

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
SEPTEMBER 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 (by phone)

Pam Johnson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Lisa Durette

Thomas Hunt

Tabitha Johnson

Viki Kinnikin, Chair

Noelle Lefforge

Lisa Ruiz-Lee

Asma Tahir

COMMISSIONERS ABSENT:

Krista Hales

STAFF AND GUESTS:

Kelly Wooldridge, Division of Child and Family Services

Ryan Gustafson, Division of Child and Family Services

Kevin McGrath, Division of Child and Family Services

Mark Arnold, Division of Child and Family Services

Kristen Rivas, Division of Child and Family Services

Tiffany Ontiveros, Division of Child and Family Services

Julie Slabaugh, Deputy Attorney General

Susanne Sliwa, Deputy Attorney General

Alexis Tucey, Division of Health Care Financing and Policy

Shannon Sprout, Division of Health Care Financing and Policy

Carol Broersma, Rural Children's Mental Health Consortium
Charlene Frost, Nevada PEP
Dan Musgrove, Clark County Children's Mental Health Consortium

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. There was none.

3. CONSENT AGENDA

APPROVAL OF MINUTES AND AGENCY REPORTS

MOTION: Commissioner Hunt moved to accept the minutes from the July 15, 2016 meeting.

SECOND: Commissioner Durette.

VOTE: The motion passed unanimously.

MOTION: Commissioner Hunt moved to accept the agency reports presented for this meeting.

SECOND: Commissioner Tabitha Johnson.

VOTE: The motion passed unanimously.

4. 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 explained that the Commission wants to know how its role might change with the System of Care (SOC) grant. Kelly Wooldridge responded that at this point for the next biennium, DCFS has not suggested any changes to Nevada Revised Statutes (NRS) or any bills addressing Children's Mental Health (CMH) and the changes with the SOC grant. She does not see any of the roles of the Commission changing at least for the next couple of years. She sees the Commission as the oversight body for the work that is being done for the SOC grant and the work that is being done in the Children's SOC Behavioral Health Subcommittee. Chair Kinnikin requested that as we go along that the Commission keep a pulse on what is happening.

5. EXPLANATION OF GAP ANALYSIS/NEEDS ASSESSMENT.

Ms. Wooldridge explained that there is a handout with a very draft table of contents for what the needs assessment will look like. We have contracted with Cindy Gustafson's company to do the gaps analysis. There is some confusion because there are two things going on in the Division. There is a gaps analysis/needs assessment for the Victims of Crime Act (VOCA) grant; we have seen significant increases in Victims of Crime Act (VOCA) funding. We are getting \$19 million this year. We need to make sure we are reaching every area for this grant so an in-depth analysis is being done. There is some talk for us to move the VOCA funding directly to the counties and

the counties would distribute the funds. That is separate from the gaps analysis we are doing for the SOC grant which is in our strategic plan and we are looking at services mostly in Clark and Washoe County but also addressing issues in the rurals that will help us address services for children with severe emotional disturbances. We have barely gotten started on it but it will be done in time for the Legislative Session, by January 1, 2017.

Carol Broersma asked why they are not gathering data in the rurals. Ms. Wooldridge responded it is because the SOC grant is primarily in Clark and Washoe Counties. She is sending them a list of everyone on the Commission and Consortia and other stakeholders for them to interview. Commissioners will probably be hearing from Ms. Gustafson about an interview. This will be discussed in the Subcommittee but will be available for the Commission as well.

This will be an agenda item for the Commission's January 13, 2017 meeting.

6. SECLUSION AND RESTRAINT EMERGENCY PROCEDURES FOR CHILDREN AND YOUTH DENIAL OF RIGHTS.

- **REVIEW AND TRACKING PROCESS.**

Kristen Rivas reported that the Commission requested getting this process in writing. DCFS looked at the old process and updated it. The handout of the review and tracking process is in the meeting documents for today.

There was discussion about what the standard is, or what the hospitals are told in regards to the deletion of personal information. It would be helpful for Commissioners to see weight and age and it is not always on the forms. Ms. Rivas asked if the Commission would like her to put together a letter that states exactly what it wants in regards to personal information to be deleted. DCFS checks the forms for the proper signatures, not for specific time that the doctor signs the form.

