

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
SEPTEMBER 17, 2015**

MINUTES

**VIDEO TELECONFERENCE MEETING LOCATIONS:
NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES,
2655 ENTERPRISE ROAD, RENO, NV**

AND

**DIVISION OF CHILD AND FAMILY SERVICES,
4126 TECHNOLOGY WAY, 3rd FL SMALL CONFERENCE ROOM, CARSON CITY, NV**

AND

**SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES
6171 WEST CHARLESTON BOULEVARD, BUILDING 8
LAS VEGAS, NV**

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Capa Casale
Pam Johnson
Larry Nussbaum

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Marcia Cohen
Thomas Hunt
Viki Kinnikin
Paula Squitieri

COMMISSIONERS ABSENT:

Barbara Jackson

STAFF AND GUESTS:

Kelly Wooldridge, Division of Child and Family Services
Kristen Rivas, Division of Child and Family Services
Christy McGill, Commission Staff
Coleen Lawrence, Division of Health Care Financing and Policy
Darryl Dubroca, Spring Mountain Treatment Center
Melissa Eckstein, Spring Mountain Treatment Center

CALL TO ORDER AND INTRODUCTIONS

Commissioner Kinnikin called the meeting to order at 8:48 A.M. Roll call is reflected above; it was determined that a quorum was present.

PUBLIC COMMENT

Commissioner Kinnikin called for public comment. There was none.

CONSENT AGENDA

APPROVAL OF MINUTES

MOTION: Commissioner Casale moved to accept the minutes from the July 17, 2015 meeting.

SECOND: Commissioner Johnson.

VOTE: The motion passed unanimously.

AGENCY DIRECTOR'S REPORTS

MOTION: Commissioner Squitieri moved to accept the agency reports.

SECOND: Commissioner Nussbaum.

VOTE: The motion passed unanimously.

MEDICAID UPDATE AND CHANGES

Coleen Lawrence reported the following:

- The Division of Health Care Financing and Policy (DHCFP) has a new Acting Interim Administrator - Marta Jensen. Ms. Jensen used be their Chief of Compliance. She is returning to DHCFP from the Division of Public and Behavioral Health (DPBH).
- They are waiting for the release of the Access to Health Care Study which was done by Health Services Advisory Group. This was a network adequacy study. Dr. Green is reviewing it. It will include access to a provider and provider availability.
- Christy McGill asked if Medicaid is considering moving the Rurals from fee-for-service to managed care. Ms. Lawrence responded that in the last Legislative Session there was an Appropriation Bill, so there is no money tied to it. Medicaid has the authority to review the feasibility of long term support services and seeing if they would move into managed care. Now DHCFP is reviewing the feasibility of what other services may move into managed care. Everything would go through workshops and it would go back out to the public.
- Ms. Kinnikin asked if the MCOs would be involved in that. Anything DHCFP does has to go back out for procurement. The MCO contracts are coming back up. She will follow up to get the dates.

Ms. Lawrence reported on the Applied Behavioral Analysis (ABA) Project Medicaid has with the Aging and Disability Services. This was a platform for the Governor on Autism during the last session. Medicaid and Aging have been working together closely to develop ABA funding. They are on track for a January 1, 2016 implementation of that project. Looking at enrollment of new providers into Medicaid, and Aging is working on the workforce development for all the different levels of autism providers and working with UNR and UNLV for training. They need providers to be enrolled into the program for it to be successful. UNLV created a training program for the Registered Behavioral Technician so they can be registered in the state. It is an online program that costs about \$80. Aging is helping with that program. They are helping

promote the program with their current providers. There is a lot of information on the Medicaid website. Medicaid is working with Aging to update the workforce development side from Aging so it will be together in one spot. Give about a week and workforce side will be available.

DISCUSSION AND UPDATE WITH AGING AND DISABILITY SERVICES DIVISION

No one from Aging and Disability Services Division (ADSD) was present at the meeting. Ms. McGill said ADS hopes to have a presentation on services at the next Commission meeting.

BEGIN DISCUSSION AND PLANNING FOR THE NEXT LETTER TO THE GOVERNOR.

