Brian Sandoval
Governor

Joel A. Dvoskin, Ph.D.
Chair

Hon. Jackie Glass, Ret.
Vice-Chair

Behavioral Health and Wellness Council

Action Minutes

Wednesday, August 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 Roberson
Romaine Gilliland
Randolph Townsend
Richard Whitley
Steven Wolfson
Monte Miller
Doug Gillespie
Dick Steinberg
Tim Burch
Dale Carrison

Members Absent
Debbie Smith
Pat Hickey
Michael Kelley-Babbitt
Katherine Miller

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 and welcomed everyone at 9:04 a.m. Melissa Slayden called roll.

II. Public Comment

Alfonso Noyola, Patient Advocate

Mr. Noyola shared a recent experience about his son who stopped taking his medication and went missing. Mr. Noyola thanked those whom he had reached out to and who had helped him cope for the 48 hours his son was missing. His son turned up and returned to inpatient care for the fourth time. Mr. Noyola explained that there were failures between the inpatient and outpatient staff which led up to his son's disappearance. He thanked them for listening to recommended changes in order to improve the system. He implored the Council to go beyond the specific direction of the Governor's Executive Order, and look to the communication between agencies involved in a patient's care. He asked that the Council make a recommendation concerning a power of attorney for psych patients akin to a durable medical power of attorney. He asked that the legislative members look to the NRS to change the language of medical power of attorney to include mental health issues. Finally, Mr. Noyola requested that during inpatient treatment a patient who is highly functioning not be placed with other patients who are not highly functioning, as it is counterproductive for the patient. He asked that the Council look to levels of care and base treatment on patient progress.

Bob Bennett, Protection Advocacy of Individuals with Mental Illness

Mr. Bennett stated his concerns about diagnosing and treating medical disorders in those with mental health disorders. He suggested the Council look into a medical algorithm to diagnose medical conditions which could explain or exacerbate psychological symptoms. The second point he raised was on trauma, which is a factor for an overwhelming number of those with a mental health diagnosis. He requested that a colleague of his be allowed to present at the next Council meeting. Sen. Townsend suggested that the Council hear from practitioners, and see a compilation of research, on how diet and exercise affect behavior which may be helpful in educating the public and providers. Dr. Carrison commented that there are limited medical resources at the psychiatric hospitals which limit the physician's ability to identify medical conditions influencing behavior. Dr. Dvoskin suggested that the Managed Care Organizations (MCOs) could be doing the diagnoses at the door rather than treating the same psychiatric symptoms over and over.

III. Approval of May 20, 2014 Meeting Minutes

Motion to Approve: Hon. Jackie Glass, Ret.

2nd: Dr. Dale Carrison

Approved unanimously.

IV. Presentation and Discussion regarding Southern Nevada Legislative Forum (SNLF), Healthcare Subcommittee

George Ross, Assemblyman Dr. Andy Eisen

The SNLF Subcommittee was pleased with the recommendations given to the Governor's Office. They look to encourage Legislature to allocate appropriate funding to mental health. SNLF felt that the direction given by the Governor's Office was a good first step, and that going forward those programs funded need to be expanded to the extent that they meet the need. Mr. Ross explained that an additional recommendation he would give to the Council would be to regionalize the mental health care system in Nevada. Dr. Eisen spoke to the long-term systematic issues which need to be resolved and to the overall structure of the delivery system of mental health in Nevada. Regionalization would address the different needs and different resources in areas of Nevada. He spoke to structure and process.

Structure:

- Responsiveness and accountability at the regional level to prioritize mental health services. This requires a regional mental health authority made up of experts (from every level and type of service) who are active participants in the delivery of mental health services. Then the priorities of one region, while used to inform another, do not drive the priorities of another.
- Direct regional accountability for financial oversight and determination of budget priorities.
- Likely made up of three regions (Southern, Northern, and Rural) in which the Southern would include Clark, Nye and Lincoln counties. It is important there be representation from all levels of government: State, County, and Municipal.