There was discussion about Personal Health Information (PHI) and that the Commissioners need some identifier to track the same child. Julie Slabaugh said that would be the exception to HIPAA as required by law to have an identifier such as the admission number. The review of reports are always in the closed session, so she thinks Commissioners are entitled to something. Ms. Rivas will put a letter together to the hospitals requesting that they do not redact the admission number. Commissioner Hunt thanked Ms. Rivas for bringing this forward. It is very helpful. He would like to bring it to the adult meeting as well because he does not think there is anything like this on that side.

Commissioner Hunt asked about forms reviewed by the Commissioners that are sent back to the facilities. He asked what the process is for a cover letter to the hospitals with the forms. Ms. Rivas responded that unless a Commissioner specifically takes an opportunity to pull out the form and give her clear direction she does not put it forward for the chair to send back for a cover letter. Over the last ten years she has been doing this, once we set up the criteria there are Commissioners that put sticky notes on the forms and they say what they want to be done and

those are sent back with a cover letter from her saying this is the response from the Commissioner and let them know there was some feedback and that is the extent of it.

There was discussion about the best way for Commissioners to do that to make it easiest for Ms. Rivas and DCFS staff. Ms. Rivas said DCFS reviews every report that comes back from the Commissioners and we put it in our database with notes and then send it back if it needs to be sent back. The sticky notes work for Ms. Rivas. She sends all of the reports back to the agencies once they are put in the database as reviewed by the Commissioners. If there are specific comments that the Commissioners make that they identify, then we send them back with the letter - that these have been reviewed by the Commissioners and this was their concern. Chair Kinnikin asked if it would be helpful for Commissioners to state something more specific about their concern. Ms. Rivas asked if we give the hospitals feedback, what would the Commission like the facilities to do?

There was discussion about having more of a tracking system of concerns. The reports are kept in an ACCESS database. Commissioner Durette asked if the records could be sorted by facility and then you have individual comments. A comments field will have to be added to the database.

Commissioner Hunt said the other thing would be for Commissioners to look at the letters that go out periodically. Maybe look at them once/year. Ms. Rivas said she could track the letters.

- **TRENDS REPORT.**

DCFS put together the following reports:

- Total Forms Received by Program since 2010.
- Summary of Incidents between 7/1/14 and 6/30/15.
- Report on the Frequency of Restraints for DCFS Children's Mental Health Treatment Homes July 2014 through June 2016

Following were Commissioner comments and questions about the reports:

- Commissioner Durette asked what the totals of acute beds per facility are on the Summary of Incident report. Ms. Wooldridge responded we can get that information from DHCFP and Ms. Rivas will get it for next time including the number of beds in 2014 and 2016.
- Commissioner Lefforge suggested it is important to consider the population served by each facility for comparison. Are there any benchmarks by population bed by bed? Ms. Rivas can do some research on it.
- Chair Kinnikin said since you are looking at several different components you would want to know the population, number of beds, and national stats on those particular things, what they have for seclusions and restraints.
- DCFS staff clarified that there are five Oasis treatment homes and four Family Learning Homes. Mr. Gustafson said he can check on what the spikes in incidents had to do with – i.e. if it was one particular youth. Programs have to be changed along the way for

children in regards to expectations and reinforcements to insure their success in the program.

7. OPEN MEETING LAW TRAINING.

Susanne Sliwa introduced herself and Julie Slabaugh as the Senior Deputy Attorney Generals who represent the Commission. They came from Carson City to meet the new Commissioners today. They were asked to give a presentation on Open Meeting Law (OML) to make sure the Commission follows it. There is a power point handout in the meeting material for today. OML is found in Nevada Revised Statutes (NRS) Chapter 241. OML is to make sure public bodies are transparent so the public can know what the public body is doing.

This presentation included information on quorums, agendas, conducting business, committees and subcommittees, actions, and public comment.