Commissioners agreed to use the same process as last year which was to create a Subcommittee to go through the details of the letter to the Governor. Last year the Subcommittee members were Commissioners Kinnikin, Hunt, Johnson, and Casale who agreed to remain on the Subcommittee. No other Commissioners said they would like to be on the Subcommittee at this time.

We need to request from Regional Consortia their reports a little early so they can be included. Ms. Wooldridge said the reports are due January 31 each year and the Consortia have not started on them yet. Ms. McGill suggested the Commission can take from last year's report and as the reports come in, include the details. If there is something big coming up that they want to share with us, it can be included in the letter.

Ms. McGill suggested some themes for the letter. There have been a lot of progress and successes in sectors of Mental and Behavioral Health over the last year.

1. Medicaid is being terminated instead of suspended when people come to the county jail. There is concern that this is unethical. When it is terminated if there are mental issues, it is difficult to get their medications when they are released. How do we overcome the gap? Ms. Lawrence suggested getting the Division of Welfare and Support Services (DWSS) in on this because the issue is not the Medicaid claim side of it; it is on the NOMAD side. The issue is that Medicaid cannot claim FSD while a person is involuntarily incarcerated. Juvenile Justice is actually the driver of this issue. Ms. Wooldridge said it is being looked at for children. There was discussion about whether on the children's side this fits with the System of Care grant. Ms. Wooldridge said Director Whitley was working with Steve Fisher on it. Ms. Lawrence said if they do something with this issue, it would be for the whole population. Ms. Lawrence will find out if it is an issue that is already moving forward and she will get back about it right away. If it is not, DHCFP will say it is of interest of this Commission to move it forward and they will move it forward. Ms. McGill said this can be an issue to discuss in their report and make a recommendation.
2. There is movement in Juvenile Justice to get youth services quicker both in urban areas and Rurals. This has to do with the ability for the Rurals to bill direct case management

for juvenile offenders as well as Washoe and Clark. Needed mental health services will come down to the Rural youth.

3. Ms. McGill will ask the hospitals for their reports and get some of their data. She can ask the hospitals for information on their emergency rooms, particularly in regards to mental and behavioral health.
4. Ms. Lawrence said she would like to connect Ms. McGill with Shannon on her team who is over the school based centers. She can give a full run-down on this.
5. Workforce Development is a big piece. With the new legislation with Social Workers with the schools a lot of work is being looked at how to create that in Nevada. Both UNR and UNLV are looking at an online Master's program.
6. There is a committee looking at and working with the Board of Examiners for Social Workers trying to make the system a little easier. Ms. Wooldridge said there is a workgroup through Public and Behavioral Health that is working with this and other Boards. The big piece was creating internships. Ms. Wooldridge will forward the minutes from that group to Ms. McGill.

Ms. McGill asked everyone to email her any other ideas for the letter to the Governor.

COMMISSION MEMBERSHIP AND RECRUITMENT

Ms. McGill reported that Mike McMahon of the Division of Public and Behavioral Health will make sure the needs of this Commission are met. She will forward his email address to the Commissioners to make the connection. She believes he will be able to move the issue of membership and recruitment along for the Commission or give her the authority to check on these issues.

UPDATE, DISCUSSION, AND POSSIBLE ACTION ON THE CHILDREN'S SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE

- Update on Grant – Review of the Substance Abuse and Mental Health Services Administration Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances. Short Title: System of Care Expansion and Sustainability Cooperative Agreements.

Commissioner Casale reported that the Children's System of Care Behavioral Health Subcommittee held a meeting on September 2, 2015, and Ms. Wooldridge presented the System of Care (SOC) grant at the meeting. Workgroups were formed. Ms. Wooldridge presented highlights of the grant:

1. DCFS received the SOC grant. It is an \$11 million grant that starts on September 30, 2015 and ends September 29, 2019. The first year is for \$2.7 million. There are a lot of things due very quickly.
2. One of the goals of the grant is to transition DCFS from an agency that does direct care to doing oversight for Children's Mental Health. The handout shows an overview of what the Nevada System of Care will look like.

