



Brian  
Sandoval  
*Governor*

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

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

# Behavioral Health and Wellness Council

## Action Minutes

Tuesday, May 20, 2014, 9:00 a.m.

### **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**

Joel Dvoskin, Chair  
Jackie Glass, Vice-Chair  
Sue Gaines  
Marilyn Kirkpatrick  
Karla Perez  
Susan Roske  
Michael Kelley-Babbitt  
Michael Roberson  
Michael Willden  
Randolph Townsend  
Richard Whitley  
Steven Wolfson  
Monte Miller  
Doug Gillespie  
Pat Hickey  
Katherine Miller  
Dale Carrison

### **Carson City**

Debbie Smith

### **Members Absent**

Dick Steinberg  
Tim Burch

### **Assisting Staff**

Melissa Slayden (Las Vegas)  
Christina Griffith (Carson City)

I. Call to order, Welcome, Roll Call, Announcements

Dr. Joel Dvoskin called the meeting to order at 9:10 a.m. Melissa Slayden called roll.

II. Public Comment

1. Connie McMullen, Commission on Aging, raised concerns about the lack of extensive consideration of the complex mental health needs of individuals over 65 years of age. Ms. McMullen discussed several topics the Council heard on matters that have a direct effect on the senior population in the State. She encouraged the Council to consider her comments concerning future planning of meetings regarding senior issues. The Chair clarified that the recommendations are not intended to exclude people over 65 (suicide prevention, intensive case management, etc.). He noted that the aging population will be addressed in the future. He asked for clarification on out-of-state placement. Ms. McCullen explained that the reimbursement rate is not high enough to guarantee safety for seniors and staff during in-state placement. The capacity to provide safety during placement is not available. The issue is greater in Northern Nevada than in Southern Nevada.
2. Gary Olsen, President of the Nevada Association of the Deaf, indicated that Ms. McMullen's concerns about the aging population mirror his own concerns for the deaf community in Nevada. Mr. Olsen said he would like assist the Council in understanding the current supports and what those supports can do for deaf and hard-of-hearing people of all ages. He explained there are mental health issues for this group that need to be addressed, including lack of services; a lack of understanding for the needs of the deaf population; and the inability of providers to communicate with them. Mr. Olsen advised the Council that deaf can be involved and included, and that the problem is getting worse as the State is not providing the right kind of support or services.
3. Officer Travis Warren, Mobile Outreach Safety Team (MOST) for Reno Police Department (RPD), on behalf of the Northern Nevada Adult Mental Health Coalition, brought a few budgetary recommendations to the Council. He impressed upon the Council that the following resources be specifically addressed in the recommendations to the Governor:
  - a. Expand Northern Nevada mental health triage center capacity. Attract and retain additional qualified and skilled mental health professionals, case managers, and paraprofessionals.
  - b. Improve and update the Nevada 211 resource site for case management purposes.
  - c. Increase supportive living arrangements including the entire continuum of care.

III. Approval of April 21, 2014 Minutes

Motion: Sen. Roberson

Seconded: Dr. Dale Carrison

Unanimous approval.

IV. Approval of April 22, 2014 Minutes

Motion: Hon. Glass

Seconded: Dr. Dvoskin

Unanimous approval.

V. Discussion, drafting, and possible approval of recommendations to the Governor's Office, including but not limited to (1-17):

Karla Perez noted in the recommendations document introduction that as of the morning of the meeting there were 281 patients holding in Las Vegas emergency rooms waiting to go to Southern Nevada Adult Mental Health Services (SNAMHS).

1. The Super-User Project: Create a special, high intensity, low-caseload program targeted specifically at the heaviest users of the most expensive forms of care

**Motion to approve:** Sheriff Doug Gillespie

**Seconded:** Assemblywoman Marilyn Kirkpatrick

Unanimous approval by consensus.

2. Increase Availability of Short-Term Crisis Triage Services

Randolph Townsend suggested statistics be included in back-up materials. The Chair discussed how this data would have to be included, in multiple stages, and the data on which they are waiting. Dr. Dvoskin asked that Ms. Perez provide him a brief description of those waiting for admissions.

**Motion to approve:** Jackie Glass

**Seconded:** Randolph Townsend

Unanimous approval by consensus.

