



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  
Action Minutes  
Tuesday, April 22, 2014, 9:00 a.m.

## **Meeting Location:**

Early Intervention Services  
3811 W. Charleston Boulevard, Suite 112  
Las Vegas, NV 89102

## **Videoconference Location**

Division of Public and Behavioral Health  
4150 Technology Way, Room 303  
Carson City, NV 89706

## **Members Present**

Joel Dvoskin, Chair  
Jackie Glass, Vice-Chair  
Sue Gaines  
Tim Burch (arrived at 9:30)  
Karla Perez (arrived at 10:20)  
Susan Roske  
Michael Kelley-Babbitt  
Michael Roberson  
Dick Steinberg (arrived 9:30)  
Randolph Townsend  
Richard Whitley  
Steven Wolfson  
Monte Miller  
Doug Gillespie  
Debbie Smith (arrived 9:20)  
Pat Hickey (arrived 9:22)  
Katherine Miller

## **Members Absent**

Dr. Dale Carrison  
Marilyn Kirkpatrick  
Michael Willden

## **Assisting Staff**

Melissa Slayden (Las Vegas)  
Raul Martinez (Carson City)

- I. Call to order, Welcome, Roll Call, Announcements  
The Chair welcomed the Public and the Council and called the meeting to order at 9:13 AM. Ms. Slayden took roll. Dr. Dvoskin revisited the April 21 announcement of the Valley Hospital psych unit opening. He went on to briefly share his ride along experience with the first responders and reiterated the importance of mental health crisis intervention in Southern Nevada.
- II. Public Comment  
Jim Heffernan the Medicaid Program Manager for Behavioral Healthcare Options a subsidiary of Health Plan of Nevada replied to Sen. Smith's comment on April 21 regarding the silence of the managed care organizations. Mr. Heffernan explained that the MCO has been silent but in motion. He provided the

Council with a summary statement of their efforts in working with strategic community partners on a number of Council issues, specifically ER diversion. BHO is active with a Las Vegas hospital to add an Urgent Care and developing a 16 bed psych unit. They are also working with the University of Utah Neuropsychiatric Institute for the development of a crisis diversion program which uses a lounge model. An outpatient psych Urgent Care is being looked at as well as a post-correctional integrated medical and psychiatric center. BHO is also expanding crisis response. Mr. Heffernan met with Ellen Richardson-Adams and Alan Sweet of Southern Nevada Adult Mental Health Services (SNAMHS) to provide outreach training for continuing services with consumers.

### III. Presentation on Children's Mental Health

#### a. Dr. Bob Weires, Clark County School District (See [presentation](#))

- Clark County key demographics  
Dr. Dvoskin asked how many school psychologists are in Clark County School District. Dr. Weires informed him that there are 200 psychologists, 200 nurses, and more than 600 school counselors. There are only 28 social workers for the 5<sup>th</sup> largest school district in the nation. The professionals at the schools do not diagnose clinical disabilities.
- Student mental health needs
- Response to Instruction (RTI) Framework and an expanded framework to include behavior and mental health needs
- CCSD Student Services Division Mental Health Project Plan
- Video: Training Trusted Adults DVD Trailer, Signs of Suicide Program  
(<http://www.youtube.com/watch?v=mf3HxwthDM0&feature=youtu.be>)
- Dr. Weires expressed several times that the most efficient way to implement school programs is to build the infrastructure and capacity to meet the needs of all kids. It takes time to build the infrastructure. Teachers are provided with ongoing professional development.
- Dr. Dvoskin asked that the Superintendent come and have a dialogue with the Council (later in the summer) about the plans and priorities of the District as they relate to the work of the Council.
- Sen. Smith cautioned the Council that there is a lot of pressure on Districts and teachers to become trainers in all sorts of topics, academic as well as behavioral, in addition to their normal teaching duties.
- Sen. Smith asked about school-based health centers. She asked what the public-private health relationships, in regards to mental health, look like in the schools and how to strengthen those relationships.
- Sen. Smith wants to see the family engagement piece tied to student mental health. Improving family engagement in the schools will help the students and the staff members. Sen. Smith indicated she would communicate such to the government affairs office and the Superintendent.