Some important points and questions:

- There is some debate over whether a meeting can be convened without a quorum in order to just have discussion. Ms. Sliwa recommends against it because you run a greater chance of violating the OML.
- If the Commission wants something to take place it should take action with a motion and second and a vote. If you have a **request** of staff, you could take an action, but it is not absolutely necessary. The letter to the Governor, policies, and setting up subcommittees require action.
- If the Commission wants to approve the letter that Ms. Rivas will write to the hospitals, it could designate Ms. Rivas to write the letter and designate Chair Kinnikin to approve it. Or you could give each Commissioner who has the concern the authority to approve their particular letter. It is up to the Commission how it wants to do it. You could also say we request you send these letters. That would not require the letter to come back to you for approval.
- Members cannot be involved in any type of private Commission related discussion after the meeting is over.
- Cannot do serial emails. Never hit “reply all”. This is key.
- Bodies such as the Commission can have committees and subcommittees. They are public bodies for open meeting law. There has to be a quorum. Meetings need to be agendized and posted and the agenda followed at the meeting.
- One exception for subcommittee is if it is only fact finding but that is generally not the case.
- A summary of public comment should be included in the minutes.
- Minutes should identify who speaks and what the content is in addition to the action. A brief summary with highlights is okay.
- Closed session items must be agendized.

- This Commission has specific statute that the meeting can be closed to review and discuss specific seclusion and restraint reports, however, the general subject or general procedures for seclusions and restraints has to be on the public meeting agenda.

8. MEDICAID UPDATE AND CHANGES

- **UPDATE ON POLICY TO MAKE TREATMENT PLANS EASIER FOR PROVIDERS.**

Alexis Tucey of the Division of Health Care Financing and Policy (DHCFP) provided three handouts which included 1) The Medicaid Services Manual on Documentation, 2) A power point presentation on the draft policy, and 3) A draft of the Individualized Treatment Plan.

DHCFP is looking at combining the treatment plan and the rehabilitative health treatment plan and have streamlined it into one plan. They developed it into a true individualized treatment plan. Ms. Tucey reviewed the proposed changes.

If there is feedback please contact her since they are in the process of finalizing that and putting it into internal review process which would go to public hearing.

9. 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.

Kevin McGrath reported the following:

- a. DCFS received the notification of grant award for Fiscal Year 2017.
- b. All DCFS SOC positions have been hired except for one. Should have everybody on board in the SOC working by the end of this month.
- c. All the workgroups are up and running. The workgroups are Governance, Provider Standards/Evidence Based Practices, Special Populations and Communications. Chairs and Vice Chairs were elected and the workgroups are actively working on the strategic plan and communication plan.
- d. All of the sub grants have submitted a scope of work for FY 2017. Some sub grantees are seeing clients.
- e. DCFS is completing a Request for Proposal for day treatment. It will probably be early next year before it comes out. This is a long process.
- f. Sub grantees are required to submit national outcome measures for SAMHSA.
- g. Children's Mental Health Initiative (CMHI) Tool is due to roll out within the next two weeks. We will conduct training on that measure. The CMHI tool is a requirement for every SOC grant in the country. The national outcomes measures are a requirement of every SAMHSA grant.

- h. Readiness implementation measures we sent out. The document on those for the three counties we have received in draft form. When completed we will make sure they go out to everyone.

Who can attend the training? The training is designed for providers who will complete the evaluation tools. But anyone can attend if they want to learn more about the tools.

10. TRACK FUNCTIONAL OUTCOMES OF AGENCIES.

Ryan Gustafson reported the following:

- State agencies have for some time been using the CAFAS to track functional outcomes. We are in the process of shifting to Child Adolescent Needs and Strengths tool (CANS). We have arranged for CANS training as well as getting the CANS into the state's mental health electronic medical record. The training will be in Reno on September 22, 2016. There are some slots available at this time. The training is on the Nevada Partnership for Training website. September 23, 2016 is a follow-up for folks that is more of a train the trainer. We cannot train our staff in it but it gives those who want more expertise.
- CANS certification needs to be done once year. Can do in person or online for \$10.
- Also working on getting another training in CANS sometime this fall in Las Vegas.
- Other tool we are collecting that has some elements of functionality is the NOMS that goes into the Trak system that goes back to SAMHSA and tied into the SOC grant. We started to collect that information as we have had some providers on board with the grant.