Process is not a single step; rather it is a transitional process. SNLF suggested that the process begin within the Division of Public and Behavioral Health to allow some autonomy within the regions in order to address differences in needs. Then the transitional process would have to be built to move to more independent regional mental health authorities. Dr. Dvoskin announced he had spoken to the Kenny Guinn Center who offered to help gather information on other models across the country for the Council to glean from. Speaker Kirkpatrick reminded the Council that the issues have a short-term and long-term

cost to the local level. There is a timeframe and process for adjustment. Dr. Eisen explained that the process would likely take more than one Legislative Session, but it needs to be started now.

V. DHHS/DBPH Summary of Governor's Response to Council Recommendations Report
Dr. Tracey Green, Mike Willden

Mike Willden, Governor's Chief of Staff gave an overview of the Governor's action concerning the Recommendations Report. He began with the 2013 Legislative Session in which the Governor recommended and the Legislature approved two home visiting safety programs (North and South). Assisted outpatient treatment was funded. Lake's Crossing Center capacity was expanded. Housing supports, re-entry from the jails was also funded. The Dvoskin-Appelbaum recommendations were funded to improve services at SNAMHS. Twenty-one new beds have been added to the South, and a capital improvement is currently underway at the Stein hospital to create forensic beds in the South as well as civil beds.

Medicaid enrollment has increased by approximately 260,000 individuals in one year which has put additional pressure on the system. The number of uninsured in Nevada has been roughly cut in half from 23% to 13%. Managed care enrollment has increase from 59% to 71%. Individuals receiving mental health services by the state of Nevada who are enrolled in Medicaid have increased from 21% to 74%.

- At the June Interim Finance Committee (IFC) just under $500,000 was requested to finance the mobile outreach safety team.
- Funding was restored to the Southern Nevada Mental Health Court through an addition of $750,000 to that budget. Hon. Jackie Glass expressed her concern that though the funding had been restored to historical norms there are services that are no longer being provided.
- A request for approximately $255,000 was pushed forward for Community Triage Center beds, to ensure the State's portion was paid.
- Mental health professionals in schools is being worked as a budget initiative.
- Two items were brought to June IFC and approved to implement mobile crisis services for children.
- A licensing category for residential treatment has been approved.
- Two bill draft requests (BDRs) are pending to fix the Legal 2000 process.
- Anti-stigma and suicide prevention efforts are ongoing.
- A tele-health taskforce working group has also made recommendations to the Governor concerning

tele-health policy.

- Welfare is still working on suspending benefits rather than cancelling them during incarceration.
- An information technology issue also being faced is the one-way portal for family members to give information to health care providers.

Dr. Tracey Green addressed the Vice-Chair's concern about service changes at Mental Health Court. The changes derive from changes in Medicaid reimbursement model to a billable model; those providing services need to be billing Medicaid (such as basic skills training and medical transportation). Dr. Green also gave more detail on the Mobile Outreach Safety Team (MOST), which is a cooperative program between Las Vegas Metropolitan Police Department and Clark County Social Services, 8 hours a day 7 days a week. MOST's priority will be to help people where they are, wherever their crisis has occurred. This will take place on a follow-up basis, within a day after LVMPD has made contact, to ensure the individual has received services.

Karla Perez gave an update on the Valley Hospital project. Depending on the reimbursement rate approval by CMS, the psych unit is scheduled to be completed by November 1st with an opening date of December 1st. She also explained that plans are in the works to move West Hills under the license of Northern Nevada Medical Center, taking it from an IMD facility to a non-IMD facility, allowing them to also take the adult patients.

Dr. David Slattery, Medical Director for the City of Las Vegas and a UMC emergency physician
Dr. Slattery asked, concerning the Legal 2000, for paramedics to be allowed the control to perform in-field screening for illness or injury alongside medical control. Dr. Dvoskin suggested that Dr. Slattery send him specific language he was looking to have included and Dr. Dvoskin would pass it along.