#### b. Dr. Ken McKay and Dr. Robert Durette, Healthy Minds, and Dr. David Copeland, University of Las Vegas (See [presentation](#))

- Healthy Minds staff, certifications, and backgrounds
- Care provided and methodology
  - Between 200 and 220 individuals are served weekly
  - Third-party payers are not billed
  - Roughly 15-20% are not foster children
  - All other patients are fee for service, HM does not serve private individuals who have not come through some governmental agency.
  - When a child graduates
- Community Partnerships
  - Contract with Division of Family Services of Clark County
- Locations
- Concerns and Observable Outcomes

- Future expectations
  - Dr. Dvoskin asked HM to come back to report to the Council what portion of the \$1 million is reimbursable (Federally or insurance). He also asked if there has been any negotiation with Medicaid or Managed Care Organizations. He asked for clarification on whether or not parents have to continue to provide insurance for children in foster care. Kelly Wooldridge informed the Council that parents are still responsible for providing the insurance. Karla Perez noted that under the Affordable Care Act children are covered until they are 26 years old.
  - Mr. Burch asked what it would take to scale up Healthy Minds to serve more children. There are 4,000 “super-user” children in Clark County whose needs can be met by HM. 300 can be served by Healthy Minds by the end of August 2014. Scaling up the business then becomes a matter of workforce. Capacity also depends on the size of the family.
  - Sen. Townsend asked if the data provided is analyzed in the same way as data provided by the County or the State. Kelly Wooldridge indicated that currently there is no quality assurance and no children’s mental health authority. Sen. Townsend’s concern is that we are not evaluating like providers in a regimented way. His point is to measure all providers in the same way.
  - The Council discussed funding for Healthy Minds and concerns over the progression of Basic Skills Training. Mr. Burch mentioned that as a recommendation there should be an increase in QA/QI to look for algorithms rather than provide oversight. Mr. Steinberg asked about an outside evaluator rather than an inside evaluator.

c. Jackie Harris, Capa Casale, Kelly Wooldridge (See [presentation](#))

- Commission on Behavioral Health and Wellness and Nevada Behavioral Health Consortium Subcommittee members
- Strengthening Children’s Mental Health Services in Nevada Aim
- System of Care, Principles
  - Overarching umbrella and framework for all services (evidence-based)
  - Developed for seriously emotionally disturbed youth and children
  - Has been used for children and geriatric adults
- Community based
  - Choice of providers
  - Convenient in a natural setting
- Family driven and youth guided
  - Full family participation and mutual respect
  - Needs and goals of the family
- Culturally and linguistically competent
  - Services in the language in comfort
  - Cultural concepts
- Individualized and strength based
  - Emphasize the strengths that the families and youth have
- Accountability
- Natural Helpers and Social Supports
  - Should be the majority of youth supports, not professionals
- Parent Support Providers
  - Peer support in navigating the system, managing appointments
  - Increased family engagement
  - Increased skills for handling behaviors
  - Increased satisfaction
- 5 Enhancement Strategies
- Current Efforts
- Follow-up to yesterday: Kelly Wooldridge shared at UNR there are 4 child psychiatric fellows

and 16 general psychiatric residents graduating. This year 12 fellows graduated, 9 of which stayed in Nevada.

- Ms. Wooldridge provided the [concept paper](#) and [additional data requested](#) at a prior meeting.
- Katherine Miller asked if representatives from the military are included and if the needs of military children are included. She asked that the group return with data. Dr. Dvoskin stated that in the future an entire day will be dedicated to children.
- Dr. Dvoskin discussed an immediate recommendation: mental health professionals in each school. He asked this group for their thoughts.