One of the handouts for the meeting today was from Commissioner Durette in which she suggested the Commission consider tracking functional outcomes. She recommends the Commission discuss the pros and cons of the various options for collecting information and compiling statistics to evaluate progress made toward improving quality as well as Nevada's future needs concerning mental health services. Her email includes broad types of data to be considered.

Mr. Gustafson said for some years DCFS has measured its outcomes through the CAFAS and surveys. DCFS also created an annual Descriptive Study that breaks down most of the things that Commissioner Durette referenced in her email. DCFS could provide that to the group. It is done on an annual basis, not quarterly. Commissioners agreed that would be helpful.

There was discussion about why Mojave is still reporting to the Commission and whether they should no longer submit a report or whether other agencies should be added. Ms. Slabaugh checked the Commission's duties in the NRS and they are stated very broadly. The Commission could request reports from various entities but she does not know that the Commission has the power to enforce that request. It would be voluntary for agencies to submit the information unlike the Seclusion and Restraint reports.

Chair Kinnikin would like to look at how the information could be more useful. Ms. Slaubaugh suggests Commissioners line item exactly what information they want before it sends out a request.

Next steps for this item:

- Request DCFS staff provide the report that includes the data elements prior to the next meeting.
- Agendize the item for the next meeting for discussion.
- Approve the adoption of the template to be used by agencies.

Commissioner Lefforge agrees that the agency reports the Commission is receiving are minimally useful. If DCFS is gathering the data for the report, then somehow it is tracking it on a more regular basis in a less summarized form. Maybe there are some easier numbers to put into the agency reports Commissioners receive. It would be better to have some of the other elements we are talking about. She does not want to add a mountain of work for anybody, but if DCFS is gathering information to do that annual report, are there some easy numbers to put into these reports we get on a quarterly basis that are more helpful than what we currently have?

Mr. Gustafson said the data collected for the Descriptive Study is collected on all of the youth served across mental health programs. Ms. Rivas can send it out to the group. The Fiscal Year 2015 report is already done. The Fiscal Year 2016 report is being finished now. The format is the same, the data is different. Ms. Rivas will send that out to the group.

Ms. Wooldridge said DCFS has a Data Book on its website and it is updated monthly. It has statistics for each DCFS program - Child Welfare, Juvenile Justice, and Children's Mental Health. The statistics are pulled for the DCFS budget and other reports. It is located on the front page of the DCFS website on the right-hand side. She is looking at re-doing it to have more useful information. If Commissioners have any ideas of more helpful information, please let her know. She wants it to get it restructured before the Legislative Session.

Commissioner Lefforge does not think it would be too hard to transition into a more useful quarterly report. Ms. Wooldridge agreed.

The Data Book does not cover anything for rurals except the Wraparound in Nevada (WIN) program. Rural Clinics are under the Division of Public and Behavioral Health.

Commissioner Durette would like to know how many clinicians there are to serve the number of youth reported on. Ms. Wooldridge thinks there are 125 vacancies. It is easy to report quarterly. It changes so frequently. Ms. Wooldridge can add something that says the number of clinical positions for each area.

Chair Kinnikin asked if Commissioners want to look at information DCFS has at the next meeting and use that to determine what it wants to request. The consensus was that they do. They will also have to decide about whether to take Mojave off or add everyone else. Mojave is a non-profit connected to the School of Medicine but there is no public funding. Commissioner Hunt would like to see more information flowing in as opposed to less.

For the next meeting, this will be one agenda item with two reports to discuss – the annual Descriptive Study and the DCFS Data Book.

11. APPROVE THE 2017 COMMISSION ON BEHAVIORAL HEALTH MEETING SCHEDULE.

MOTION: Pam Johnson moved to approve the proposed Commission on Behavioral Health schedule for 2017.

SECOND: Lisa Durette.

VOTE: Motion passed unanimously

12. ANNOUNCEMENT

None.

13. DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

- Track Functional Outcomes of Agencies.
- Gaps Analysis/Needs Assessment.
- Reports from the Regional Consortia.

14. PUBLIC COMMENT

None.

15. ADJOURNMENT OF PUBLIC SESSION

Chair Kinnikin adjourned the public meeting at 10:30 am.

Ms. Slabaugh said no motion is needed for adjournment.