Dr. Green explained that MOST has the opportunity to receive referrals from the hospitals to evaluate whether or not an individual has received or are in need of services. She went on to explain that a real-time Electronic Health Record system will be used to allow those involved in an individual's treatment to access information about where that individual has received services, originating with the MOST. Tim Burch described a logic model in which Clark County Social Services, West Care, and Spirit Solutions would utilize an electronic interface to make real-time referrals and provide follow-up. Spirit Solutions' interface would interface with the AVATAR system, Clark County Social Services, and

UMC.

VI. Presentation and Discussion regarding Children's Mental Health

Kelly Wooldridge, Capa Casale, Jackie Harris

The presenters gave a brief overview of children's mental health care expansion.

The System of Care (SOC) Expansion 2014 Plan develops and implements prioritized strategies across three phases:

- Generate increased support and rebuild capacity
- Develop or expand service and supports
- Develop a system of accountability management and standards of care at State and local level, targeting consumers and providers of children's mental health services

Intermediate outcomes include increased: access and quality of services, early identification of BH problems, providers, early referrals and care, use of SOC model, and community services, as well as a reduction in stigma associated with behavioral health care.

A SOC chief is to be appointed by Division of Child and Family Services to work with Nevada Parents Educating Parents (PEP). The immediate outcomes will be: increased knowledge of evidence based practices, increased awareness of who providers are, increase knowledge of SOC, increase in trust and increase pathways to treatment.

Prioritized Strategy 1 is to develop and support a plan with local school districts to provide school-based behavioral health services and Signs of Suicide (SOS) training across the state. Screening, prevention, and intervention are to be implemented. This includes increasing behavioral health professionals in the schools.

Prioritized Strategy 2 is to Expand Mobile Crisis for Children, with "no wrong door" and Family Support Services. With the approval at the June IFC of $1.9 million, 19 staff positions were funded in the South and 8 staff positions in the North. The mobile urgent treatment team will respond immediately to children and families in crisis with an immediate assessment available, do an immediate safety plan, and provide referrals. The family will be worked with for anywhere from 30-45 days. National recruitment is underway. The team in the South is working on getting credentialed at area hospitals. Protocols have

been established for responding to the Washoe County and Clark County school districts. A specific marketing plan needs to be developed to inform the communities about the available services. Protocols have been developed to work with Juvenile Services in the North and South. Child Protective Services (CPS) in the North will be worked with when the unit responds to a crisis. In the South children in parental custody at risk of entering Department of Family Services (DFS) will have contact. DFS has their own clinical response team for those in their system.

VII. Discussion and Planning Session regarding Governance: Exploring alternative models of service delivery that would provide for more local control of community mental health services

Dr. Joel Dvoskin

Dr. Dvoskin asked that this be an initial conversation on Governance. He shared the issues dealt with in states. There are some principals which states have tried to address. Primarily, cross-department or cross-jurisdiction spending in order to reduce "silo waste" is a big issue, spending a little in one area to save much more in another area. Secondly, incentives and penalties need to match desired behaviors, make it easy for people to do what you want them to do and more expensive to stop them from unwanted behaviors. The third principal is, the money follows the patient, invest in preventative services. Hon. Jackie Glass asked which states do it best. Dr. Dvoskin gave several examples, Virginia, with community service boards. Governance works well for this state but there are complaints about resources. Dr. Carrison expressed his concerns about consistency in the care for patients. Dr. Dvoskin explained that the needs weren't consistent across the state.