3. Allow Emergency Medical Personnel to Make Triage Decisions regarding Mental Health Crises, and Stop Requiring Them to Transport People to Emergency Departments

Sheriff Gillespie asked if this recommendation applied only to people who are non-Legal 2000, as it would appear to interfere with the Legal 2000 (L2K) recommendation. Mr. Townsend suggested recommendations 3 and 9 be combined. The Chair said that the phrase “applies to people who do not meet L2K criteria” would be added rather than combine the two recommendations.

**Motion to approve:** Sheriff Gillespie

**Seconded:** Randolph Townsend

Unanimous approval by consensus, including the agreed upon change: Add the phrase, “applies to people who do not meet L2K criteria.”

4. Increase the Number of Psychiatric Inpatient Beds in Southern Nevada

Chelsea Szklany was asked to give an update on the 21 beds in Building 3A at Rawson Neal. Ms. Szklany stated all beds are expected to be filled by the week following the meeting.

Ms. Perez gave an update on the acute hospital psychiatric unit. Rather than an eight to ten month period for construction, the hospital decided on an accelerated construction schedule. It is anticipated construction will be complete in six months and will open in November.

Dr. Carrison explained that item 4 under recommendation 4 appears to be a statement, not a recommendation. The Council discussed if the item should be included since not all of the solutions have been implemented yet.

Mr. Townsend asked that there be an education process between all of the entities involved (e.g., EMTs, Law Enforcement, Emergency Rooms, and services providers, including the MCOs) to network on the types of resources available and how to access them. The Chair asked that Richard Whitley and George Ross work together to see who should be involved for a half-day information share meeting.

**Motion to approve:** Dr. Carrison

**Seconded:** Sheriff Gillespie

Unanimous approval by consensus, including the agreed upon change: Change “eight to ten” to “six.”

5. Reconsideration of the Institution for Mental Diseases Exclusion

Appendix A, from the draft recommendations document, which includes an explanation of the IMD Exclusion, was removed from the final document.

**Motion to approve:** Sheriff Gillespie

**Seconded:** Michael Kelley-Babbitt

Unanimous approval by consensus.

6. Provide Appropriate Mental Health Professionals to Public Schools

Mr. Townsend asked for a presentation later in the year from a Texas group related to this item.

**Motion to approve:** Sheriff Gillespie

**Seconded:** Jackie Glass

Unanimous approval by consensus.

7. Expand Mobile Crisis for Children

Kelly Wooldridge reminded the Council that, during last Legislative Session, Healthy Nevada tobacco funding was received for mini-mobile crisis units in Nevada. In southern Nevada, Division of Child and Family Services is working with University Medical Center and Clark County School District. The team has been operational since January. From the end of January to May 16, the mobile crisis team responded to 82 crisis calls, seven of which resulted in hospitalization. There are two teams. The initial immediate response team, consisting of a mental health clinician and a psychiatric caseworker, responds immediately to the family for crisis assessment and safety planning. The immediate response team stays in contact with the family up to 72 hours. If they choose to do so, the family can work with the stabilization team to get services. The family can work with the stabilization team up to 45 days.

**Motion to approve:** Sue Gaines

**Seconded:** Randolph Townsend

Unanimous approval by consensus.

8. Create Licensure Category for Residential Treatment

The Chair explained that this recommendation is essentially already complete. The Board of Health will be approving licensure categories during their June meeting.

**Motion to approve:** Randolph Townsend

**Seconded:** Susan Roske

Unanimous approval by consensus.

9. Changes to Legal 2000 Process

Discussion was held regarding whether or not to expand the professionals who can serve an individual with a Legal 2000 (L2K).

Dr. David Slattery, Medical Director for Las Vegas Fire and Rescue and an emergency physician practicing at University Medical Center, joined the discussion. Dr. Slattery was unsure how this move would fulfill a need. Cooperative individuals would be triaged and sent for treatment. Noncompliant individuals would be held on a Legal 2000, which would require police presence and support to take the patients to the hospital. He asked that there be more discussion before a recommendation is made.

Dennis Nolan, Community Ambulance, discussed his concerns about how to deal with the patients on an L2K, and the use of limited community response services. If both police and paramedics do not need to respond to an event, then the other party is able to respond to other calls. By going forward with the recommendation, the Council is simply allowing the conversation to be vetted again by the Legislature.

Dr. Carrison reiterated that, in relation to recommendation 3, the expectation is emergency medical technicians are to evaluate individuals in the field for mental health crises but one tool is missing, the ability to put someone on a Legal 2000 hold.

