Brian Sandoval
*Governor*

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

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

# Behavioral Health and Wellness Council

## Draft Action Minutes

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| Date and Time of Meeting: | Tuesday, December 9, 2014, 9:00 a.m. |
| Place of Meeting: | Legislative Building<br>401 South Carson Street, Room 3137<br>Carson City, NV 89701 |
| Videoconference Location: | Grant Sawyer State Office Building<br>555 East Washington Avenue, Room 4401<br>Las Vegas, NV 89101 |

Members present:

Dr. Joel Dvoskin, Chair
Jackie Glass, Vice Chair
Steven Wolfson
Richard Whitley
Randolph Townsend
Dick Steinberg
Susan Roske
Michael Roberson
Karla Perez
Katherine Miller
Monte Miller
Romaine Gilliland
Douglas Gillespie
Susan Gaines
Dr. Dale Carrison

Members absent:

Debbie Smith
Marilyn Kirkpatrick

Pat Hickey
Tim Burch
Michael Kelley-Babbit

Assisting staff:
Melissa Slayden (Carson City)
Katherine Stansberry (Carson City)
Dymphna La Putt (Las Vegas)

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

The meeting began at 9:14 a.m. Melissa Slayden called roll and a quorum was noted. Chair Joel Dvoskin told the audience that today's meeting will highlight a presentation from the Kenny Guinn Center, which is expected to help in deliberations about possible governance changes. Dr. Dvoskin also said the Division of Public and Behavioral Health will provide an update on recommendations made by the council earlier in the year.

## II. Public Comment

A. Bob Bennett talked about his book, a product of two years of research on mental health. He noted that the book includes a discussion on biases and beliefs of the different schools of Psychology as well as Supreme Court decisions on cases involving mental health issues.

B. Connie McMullen, from the Nevada Commission on Aging, shared that her commission supports the recommendations of the BHWC which include the development of complex behavioral health care rate for Medicare reimbursements in nursing facilities and memory care units; depression screening, suicide prevention, tele-psychiatry and consultation, and expansion of mobile crisis teams. Ms. McMullen noted that these recommendations will help the state, particularly since Nevada has one of highest suicide rates, specifically in rural areas.

C. Donna Kluntz, chair of Reno Senior Citizens Advisory Committee, highlighted areas in the recommendation that her group supports. These are: identify funds for information systems that the state uses; short-term crisis triage services; tele-psychiatry and consultation; medication management to avoid interactions and stabilize patients at home; more clinical social workers for case management and referral services; respite for caregivers; more training for health professionals; sliding fee scales for services to increase affordability; higher rate of pay for nursing facilities to allow more to stay in Nevada.

D. Dr. Larry Weiss talked about two issues that he said affects the community. One is medication management, noting that mismanagement accounts for a fifth of all deaths and a third of all admissions in hospitals. Second is suicide which, he noted, is a tremendous issue for elders in the state. He noted the importance of awareness of these issues among physicians. He also encouraged the council to expand a particular recommendation regarding screening, detection, and treatment of mood disorders.

E. Marty Fleetwood, from organization Homebase, relayed to council members about a statewide initiative that will look at the intersection between housing and stable health. The intersection the group will look at will focus on five issues that include facilitating enrollment in Medicaid; access to care for newly-enrolled; integrating housing and health services for ongoing stability and wellness; looking at using data to drive service delivery to priority populations; and maximizing use of Medicaid including respite care.

## III. Approval of October 6, 2014 Meeting Minutes

Motion to Approve: Romaine Gilliland, Second: Dale Carrison, Unanimous approval.

## IV. Update from the Division of Public and Behavioral Health

*Statewide Chief Medical Officer Tracey Green, MD*

Dr. Green presented updates on the following recommendations the BHWC made earlier this year:

1. Service enhancements for the seriously mentally ill population who are involved with the criminal justice system

    - The Division now has a continuum of care that focuses on transitional housing, group homes, and assisted independent living. To date, the Division has served 1,037 individuals in the South, 397 in the North, and several in rural areas.

    - The State has opened the Dove House in Northern Nevada. It is a 14-bed residential facility built specifically for individuals exiting the criminal justice system who have mental or behavioral diagnoses or substance abuse diagnosis.

    - The Mental Health Court is currently serving a total of 322 mental health clients statewide.

    - The Assisted Outpatient Treatment (AOT) program continues to serve the population. As of November, it has 145 referrals, 64 petitions, and11 re-petitions.

2. Increasing availability of short-term crisis triage services
    - Non-profit organization Westcare Nevada has expanded beds by 14, bringing the total to 50.

