

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
JULY 15, 2016**

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 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:

Barbara Jackson

Pam Johnson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Lisa Durette

Thomas Hunt

Tabitha Johnson

Viki Kinnikin, Chair

Noelle Lefforge

Lisa Ruiz-Lee

COMMISSIONERS ABSENT:

Asma Tahir

STAFF AND GUESTS:

Julie Slabaugh, Deputy Attorney General

Susanne Sliwa, Deputy Attorney General

Kristen Rivas, Division of Child and Family Services

Alexis Tucey, Division of Health Care Financing and Policy

Kyle Devine, Substance Abuse Prevention and Treatment Agency (SAPTA)

Charlene Frost, Nevada PEP

Carrisa Tashiro, Nevada Disability Advocacy and Law Center (NDALC)

Lea Cartwright, J.K. Belz & Associates

CALL TO ORDER AND INTRODUCTIONS

Commissioner Kinnikin called the meeting to order at 8:35 A.M. Roll call is reflected above; it was determined that a quorum was present.

2. PUBLIC COMMENT

Commissioner Kinnikin called for public comment.

3. CONSENT AGENDA

APPROVAL OF MINUTES AND AGENCY REPORTS

MOTION: Commissioner Hunt moved to accept the minutes from the March 17, 2016 meeting.

SECOND: Commissioner Durette.

VOTE: The motion passed unanimously.

Commissioner Durette asked if the agency reports are in a static format. What is the purpose of them giving their caseload? From a functional standpoint it would be helpful to have more functional information that would be indicative of behavioral health outcomes.

Chair Kinnikin responded that this was a way to track waitlists. We have not used the reports for clinical outcomes. We could talk to the people at the top of DCFS. What kind of things do you want to see?

Commissioner Durette would like to track functional outcomes. Waitlist only tells part of the story. What is waitlist for what are other options? What are the ages of folks on a waitlist? How many are achieving treatment goals and being discharged? What are the services being provided? She would like a more in-depth review. Chair Kinnikin said we can have DCFS representatives attend the next meeting and have it as an agenda item. Commissioner Durette volunteered to give some ideas of a template for a report. Kristen Rivas asked Dr. Durette to send them to her and she will pass them on and we can have something at the next meeting.

Commissioner Hunt asked Ms. Rivas in regards to agenda item #3 about getting a flowchart for the Commissioners and contact people at DCFS about a flowchart. Ms. Rivas responded that this is on a back-burner for DCFS administration. She has delivered what she said she would do but it has not come back to her to put on the agenda. It is on her to-do list but she cannot personally do anything to push it.

Commissioner Hunt would like to see some protocol for the seclusion and restraint reports. The Commissioners review these reports verbally but there is no way to know that it is being fed back to the facilities that we are reviewing the restraints.

Ms. Rivas said if you have a specific question there is a protocol. It is not very defined in regards to the process of how everything flows and flows back to the facilities. With DCFS, yes, there is but it has not been updated in a while. She will do her best to get it on the agenda and provide all the information at the next meeting.

Commissioner Hunt said the Commissioners spend a lot of time reviewing the seclusion and restraint forms and talking about issues. Sharing protocol with them would be great.

4. MEDICAID UPDATE AND CHANGES

Alexis Tucey reported the following:

- The Division of Health Care Financing (DHCFP) has two state plan amendments they are putting through their internal review process to put into public hearings.
- One is the mental health screening tool project. They are partnering with the Department of Education (DOE) and looking at their screening tools and utilizing some of those criteria as a filter point to community resources. Instead of building a whole program they are going through DOE where there is already infrastructure in place. She can get additional information about the name of the tool that is being used for this.
Commissioner Durette would like to know who will administer the tool and who will score it. What is the circle of responsibility for it?
- Ms. Tucey responded that it is all going through the DOE. They are utilizing the social workers placed in those schools.
- Community Behavioral Health Program (CCBHC) is moving forward. Four prospective CCBHCs have been selected, however, they still have to go through a certification process. They are WestCare, New Frontier, Vitality, and Bridge Counseling. So they have two urban locations and two rural locations for the centers. The payment rate is being developed. CCBHC is a medical home model in reverse. Behavioral Health is the hub. October 2016 is the deadline for submission for the implementation grant. Eight states will be awarded the implementation grant and we should know by January 2017 whether we got it or not. There is support from the Director of the Department of Health and Human Services to move the process forward even if the implementation grant is not received. Therefore, they have Plan A and Plan B. The differences are that in Plan A there would be some services they would like to layer in if they get the grant. Plan B is just a new delivery model and methodology. Will have a follow-up informational workshop. Looking at a start date from January to June 2017.