Sheriff Gillespie stated it would be appropriate for the Council to make the recommendation since the concerns raised will be vetted in the legislative process.

Steve Wolfson spoke to SCOPE [Shared Computer Operation for Protection and Enforcement] and mandates for entering L2K data into this system within 24 hours of placing a person on an L2K. The Chair raised concerns for requiring all state policing agencies to purchase SCOPE as a program. Sheriff Gillespie suggested the recommendation would be to discuss ways to make this information accessible to all law enforcement agencies. Assemblywoman Kirkpatrick asked that a communication system or notification process between law enforcement agencies across the State be developed. Sheriff Gillespie indicated that the Nevada Sheriffs and Chiefs need to be involved.

Kat Miller reminded the Council that only a certain percent of L2K holds are initiated by a police department. Her concern was the patients placed on an L2K from outside of law enforcement. Sara McCrea suggested that the Health Information Exchange be employed to include law enforcement, emergency medical technicians, and emergency rooms for cross-jurisdictional communication.

Concerning the decertification, Mr. Townsend suggested “that may include” be added to the language. Senator Debbie Smith asked for clarification on the social worker language (Appendix D, pg. 32) and asked if the language is too broad. The Chair suggested taking the appendices out. Senator Smith indicated that the language has to be more specific since there will have to be a draft put forward to the Legislature for consideration. She suggested this recommendation be postponed until after the May deadline. Dr. Tracey Green indicated that there is not a category of psychiatric social workers, though training could be offered. Furthermore, the current MOST teams are made up primarily of social workers and psychologists. This is true for Managed Care response teams as well. Mr. Townsend said language should be generic and the appendix should be removed so that it can be worked to a more specific level later. The Chair and Mr. Wolfson agreed to work on introductory information for this section.

Robert Bennett spoke briefly about his concerns as a private citizen regarding adding EMTs to the list of those who can initiate a legal hold. Mr. Bennett was concerned that this action may lead to an increased number of adversarial interactions between the public and EMTs. He felt negative interactions could be avoided if the ability to serve a Legal 2000 continued to be withheld from EMTs.

**Motion to approve:** Jackie Glass

**Seconded:** Sheriff Gillespie

Unanimous approval by consensus, including changes: add the phrase, “which may include”; add paramedics and physicians assistants to the list of people able to place individuals on a Legal 2000 hold; and add requirements for database reporting of L2K data within 24 hours of initiating an L2K hold.

10. Anti-Stigma and Suicide Prevention Public Information Campaign

An update was provided on this item. This campaign will be conducted through a higher education challenge and multidisciplinary teams, inclusive of more creative uses of technology. A television station in Las Vegas will assist and broadcast the campaign, and share with other stations in the State. This campaign will be low cost and beneficial to those involved. Senator Smith asked that the Nevada Office of Suicide Prevention specifically be involved.

**Motion to approve:** Sheriff Gillespie

**Seconded:** Randolph Townsend

Unanimous approval by consensus.

11. Engage in Serious Efforts toward Workforce Development for Mental Health Professionals

**Motion to approve:** Sheriff Gillespie

**Seconded:** Sue Gaines

Unanimous approval by consensus.

12. Tele-psychiatry and PCP Consultation

**Motion to approve:** Michael Kelley-Babbitt

**Seconded:** Sheriff Gillespie

Unanimous approval by consensus, including the following change: spell out “Primary Care Physician.”

13. Enhancing Peer Services

**Motion to approve:** Sheriff Gillespie

**Seconded:** Michael Kelley-Babbitt

Unanimous approval by consensus.

14. Discharge Planning

The Chair discussed that the allegations about discharge planning was only a part of the motivation for the creation of the Council. The Council asked for, and received, the Centers for Medicare and Medicaid Services (CMS) letter indicating that SNAMHS corrected action and is in compliance. He explained that staff members were able to assess a person’s ability to take a trip, but they were not documenting it well. The bus tickets were kindnesses to people, as the State had no legal obligation to provide those.

**Motion to approve:** Randolph Townsend

**Seconded:** Michael Kelley-Babbitt

Unanimous approval by consensus.