    - Private sector groups have expressed interest in opening psychiatric emergency rooms and crisis clinics.

3. Increasing the number of reimbursable psychiatric inpatient beds in Southern Nevada

    - Funding for the opening of an additional 21 beds in Building 3A of Southern Nevada Adult Mental Health (SNAMHS)

- Valley Hospital has opened 20 beds in its psychiatric wing while North Vista Hospital opened 10 beds.

- Rate increase for fee for service beds in acute care hospitals to $944 from $460 was completed in November.

- The "in lieu of" form of reimbursement allows managed care organizations (MCOs) to contract with free-standing psychiatric facilities for a daily rate for beds.

4. Reconsideration of the IMD exclusion

    - The issue was brought to the attention of Centers for Medicaid and Medicare and is pending a response.

5. Providing appropriate mental health professionals to public schools

    - DPBH completed the criteria for evaluation of school-based centers completed. The combination of certification process as well as opportunity for reimbursement will allow for school-based health centers to receive Medicaid clients.

6. Creating licensure category for residential treatment centers

    - To date, no facilities have requested licensure yet.

7. Changes to Legal 2000 process

    - Already in place is a bill draft which adds physician assistants and advanced practice registered nurses (APRNs) to the list of those who can place an individual on legal hold. It allows trained mental health professionals to decertify individuals from a legal hold. Language of the bill has already been reviewed by the Deputy Attorney General and will be presented at the next legislative session.

8. Tele-psychiatry and primary care physician (PCP) consultative and referral reimbursement

    - Medicaid changed its geographic restrictions on tele-health reimbursements to include both urban and rural Nevada. The DPBH is also working with the University of Nevada, School of Medicine to look at reimbursement opportunities with the school as well.

9. Mobile outreach

    - The DPBH continues to have mobile and crisis teams entering as many as 11 emergency rooms around the valley on a daily basis. MCOs also have their own outreach systems in place.

Dr. Dvoskin noted that he had asked Dr. Green to prepare a written report of these updates to recommendations as well as any other comments or new recommendations.

## V. Presentation concerning governance: Enhancing local and regional input, control, and accountability regarding mental health services

*Victoria Carreon, Director of Research and Policy, Guinn Center*

Ms. Carreon gave her presentation Mental Health Governance: A Review of State Models & Guide for Nevada Decision Makers. The study noted that Nevada is facing great challenges in its behavioral health system and is exploring how to move away from a governance system that is centrally controlled to one that provides more local input and is responsive to community needs. Ms. Carreon said the study is expected to help the BHWC and the state legislature in its plans.

## VI. Discussion regarding presentation on governance

A. Dr. Dvoskin gave comments on the presentation on mental health governance, noting that these will be the guiding principles for the council. He suggested that a sub-committee be formed while the council is not in session. Using the presentation, the sub-committee can come up with a comprehensive set of recommendations on improving mental health governance in Nevada. Council member Richard Whitley, who is also DPBH administrator, has agreed to chair the said subcommittee while the Kenny Guinn Center has agreed to continue to serve as a resource to the council.

1. Dr. Dvoskin asked Mr. Whitley to submit a report on the proposed membership of the said subcommittee. Council member Monte Miller volunteered to be a part of the committee.

B. Council member Romaine Gilliland, who is also DPBH director, said he would like the sub-committee to consider particular concepts from *Mental Health Governance Presentation* as guiding principles, particularly:

1. Best care at lowest cost

2. Encourage savings across programs and agencies

3. Hold providers accountable for outcomes

4. Money follows client from hospital to community

- Mr. Gilliland also recommended that two more guiding principles be added. These are:

a. Effective integration of physical and mental health services

b. Cost-neutrality, at both the state and county levels, through optimization of federal funding participation through Medicaid.

- Dr. Dvoskin asked for a motion to accept inclusion of the recommendations in December report.

Motion to approve: Romaine Gilliland, Second: Monte Miller, Unanimous approval.

**VII. Discussion, drafting, possible approval of Council recommendations to the Governor's office**
*Behavioral Health and Wellness Council Chair Joel Dvoskin, PhD*

A. Capa Casale, chair of the Children's Behavioral Health Subcommittee, who is also with the Commission on Behavioral Health and Disability Services, presented recommendations on school based mental health services. Her group has been working with representatives from the Clark County School District, Washoe County School District, and rural school districts to come up with these recommendations:

1. Provide "block grant" type funding to school districts in the North, South, and rural regions that is administered through the Department of Child Welfare and Family Services (DCFS) and the Children's System of Care Behavioral Health Subcommittee. The subcommittee noted that this funding type provides the mechanism for assisting them in the most effective ways to provide the services that will be the most effective in their own local communities.