Chair Kinnikin asked if Ms. Tucey has an idea of what the basic services will be if it winds up being Plan B. It will still be a combination of services – behavioral health services and some primary care. Health screens for co-occurring or those that have substance abuse disorders. Potential referrals as necessary. Chair Kinnikin asked if that will include habilitative or rehabilitative services. Ms. Tucey responded that it will still be under the current state plan so none of that would be changing.

- For the Managed Care Expansion Project, Medicaid has contracted with Navient to assist Nevada to pull that information together to find out what the true potential impacts are for Nevada in regards to this. Medicaid will then make recommendations to the Governor's office. Ms. Tucey is not sure what their roll-out process is. They are getting

out to the rural areas to find out what the needs are. The urban areas have an experience of the two delivery models - fee-for-service and MCOs. The rural areas have only used fee-for-service. DHCFP wants them to have a full understanding of what that impact would be. Any feedback is encouraged. Go through DHCFP website and submit that information. Ms. Tucey will get more information on this and keep the Commission updated on that.

- DHCFP had some public workshops for policy changes. They are looking at making treatment plans easier for providers as to what the expectations are. Chair Kinnikin asked Ms. Tucey to bring that to the Commission when it is done. DHCFP will post the proposed changes. Concerns can be brought up during public hearing process.

Any issues Commissioners want her to bring to the next meeting? Chair Kinnikin asked for a continuation of the topics that were addressed today.

5. DISCUSSION OF THE COMMISSION ON BEHAVIORAL HEALTH'S ROLE AND RESPONSIBILITIES AS ADMINISTRATIVE AND SERVICE DELIVERY CHANGES OCCUR WITHIN NEVADA'S DIVISION OF CHILD AND FAMILY SERVICES FOR CHILDREN'S MENTAL HEALTH DUE TO IMPLEMENTATION OF THE CHILDREN'S MENTAL HEALTH SYSTEM OF CARE GRANT

Chair Kinnikin said this issue has to do with regional control over DCFS – Children's Behavioral Health. The Commission's role would continue to be to oversee the entire state. Do we see any other concerns we would have as to how we can be more involved?

Ms. Rivas asked if there is something specific she could provide or get information to help lead the discussion about this. Chair Kinnikin said we are talking about what direction the state is going and how they are going to structure the plan for SOC and the Commission and see how their role will interact with that. Does the state intend to regionalize and will it impact the Consortium? Will we come together to support behavioral health the best we can. Chair Kinnikin said Kelly Wooldridge talked about having the networks set up and the locus of control would be local. More local control for each region and then also to have the state as the overseer.

Ms. Rivas will contact Ms. Wooldridge and ask her to provide an update specific to that.

6. PRESENTATION OF THE 2016 PRIORITIES/UPDATE TO THE REGIONAL CONSORTIA 10-YEAR PLANS

This agenda item was presented at the March 17, 2016 meeting and was not discussed at today's meeting.

7. COMMISSION MEMBERSHIP AND RECRUITMENT

Chair Kinnikin said there are several new Commissioners and it should be easier to have a quorum for meetings. She would like to address different roles of Commission members. One of

the things Commissioners cover is the Licensing Governing Board (LGB) the licensing board for the state hospitals. This is a later agenda item.

Commissioner Durette asked if there are subgroups or subcommittees within the Commission. What do those look like and what does the Commission need most help in? Chair Kinnikin responded that there is the System of Care (Children's System of Care Behavioral Health Subcommittee), which needs a new chair since Capa Casale is no longer on the Commission. There is a subcommittee which assists in drafting the letter for the Governor each year.

Chair Kinnikin said there are also the regional Consortia and some of the Commissioners are members.

8. 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.