3. DCFS will provide upfront assessment of youth who are receiving services that are publically funded. DCFS will make recommendations for services in the community. The goal is to get services closer to where patient's lives are. DCFS would do provider enrollment, provider training, technical assistance, and program evaluation.
4. She reviewed the budget for the grant. The money will go through community providers.
5. It is an implementation grant so we have to hit the ground running. By October 31, 2015, SAMSHA wants to know who we are going to contract with. DCFS already has provider agreements with several community providers, so we will start there.
6. There are other things due fairly quickly and we listed what is due in 30, 60, and 90 days, and in six months. We must have a statewide Strategic Action Plan. There is a workgroup working on combining the three regional Consortia plans along with the grant application. Another workgroup is working on the communication plan for both internal DCFS and external providers. We need to do a lot of advertising and working with community stakeholders.
7. There are 11 positions including a grant manager. She cannot fill the positions until the Interim Finance Committee meets on October 23, 2015, however, she is working on recruiting because she is under a lot of pressure from SAMSHA to get the positions filled by October 31, 2015. There will be position announcements. She made all of the positions, with the exception of the Youth and Family Coordinator, which is through a contract with Nevada PEP, state positions, but she is willing to contract. Kirsten Coulombe, the new Administrator of DCFS, had some ideas about the Grant Manager and is looking to contract that out with other agencies that manage huge grants, so we may do some budget adjustments.

Ms. Wooldridge sent an email to DCFS staff letting them know that nobody will lose their job but it may look different in four years.

The grant was written for the urban counties, however we did say we would do some things for the Rurals. One of the first is to give money to Rural Clinics to contract with staff to provide mobile crisis.

Non-Medicaid providers would get reimbursed through the grant initially.

REVIEW THE SECLUSION AND RESTRAINT EMERGENCY PROCEDURES FOR CHILDREN AND YOUTH DENIAL OF RIGHTS FORM

At the last meeting, Commissioner Nussbaum talked about revising the form to have a place for psychiatrists to notate more than just a signature.

Commissioner Casale noted that the form that was distributed for review today is dated January 2013, and it is not the same form as the completed reports Commissioners have been receiving. Those have a date of January 2010. Ms. Rivas said we have sent the facilities the new form and have had difficulty getting them to use it. Ms. Lawrence suggested the form be put on the website. Commissioner Casale suggested changing the color of the form.

Dr. Hunt asked if the Commission makes a new form, is there any precedence for a hospital to use it? Ms. Wooldridge said DCFS revises this form and it goes with a policy and the last time it was revised was 2013. She said the new Administrator had some good questions about the process for signing off on these. She signs off on the private facility reports as well as the State facilities. If we have no authority over the private facilities, what does her signature mean? This is a good question.

Chair Kinnikin said it is that the private hospitals voluntarily have been sending them and we do not have any authority but we try to partner with them. What any of our signatures mean is that at least we are being informed, so we can have our finger on the pulse of not only the public agencies but the private hospitals. We almost need someone in the north and south to go and talk to them about a new form. It takes having a partnership with them.

Commissioner Squitieri asked what legally the responsibility is with the Commission members signing off. Ms. Wooldridge said this a good question and one that may need to be saved for Julie Slabaugh. Commissioner Cohen noted that by the time it gets to the Commissioners it has been signed off by five other people and Commissioners do not know if anybody who has signed off has addressed what we find. What are other people's responsibilities?

Commissioner Casale suggested it could be interesting to have on the form on the nursing report or program manager to have a box asking if any corrective action was taken on this case. That would give us some feedback that they addressed those issues.

Commissioner Cohen said she would like to see something specific to the people who are completing the forms.

Chair Kinnikin asked what happens with Commissioner's feedback about the completed forms with the agencies. Ms. Wooldridge said the feedback her staff gets is pretty immediate. Kristen Rivas said the public facilities are all sent letters from the Planning and Evaluation Unit office about the Commission's feedback. We have a contact at each of the hospitals who is the person responsible for sending the reports to her. It can be the head psychiatric nurse, or quality assurance, or the director. Commissioner Hunt asked who on the Commission sees those letters and reviews them. Ms. Rivas responded no one, she takes it directly from what is stated in the meeting. If they have any feedback she can bring it to the Commission.