15. Suspension of Medicaid Benefits During Incarceration in Jail or Juvenile Detention Centers

Director Mike Willden explained that things are being done to address this issue. Because of the way the system is built now, the computer program only allows for benefits or no benefits. Currently, the code is being examined to add the suspension logic. The policy is complete; it is the automated system which is the issue. He expects the project to be completed by fall. Sheriff Gillespie mentioned that because the system is delayed, Medicaid is not terminating people so reinstating detainees is not currently an issue. It will become an issue again once the system has made its way through new enrollment. Sheriff Gillespie suggested that there be delineation between those incarcerated and those convicted. Director Willden brought up concerns about eligibility accuracy during the random monthly audits.

**Motion to approve:** Sheriff Gillespie

**Seconded:** Michael Kelley-Babbitt

Unanimous approval by consensus.

16. One-Way Information Portal for Family Members

Mental Health Service Agencies would have access to the input from family members but no information would be provided back to the family. Kat Miller indicated that there would be costs associated with this and that there would have to be an interface and staff support to go through the information. She also asked if it would be only family members allowed to provide input, or if teachers and others would also be able to provide input.

**Motion to approve:** Randolph Townsend

**Seconded:** Sheriff Gillespie

Unanimous approval by consensus.

VI. Discussion and possible action regarding dates, times, topics, and agenda items for future meetings, including, but not limited to:

1. Comprehensive recommendations regarding the governance, control, responsibility, and funding of mental health services in Nevada
  - a. Dr. Dovskin indicated that the head of the National Council on Behavioral Health Organizations has been asked to visit the Council concerning governance.
2. Prison Mental Health
  - a. Dr. Dvoskin offered to visit some of the prisons and report to the Council on those visits.
3. Children's Mental Health
4. Forensic Mental Health Services
5. Senior Mental Health Issues
  - a. Seniors are expected to benefit from many of the recommendations but the Chair discussed senior-specific issues that need to be addressed in the future, specifically dementia.
6. Increased use of advanced directives and crisis planning for individuals with Serious Mental Illness
7. Improve Quality Assurance and Improvement by State of all providers
8. Information Sharing

Ms. Perez discussed the increase of the Medicaid rate and that it is waiting for CMS approval to allow for amending the State plan and reimbursements to the hospitals. She asked what other services might be available through that funding mechanism. Specifically, she asked for a report by Medicaid to learn what other services can be used (e.g., telemedicine, crisis triage beds), and the status on presumptive eligibility.

Assemblywoman Kirkpatrick asked that the Council revisit Housing.

Senator Smith spoke to the aging population with mental health issues in corrections facilities. She suggested the Council seek a senior mental health organization akin to the Children's Consortia to bring aging population issues to the Council and the Commission on Aging. Senator Smith also asked for fiscal implications for the recommendations. Finally, she asked for an update or report from the First Lady's Children's Mental Health Summit. The family component, parents, or children's needs must be addressed in future meetings.

**Motion to adopt the report:** Assemblywoman Marilyn Kirkpatrick

**Seconded:** Randolph Townsend

Unanimous approval by consensus.



The Council decided to meet in August, October, and early December in 2014, for one day each month, to meet the December report deadline. Assemblywoman Kirkpatrick suggested that the future topics are worked on independently by the Council members who would return with a report. Subcommittees were not formed. For scheduling, Governance would be a whole day and Children's mental health and Aging mental health would share a day. The Chair will return to speak to Forensic mental health and Prison mental health. Mr. Wolfson offered to take part in information sharing, with Sheriff Gillespie, Ms. Perez, and Dr. Carrison. The Chair suggested they meet with a representative of the Civil Rights Bar.

Senator Smith asked the Chair to write a letter to both the children's mental health groups and the Commission on Aging to outline specifically what the Council would like to learn. She also asked if there were people determining where bills were originating and the status of those bills. The Chair indicated that most of the legislative pieces would be coming from the Department of Health and Human Services and, as such, Director Willden would open every meeting with a status update on all bill drafts.

## VII. Public Comment

1. Robert Bennett explained how HIPAA regulations become obstacles to recovery for those with mental illness. His concern was the permission forms a person is required to fill out to have contact with family members who may have tried to contact them. If the form is not filled out or is out of date the individual may never know that a family member has tried to make contact. He asked that the Council look to revising those policies, revising them to "valid until revoked," rather than every six months to a year.

## VIII. Adjournment

The Chair thanked the Council and the Public. The meeting was adjourned at 2:10 p.m.