Housing is an issue for the 65+ group. This group has limited support system. They use 3% of the spending and 1-2% of the State's behavioral health issues. Joel asked for a summary of the key barriers and recommendations for the Council.
- XI. Adjournment  
Dr. Dvoskin thanked the Council and adjourned the meeting.