Kathy Mayhew reported the following:

- Kevin McGrath was hired as the System of Care (SOC) Grant Manager.
- Four workgroups were created: Governance, Provider Standards and Evidence Based Practices, Special Populations, and a Communication workgroup. They are meeting.
- Hired two supervisors and two Clinical Program Planners in the north. One for group for training and one group for quality assurance. They will interview for staff in Las Vegas for training and QA in the next week.
- The Planning and Evaluation Unit (PEU) moved their offices and PEU and SOC units are all together in the same building in Las Vegas.
- Have a few sub grants to meet requirements of the grant. We will start the RFP process for next year. It is a long process.
- We have some transitional services types of sub grants with Brooks Counseling.
- Have a sub grant possibly with Healthy Minds for a Healthy Homes project.
- For training with different trainers. Maureen Murray from Together Facing the Challenge will provide training for SB 107.
- UNR sub grant for evaluation.
- We are having trouble finding people who can do respite. It is complicated because they have the mixing of the population between foster and juvenile justice children so there are complicating factors.
- United Citizens Foundation is doing the high school clinic school based health center at Valley High School.

- Our continuation application was submitted. Kelly Wooldridge met with our grant project director from SAMSHA about the progress of the grant. The continuation application was good and we should be getting a formal notice about it.
- The SOC grant is a federal SAMHSA grant that is for four years, \$11 million dollars. The goal of it is to expand the SOC for SED youth. We had to choose two counties so Washoe and Clark Counties were selected for the grant, but a lot of the things will go to the rurals. The goal is to increase services and use EBP, and that DCFS will become less of a direct service provider. Nevada is only one of three states still providing direct services. The state will move to more of a children's mental health facilitator and provide training, quality assurance, and act as a safety net. And possibly become more of an assessment center and utilization management. We have our family partners we are working closely with and getting more youth representation. Another goal is that providers adhere to the SOC values. Family is critical in all levels. They will be on all of our workgroups and commissioners are supposed to be on the workgroups too.
- They will focus on social marketing. It will come together, but it is hard for the state to find employees.
- PEU will have job openings in the north and south if you know anybody. We will all work closely on the SOC.
- For the Nevada Child and Adolescent Needs and Strength tool (CANS) we held a development session with Dr. Lyons. He will come to Reno to do some certifications on the Nevada CANS. In the south, we will either bring him here or there is online certification and we will probably use SOC money to pay for certification. We hope to spread that across the state as the tool to use so when youth go from our agency to another agency so that it might be updated but not redone. We are working on the scoring with Dr. Lyons to find out what service intensity level and algorithms in the hope that someday with the help of Medicaid that the CANS could replace the CASII. It impacts the managed care organizations too.

Lisa Ruiz Lee asked about the needs assessment that is being conducted. Could we have somebody do an overview of what that process looks like and what the goal is. Ms. Mayhew has not been involved in that but she can ask Ms. Wooldridge who is doing that.

- Vote on Appointment of New Elected Chair of the Washoe County Children's Mental Health Consortium (WCCMHC) Chris Empey

Ms. Rivas explained that Alexis Tucey was the chair of the WCCMHC and was unable to commit to that after going back to her administration. WCCMHC voted Chris Empey as the new chair. As the chair he also needs to be appointed by this Commission as a voting member of the Subcommittee.

MOTION: Commissioner Durette made a motion that Chris Empey would be a voting member of the Children's System of Care Behavioral Health Subcommittee, representing the WCCMHC.

SECOND: Lisa Ruiz-Lee.

VOTE: Vote passed unanimously.

- Select and vote on a member of the Commission to serve as a representative on the Children's System of Care Behavioral Health Subcommittee and the Nevada Children's Behavioral Health Consortium to replace Capa Casale.

Currently Viki Kinnikin, Pam Johnson, and Lisa Durette are on that subcommittee.

There was discussion about whether the assignment of the chair should be determined by the Subcommittee or the Commission. Ms. Rivas said her understanding is that the Commission is the charge unit of the subcommittee which is made up of voting membership of all the Consortia and the Commission members. Those are the only people who can vote as appointed and developed by the Governor. Julie Slabaugh, DAG looked this issue up in statute and based on that, believes it is up to the Commission whether it wants to grant the Subcommittee the approval to appoint a chair. She believes in the past it was determined the Commission would elect the chair but it is not set in stone and the Commission is free to change that if they want.

Pam Johnson is currently the Vice-Chair of the Subcommittee. She explained that the children's subcommittee originally was the Commission's Subcommittee, so she thinks it is important that a Commissioner should be the chair. Co-chair could be elected from the Subcommittee.

Ms. Rivas said additional members are needed on the Subcommittee that are Commissioners. Dr Durette is a member of the Subcommittee as a representative of the Consortia. Ms. Slabaugh said if Dr. Durette represents both the CCCMHC and the Commission, the Subcommittee is down a member.