2. Mental Health assessment with service linkage

3. School-based behavioral health interventions, such as positive behavior support interventions and bullying programs

B. Carol Brosma, vice chair of the Rural Children's Mental Health Consortia, spoke about mental health services for children in rural areas. A plan is in place for children in rural areas, which involves a seed grant that would offer sustainability, with no need for state funds, within two to four years. The plan involves schools partnering with the rural regional clinics and nursing centers. This is a total of 29 facilities that are accessible to partner with the schools. The system would be funded through a Medicaid type 14 provider, a model that is currently being used in South Carolina. Ms. Brosma said the plan would also allow the use of existing tele-health services through regional centers. It will also provide an opportunity to use targeted case management and display the ability to give wrap around services for issues that are within the school. In both the North and South, sustainability could be achieved through health clinics, or a type 60 provider under Medicaid. Ms. Brosma said the Consortium has been working with Medicaid to take some of the barriers down, so that the taxpayers do not have to fund this in full.

C. Dr. Dvoskin shared recommendations sent by Department of Aging to BHWC members.

1. Expand council's recommendation #12 to include the use of tele-psychiatry and consultation for individuals with dementia and related cognitive difficulties. Currently, individuals must travel great distances to receive medical care. Older adults, especially individuals with cognitive impairments, have a difficult time traveling and the experience may add to the individual's confusion and loss of functioning.

2. Expand council's recommendation #11 to include professionals working in the area of gerontology.

3. Expand the Council's recommendation #10 to include suicide prevention for older adults.

4. Recommend a higher rate of pay by Medicaid for nursing facilities prepared and trained to support individuals with behavioral health needs. This would allow many Nevada citizens to remain in their own communities where their quality of life would be improved by being close to family and friends.

5. Expand the mobile crisis team supporting adults to include professionals with expertise in assessing older adults. This could be done through additional education or selecting a professional with this experience.

D. Division of Healthcare Financing and Policy Administrator Laurie Squartsoff, upon the request of Dr. Dvoksin, presented updates on behavioral health care clients in nursing facilities. She explained that Medicaid continues to work with CMS to get approval for change in methodology for the added behaviorally complex rate on top of the nursing rate for behavioral health care services. She added that Nevada Medicaid continues to work with MCOs for patients who receive services through fee for service Medicaid. The agency continues to do outreach in rural counties to assure residents that there is continuity of services as well as connection between the beneficiary, the primary care physician, the psychiatrist, the pharmacist, and the transportation provider.

E. Dr. Dvoskin presented to the Council more recommendations that will be added to the December report:

1. NRS revision to add EMT language – The intent of this recommendation is to allow paramedic staff to do medical clearance on an individual before he is accepted into a psychiatric facility.

    - Dr. Dvoskin clarified that if there is a doubt about the cause of the person's mental status or there is any emergent medical issue that would prevent an inpatient admission, that paramedic staff would still either seek telephonic consultation from a physician or take the person to the ER for further evaluation. This recommendation, however, would allow some people to divert from transfer to the ER.

    - Council member Douglas Gillespie asked how this recommendation is different from the Legal 2000 process. Dr. Dvoskin explained that in this case, if someone wanted to go directly to the hospital and there was a bed available and there was no physical reason why they could not, this recommendation would allow them to bypass that step.

    - Council member Richard Steinberg asked if the recommendation would allow staff to take individuals to a community triage. Dr. Dvoskin confirmed this and also reiterated that this law would eliminate any unnecessary ER trips for individuals who do not need it. He added this would save money for the state and will also get the person needing help to the appropriate level of care much quicker.

    - Council member Dale Carrison noted that until the problem of overcrowding in emergency rooms eases, this proposal will not make a difference since there is no space for patients. Dr. Dvoskin acknowledged the problem, but added that the

problem is easing up. He added there will be an accurate number count in January, of how many individuals are on the waitlist in each ER in the city. Dr. Carrison, meanwhile, noted the lack of an effective communication system that provides information as to which facility has the available space based on an individual's insurance.

- Dr. Green told the Council about the DPBH's HAvBed, the state system enables the transmission of confidential information. This system, though, is not intended for the collection of L2Ks. She noted the need for a way to collect this data.

- Dr. Carrison commented that the Council needs to look at the system that the state of Missouri uses. Their system gave capability to EMS and police to access information. Dr. Dvoskin agreed and noted the Council can make a recommendation that states that there needs to be a system that identifies empty beds. He further said the Council will work with the DPBH to think of the easiest way to do this.