Ms. Wooldridge asked if the adult side follows the same process. Ms. McGill said they did a review about one year ago and they found they had too many signatures and they got it down to two signatures. When Ms. Slabaugh gets back she can look at this issue. On the adult side they are trying to get to electronic signatures.

Ms. Lawrence asked if there is an outline of what this process is from beginning to end. That might be beneficial for the Commission to see. Ms. Rivas can bring it back to the Commission

and put it on the agenda. Ms. McGill said this might be something good to add to the Commission Handbook.

Ms. Wooldridge asked that we have Julie Slabaugh review our process before we bring it back to the Commission.

Chair Kinnikin said we would look at process first and then come back to the form.

MOTION: Commissioner Squitieri made a motion that the Deputy Attorney General take a look at the form and advise the Commission of the process, what legal recommendations are as we go forward with this.

SECOND: Commissioner Cohen.

VOTE: The vote passed unanimously.

DETERMINATION OF LETTERS OR INVITATION TO BE SENT TO FACILITIES REGARDING THEIR SECLUSION AND RESTRAINT EMERGENCY PROCEDURES FOR CHILDREN AND YOUTH DENIAL OF RIGHTS REPORTS

Ms. McGill said at the last meeting, Commissioners requested that Desert Parkway Behavioral Health be invited to a meeting. They could not attend today but they will try to make it for next meeting. She asked if the Commission would like to have another facility in the queue. Seven Hills Behavioral Institute was suggested. It was suggested to invite Renown in Reno. Ms. McGill said they are not quite ready but Carson Tahoe Behavioral Health is trying to set up their emergency room for behavioral health. It might be interesting for the Commission to hear from them. We can at least start the conversation about getting them here.

In order to wait for the representatives from Spring Mountain Hospital to arrive, the public session was temporarily closed and the Executive Session was opened.

ADJOURNMENT OF PUBLIC SESSION

MOTION: Commissioner Squitieri made a motion to temporarily adjourn the meeting at 10:15 am in order to wait for the arrival of the representatives of Spring Mountain Treatment Center.

SECOND: Commissioner Cohen.

VOTE: The motion passed unanimously.

DISCUSSION OF SECLUSION AND RESTRAINT EMERGENCY PROCEDURES FOR CHILDREN AND YOUTH DENIAL OF RIGHTS POLICIES AND PROCEDURES FOR SPRING MOUNTAIN TREATMENT CENTER

Chair Kinnikin called the public session meeting to order a second time at 10:35 am. Darryl Dubroca, CEO and Melissa Eckstein, COO of Spring Mountain Treatment Center introduced themselves and Commissioners introduced themselves.

Chair Kinnikin thanked Mr. Dubroca and Ms. Eckstein for coming to meet with the Commission and explained that one of the duties of the Commission is to review the Seclusion and Restraint

reports community providers share with this body. We like to find out what you are doing and what your philosophy is. The Commission has some specific reports from Spring Mountain and we will go into the Executive Session to review those reports.

Mr. Dubroca reported the following:

- Spring Mountain has been operating in the community since 2001. The facility originally opened as a residential treatment center and it was converted to an acute psychiatric hospital in 2003. It was a gradual conversion.
- They have grown and in 2004 were purchased by Universal Health Services (UHS), a large medical company which owns and operates five medical-surgical facilities in Las Vegas, and one in Reno. They own and operate two psychiatric/behavioral health facilities in Las Vegas (Spring Mountain and Spring Mountain Sahara), and two in Reno (West Hills and Willow Springs).
- He has responsibility for UHS' four psychiatric hospitals in the state. There is a COO at each of the facilities.
- They might be the only psychiatric hospital in Las Vegas that does not do mechanical restraints. The difference between mechanical restraint and restraint, is they consider a restraint to be if they restrict someone's movement. Mechanical restraint is the use of leathers and beds where you strap someone down. Spring Mountain has never done that but many hospitals do. They think it is less safe.
- Restraints and seclusions are a challenge and something they talk about in management meetings every day. They log them daily and report them to their corporate office. They compare restraints and seclusions with other UHS hospitals across the country.
- They have a quality management team and a Performance Improvement Team (PIT) which focuses on reductions of seclusion and restraint. There are many staff members that work on this and review videos. They have a good track record on staff injuries. They are one of the highest performers in UHS on restraint without injury.
- They are in good status with the company but would like to improve their numbers.
- They review videos when it is felt something does not go as they would want and they put together immediate teams to look at those or run them through PIT teams or regular management meetings.
- The letters with the feedback from the Commission go to their Director of Nursing.
- It has been a very long time since a patient was injured.
- Everyone goes through a two day training of the program Handle With Care. They have 8 certified trainers and the training is enhanced for staff two times a year. There is training on verbal de-escalation. Their goal is to eliminate restraints.
- Most common philosophy is for the patients. Many are psychotic and it takes time to get through crises with them without intervening. January 1, 2015 they began taking adult Medicaid patients.
- With that influx, they had a whole new population of people. Sometimes homeless, very resistant to taking meds and sometimes preferred to live on the street. Their rights were taken away by police and they were put on an L2K.