Commissioners Lisa Ruiz Lee and Tabitha Johnson volunteered to serve on the Children's System of Care Behavioral Health Subcommittee.

It was agreed that the Chair should be from the Commission. Lisa Ruiz Lee volunteered to be the chair. Commissioner Pam Johnson is interested in being the chair as well.

MOTION: Commissioner Durette made a motion for Commissioner Ruiz Lee to chair the Children's System of Care Behavioral Health Subcommittee.

SECOND: Commissioner Hunt.

Commissioner Pam Johnson stated that she had put her name in to be considered as chair of the subcommittee and she would like to be considered.

Commissioner Durette recommended that Commissioners Ruiz Lee and Pam Johnson be co-chairs so we have one in the north and one in the south. Ms. Rivas suggested having a Vice-Chair instead of co-chairs from north and south, which we did before. The Subcommittee is a huge time commitment and there is a lot of back knowledge of the SOC and the SOC grant that you need to have. She wants to make sure that whoever is the chair knows there is a big time commitment and there are now four workgroups.

Chair Kinnikin said if Commissioner Pam Johnson is willing to move from Vice-Chair to Chair and then Commissioner Ruiz Lee could serve as Vice-Chair. They can communicate with each other.

Chair Kinnikin said all those in favor of Commissioner Pam Johnson stepping up as chair of the Children's System of Care Behavioral Health Subcommittee, and Lisa Ruiz-Lee as the Vice-Chair say 'aye'. She asked if there were any no's. None were heard.

VOTE: The vote passed unanimously.

9. DISCUSSION AND ACTION REGARDING LOCAL GOVERNING BOARDS AND ISSUES WITH SAME

Commissioners Casale, Nussbaum, Jackson, and Johnson were attending the Local Governing Boards (LGB) in Reno. What is the composition of members now in the North? Commissioner Jackson is still active. The two representatives for Lakes Crossing will be Commissioners Jackson and Pam Johnson. Chair Kinnikin asked if it is for the two hospitals - Lakes Crossing and NNAMHS. That is two separate meetings.

Chair Kinnikin clarified that this is a governing board where Commissioners attend at Lakes Crossing, NNAMHS, and SNAMHS on a quarterly basis and review their policies and procedures and look at their seclusions and restraints and each department gives them a report of what is happening in the hospital. The participation of Commissioners is to advise and oversee actions that are going on in the hospitals. Participation is very important. A report comes back to the Commission for a report. The next meeting is July 21, 2016 at 2pm at Rawson Neal in Las Vegas. Then there is supposed to be a report back to the Commission summarizing what is going on at these hospitals.

Ms. Sliwa said it is her understanding that on the SNAHMS Governing Board there are six members, so a quorum of four is needed.

Chair Kinnikin said they send seclusion and restraint reports by FedEx to the Commissioners about every other week. You review them and shred them or bring them back for them to shred. We look at statistics about how many, how many are multiples, and issues. We discuss it in LGB and then in the Commission meeting on the adult side.

Commissioner Durette asked which seclusion and restraints are reviewed. Chair Kinnikin said the Commissioners review the children and adult seclusion and restraint reports. Ms. Slabaugh statute requires all public and private facilities to report on seclusions and restraints to the Commission, but we do not always get them.

Chair Kinnikin said that in the past, the Commission invited the hospitals come to meetings to discuss what we were finding with seclusions and restraints. Maybe we will start inviting the hospitals to the meetings again because it is a good connection.

10. ANNOUNCEMENT

The next Commission on Behavioral Health meeting will take place September 15, 2016 with DCFS and September 16, 2016 with the Division of Public and Behavioral Health (DPBH).

There was a handout of meeting dates for the remainder of 2016 and calendar 2017. It will be on the agenda of the next meeting and will be voted on at the next meeting.

11. DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

1. Presentation of the Gaps Analysis for SOC.
2. Different ways to report agency reports. Dr. Durette will send Ms. Rivas information.
3. Medicaid update.
4. It is not necessary to have an item for Commission membership or recruitment.
5. System of Care update.
6. It is not necessary to have the Local Governing Boards agenda item.

12. PUBLIC COMMENT

None.

13. ADJOURNMENT OF PUBLIC SESSION

Chair Kinnikin adjourned the public meeting at 10:02 am.