Motion to approve: Dale Carrison, Second: Douglas Gillespie, Unanimous approval

2. The need to create and maintain a system of identifying available inpatient psychiatric hospital beds.

   Motion to approve: Monte Miller, Second: Richard Steinberg, Unanimous approval

3. Status of emergency departments

   - Dr. Dvoskin said he wants to prepare a report about the progress the department made regarding expanding alternatives to jail and ER for managed care patients.

4. Elder issues

   - Dr. Dvoskin wants to include update that Ms. Squartsoff's gave earlier, stating that Medicaid continues to work with CMS to get approval for change in methodology for the added behaviorally complex rate on top of the nursing rate for behavioral health care services.

   - Mr. Gilliland suggested that the current depression screening system be evaluated to determine its appropriateness for the elder population.

   - Dr. Dvoskin said the recommendation from the Aging Group to allow for caregiver services is vague and requested more information about it. He noted the part of the recommendation on respite care, however, stating that if a caregiver was stressed out due to caring for someone with mental health issues they should seek out assistance through their health insurance of Medicaid if they did not have any insurance. Council member Sue Gaines explained that the recommendation also calls for occasionally giving caregivers a break and having someone else step in and care for their loved ones and consider this an in-home service. Dr. Dvoskin said he will ask the department to explore the appropriateness of in-home respite care as a possible billable service.

- Dr. Dvoskin noted another recommendation calls for the expansion of mobile crisis team capacity and training to include issues related to aging. Dr. Carrison commented that mobile crisis teams are currently overwhelmed and suggested a recommendation to increase resources for them. Mr. Gilliland agreed with this, but said the team still needs training in order to be able to meet the unique needs of the elder population. Dr. Dvoskin said that resources may yet become available as a result of changes that are being made now and these funds may be channeled to expansion of mobile crisis teams. Mr. Gilliland added that as more individuals with a payment source are identified and the use of Medicaid broadened, more local and state funds may be freed up which in turn may be reinvested for improvement of the behavioral health environment at large.

F. Dr. Dvoskin asked the council for other issues for inclusion in the December report.

1. Dr. Dvoskin noted that the issue on improvement of mental health care within the Department of Corrections will be addressed in 2015 since information gathering on the issue is yet to be completed.

2. Mr. Gilliland asked if the Council will revisit children's issue from an earlier presentation.

   - Kelly Woolbridge from the Children's Behavioral Health Subcommittee, upon request of Dr. Dvoskin, explained the group's recommendation to provide school-based mental health services. She explained the subcommittee is asking that service providers work with school districts to maximize Medicaid billing and not fund it using state funds.

   - Mr. Gilliland agreed saying there is a need for a coordinated effort between the Department of Education and Medicaid to reduce the burden on the state's general fund.

   - Amber Reid commented that the model for states using Medicaid for services in schools is common in the United States. She said the plan will provide sustainability for this service. Ms. Reed said it is important to acknowledge there will be a cost up front for this plan and that is the reason why the committee would need seed dollars, from a grant, to help school districts set up the system. She noted the sustainability model would take over within four years.

   - Mr. Gilliland commented that the proposal has several elements that need to be evaluated and understood. As such, he suggested that the subcommittee further explore the issue and understand the fiscal implications. He also suggested that the Council's recommendation should be to develop an analysis of the issue at this point.

   - Dr. Dvoskin recommended that the Children's Behavioral Health Subcommittee coordinate with Mr. Gilliland for the said undertaking.

3. Council member Susan Roske, asked the Council if the issue of suspending, instead of terminating, Medicaid benefits while individuals are incarcerated had been addressed.

- Mr. Gilliland stated that this issue would require systematic changes within the Division of Healthcare Financing and Policy as well as the Division of Welfare and Supportive Services (DWSS). He added that while these items have been identified, they are not yet in the queue of active IT projects.

- Mr. Gilliland, meanwhile, noted that through the DWSS, the department has established a rapid eligibility determination for those transitioning back into the public, ensuring that there is no gap in services.

4. Council member Susan Roske inquired about the status of a previous discussion on reciprocity of professional licenses. The discussion centered on whether a treatment provider could give services in Nevada via telemedicine.

    - Dr. Dvoskin said this recommendation has already been included, and he will speak with the governor's office to see if there is anything he can do in his role as chairman to help move this along.

VIII. **Public comment**

Dr. Dvoskin asked for any additional public comments. Seeing there was none, he thanked council members and noted he will inform them when the Council will convene again.

IX. **Adjournment**

The meeting was adjourned at 3:23 p.m.