- They have meetings two times a year to talk about initiatives being used at other hospitals that are successful. They find that patience and people with verbal skills are successful.
- Ms. Eckstein said knowing your hospital is important because everyone serves a population that is different.
- The new population has higher issues with medications. They are having to find out how to maneuver the L2K process and coordination of meds. They use verbal skills to try to keep the behaviors down. It is challenging and they are trying to work through that.
- Mr. Dubroca said the mental health judicial system is antiquated. The system moves slow. The main goal is to get the patients out of the hospital as quickly as possible. The longer it takes to get medication for these patients, the harder it is at the beginning of their stay. There is a high chance for recidivism. Restraints occur with individual people at the beginning of their stay.
- Commissioner Squitieri said that at Rawson Neal they implemented Positive Behavioral Support Plans and integrated them into their treatment plan. Their numbers have been much better. Spring Mountain does implement Positive Behavioral Support Plans but they would like to see what Rawson Neal is doing. Rawson Neal has the luxury of time on their hands to implement a plan. The average length of stay at Spring Mountain is under 7 days. Partial compliance on meds is a real problem in the court system.
- Mr. Dubroca said Spring Mountain is open to working with the Commission. An exchange of information is a great idea, they are always looking for better ideas.
- Commissioner Squitieri said there is an update to the Seclusion and Restraint form. Please take a look to see if you are using the 2013 form. Ms. Eckstein took a copy of the 2013 form. Norma Harris is their Director of Nursing. They have one psychologist on staff who is there mostly for testing.
- The youngest patient they have had is 5 years old. They consider children under 12 and they consider adolescents 12-17 years of age. Eighteen year olds have to go on the adult program. Spring Mountain Sahara is mainly a geriatric facility.
- Willow Springs is a residential facility and UHS owns five or six residential centers in Salt Lake City. Low functioning children are referred to specialty hospitals like Texas Neurological in Austin, Texas.
- Mr. Dubroca believes there are two main gaps in our mental health system for youth.
 1. We do not have facilities in place to take care of children with heavy autism spectrum. Sometimes they have a mental health type exacerbation and they need hospitalization. This is not Spring Mountain's specialty.
 2. Major issues with the population of lower functioning children and young adults. He met with Desert Regional Center two weeks ago and let them know Spring Mountain's limitations of taking children who are low functioning, with low IQ. Forensic needs for children is a major need as well. They tried to open Summit View unsuccessfully a couple of times. There is a need for the tougher detention population in Reno and Las Vegas. Overlay of behavioral and criminal issues and overlay of mental retardation and autism.

At 11:10, the public session was closed to go back to the Executive Session in order to discuss specific reports with Spring Mountain.

DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

1. Process of Seclusion and Restraint approvals, and review of the form
2. System of Care Grant Subcommittee
3. Commission Membership and Recruitment
4. Medicaid
5. Aging and Disability Services Division
6. Governor's Letter
7. Invite a representative from Juvenile Justice. Ms. Wooldridge said it might be good timing because DCFS is interviewing today for its new Deputy for Juvenile Justice. She volunteers the new Deputy Administrator.

PUBLIC COMMENT

None.

ADJOURNMENT OF PUBLIC SESSION

MOTION: Commissioner Squitieri made a motion to adjourn again at 11:15 am.

SECOND: Commissioner Cohen.

VOTE: The motion passed unanimously.