IV. Discussion regarding Children's Mental Health  
Discussion was held during presentations.

V. Discussion, drafting, and possible approval of recommendations to the Governor's Office (See [presentation](#)):

a. EMT's and Paramedics

- Billing occurs when ambulances transport people to the emergency room. There should be no incentive to transport people to the ER for non-emergencies
- Change in Medicaid plan may come off the table if it is unnecessary if the Southern Nevada Health District changes their plan for EMT transport
- Determine if there is adequate training now or if additional training is necessary

b. Changes to the L2k

- Expand mental health court but look to cost to cover staffing
- Decertification allowed by non-physicians
- No reason to add more people to who can certify
- Clarify the issue of whether or not children can be formed with a Legal 2000. The issue points to a disconnect between the counties. The Chair asked Julie Slabaugh for an opinion, she indicated she would speak with the deputies that represent Division of Child and Family Services.
- Encourage the Governor to enable information sharing between agencies (i.e., Health Insurance Exchange)
- Add the component of mandatory reporting and automatic portal alerts

c. IT Infrastructure

- TIR process already exists, the Council does not know what is needed or missing. This topic was left until after May 31, 2014

d. Anti-stigma campaign

- Channel 3 has agreed to provide the campaign and will share with the other stations
- There will be a contest to create the public service announcements
- Create a DVD for schools, theaters, stations with suicide prevention messages
- Include social media

e. Changes to the Medicaid plan

- Create a billing code for psycho-pharm-tele-consultations

f. Enhance peer services

- Remove requirement for referral
- Include vocational rehabilitation

g. Re-create urgent care

- No good reason for the State to do this. Services are billable and open for businesses to take part. The Council will not take action on this item.

h. Discharge planning

- Discharge should be the same for in-state and out-of-state
- When transported away from inpatient service. Any discharge needs to include transportation plans.
- No recommendation necessary.

- The Council asked for the CMS letter confirming compliance and will reassert the standards for State facilities
- i. Medicaid and Jail
  - State immediately begin negotiations to stop terminating benefits and suspend them instead
- j. Liability Limits for Private and Not-for-Profit Providers of Services to Medicaid Patients
  - No immediate recommendations, more information needs to be gathered
- k. Co-occurring disorders
  - Move into workforce development section
  - There is no integrated co-occurring treatment available in Nevada, the funding streams are separate for disorders and substance abuse
- l. Seek changes to IMD Exclusions
  - The Council may make recommendations to the Federal Government to revisit the Exclusion
- m. Miscellaneous Important Issues
  - Allow for SAPTA billing
  - Sen. Smith will look into the advanced medical directives lockbox
  - Reciprocity in licensing: address professional boards and licensing issues (after May 31, 2014)
  - Sen. Smith asked that if the Council sees school social workers as a priority, they are looking to add 400 to the workforce and a discussion needs to be held
  - Use 211 in public awareness campaign as a resource for outreach
- n. Crisis plans
  - Wellness Recovery Action Plan already exists
  - Include as encouraged best practices addendum to recommendations
  - Not legislative, just a “good idea”
- o. One-way Information Portal for Family Members
- p. Future Consideration after May 31
  - Dan Musgrove requested that the mobile crisis expansion be included in budgets today for legislative consideration
  - Governance and Quality Assurance
  - Prison
  - Children’s Mental Health and Wellness
  - Forensic Mental Health Services
  - Seniors
- q. Dr. Dvoskin requested that Council members inform him if they would be drafting recommendations and that he would be reaching out to them for drafting help on specific topics. He informed the Council that he would likely be drafting very close to the next meeting but that they would have at least a few days to read the proposed recommendations. The May meeting would be focused on fine-tuning the document. He thanked the Council for their focus on finding solutions to each of the issues.
- r. Discussion was held concerning the Chair presenting to the Legislative Healthcare Committee after the Council recommendations are finalized.

## VI. Public Comment

- a. Charlene Frost, parent of 2 children with mental health issues and the Family Network Coordinator for Nevada PEP. She spoke to services provided, family partnerships and peer support, and System of Care. She emphasized that families must be involved in the decision making process when it comes to mental health care. The System of Care must be adequately funded.
- b. Vicki Kinnikin, Chair for Mental Health Commission, submitted to the Council a letter from the Commission on Mental Health and Developmental Services and the Children’s Consortia which had been submitted to the Governor in February 2014.

## VII. Adjournment

The Chair thanked the Council and the Public. The meeting was adjourned at 3:56 PM.