Speaker Kirkpatrick offered to have the Legislature Research Department put together some spreadsheets of governance models for the Council. She went on to ask that states more similar to Nevada, such as Florida rather than Virginia, be used as examples. She explained that expectations should be prioritized and that there is a structure that the State oversees so that the revenues are being spent and there is accountability. There needs to be an interim committee to discuss how implementation of governance is going to change over time so the dialogue stays constant and legislative change can occur. She suggested the State have a tiered approach. Dr. Dvoskin went on to discuss Florida. He explained that they have great communication with local control. Ohio has done the best job of having the money follow the person. Their system is county-based, their counties tend to be bigger and be a little more resource rich. In Ohio a standard number was set for each region based on an average bed usage. Regions then could spend money on prevention services, preventing inpatient admission, freeing

a bed to "sell" to another region. In Arizona, uses regional behavioral health authorities. There has been no prioritization which has caused issues. A formula has to be developed in order to divide resources. The focus has to be on maximizing the Federal share and local investment.

The Council asked Laurie Squartsoff to look into reimbursable services Nevada is not taking advantage of. Romaine Gilliland stated that the Department could present the information in the immediate and short-term categories in order to be best understood.

Dr. Dvoskin asked the Council to think about the enduring role of the State. Sen. Townsend impressed upon the Council that no matter who takes on a position in the system that the system still works, no matter the personality. Tim Burch asked the Council to look to the Chronic Disease Management Approach, such as in the Ryan White Program. This systemic approach can be replicated and includes plans with involvement from the stakeholders and fiscal oversight from a higher level than the local entities. Intentional, ongoing communication with the federal grants manager is the key to success.

The Council discussed separating into two subcommittees, one for governance model and another on the funding formula, in order to give Legislature something to work from. Hon. Jackie Glass asked that a list of all the stakeholders be built so that the Council could begin to see everyone impacted and would need to participate. Then a dialogue could be initiated. Sen. Townsend asked SNLF if there were suggestions or a template concerning governance. He expressed his concerns about not including the locals in this discussion. George Ross came to the table to explain that SNLF came up with a similar model (to that of Ryan White). In their system the elected officials are accountable for the fiscal aspects.

In each region those involved would include legislators, county commissioners, and city councilmen. The others involved have to be those who know the issues and practices, chosen by the elected officials. An advisory board would consist of: practitioners (psychiatrists, psychologists), a judge to represent the criminal justice system involved in adjudication of those with serious mental illness, representative of a payer of mental health services, representative of patient/family interests, representative with extensive experience of social service delivery in the mental health field, representative of emergency services. Other groups which ought to be involved are: hospitals, long-term inpatient care, or inpatient acute behavioral health facility representatives; representative of a community based organization which focuses on mental health; representative with experience administering substance facility or counseling

substance abusers; mental health professional with experience in evaluating and treating children; and an owner or administrator of housing for mentally ill and addicted patients. In order to get a community approach the silos need to be broken down. When a person leaves the group the replacement must be from a non-represented category. The Director of Social Services and the Chief Health Officer of the region would be official members. The commission model was used by SNLF to be sure no one could "feather their own nest." SNLF made sure that as a category of money is defined, not just a single provider could meet the need. Mr. Ross also indicated that the system has to have an audit group. Dr. Dvoskin stated his concerns that patients and family members were not included, though Speaker Kirkpatrick explained that typically advisory committees are used to focus and advise commissions such as this. Local resources, hardships, and incentives were also discussed.

VIII. Report on Department of Corrections

Dr. Joel Dvoskin

Item taken out of order as a brief discussion before Governance (Item VII). Dr. Dvoskin met with Director Cox, Corrections is working with what they have. Dr. Dvoskin hopes that diversion programs will help reduce the load of people, who do not pose a public safety risk, whose mental health needs could be better met elsewhere, to get appropriate services outside of the jails and prisons. Dr. Dvoskin stated that in October he would meet with the Sheriff, the District Attorney, and Director Cox to discuss issues which occur before, during, and after incarceration. Steven Wolfson asked that some of the city prosecutors, public defenders, and those from other local facilities also be invited.

IX. Public Comment

There were no public comments.

X. Adjournment

The meeting was adjourned at 2:50 p.m.