COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
JANUARY 13, 2017

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 (by phone)

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:
Lisa Durette
Viki Kinnikin, Chair
Noelle Lefforge
Asma Tahir

COMMISSIONERS ABSENT:
Thomas Hunt
Tabitha Johnson
Lisa Ruiz Lee

STAFF AND GUESTS:
Ryan Gustafson, Division of Child and Family Services
Kathy Mayhew, Division of Child and Family Services
Linda Guastella, Division of Child and Family Services
Shylo Endris, Division of Child and Family Services
Julie Slabaugh, Deputy Attorney General
Alexis Tucey, Division of Health Care Financing and Policy
Cara Paoli, Aging and Disability Services Division
Charlene Frost, Nevada PEP
Courtney Johnson (by phone), Health Plan of Nevada

CALL TO ORDER AND INTRODUCTIONS
Commissioner Kinnikin called the meeting to order at 8:37 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 Lefforge moved to accept the minutes from the September 15, 2016 meeting.
SECOND: Commissioner Tahir.
VOTE: The motion passed unanimously.

MOTION: Commissioner Durette moved to accept the agency reports presented for this meeting.
SECOND: Commissioner Jackson.
VOTE: The motion passed unanimously.

4. UPDATE ON DESERT WILLOW TREATMENT CENTER
Ryan Gustafson of DCFS reported:
The plan for Desert Willow Treatment Center (DWTC) that was submitted within the DCFS budget was to consider and propose a reduction of the size of the facility from 58-beds, 5 units to a 20-bed (10 acute beds and 10 RTC) 2 unit facility. This was put in place because we had to submit budgets with a 5% reduction. The other reason is that DWTC for many months or years has been running on a lower census than 58 children. One primary reason is because DCFS had to keep a couple of units closed because it cannot maintain the proper staffing levels. We are waiting for the official Governor's Recommended Budget. If it carries through and approved at the Legislature, DCFS would look and working with outside providers to see if there was an interest in taking over units or the entire building which is less than 20 years old. DCFS might have some interested parties coming in and opening it up for residential beds. There will be a lot more to talk about this once the Legislative session starts. We will have to see how the Affordable Care Act (ACA) affects our children and what that will look like. The idea is that DCFS will be more a safety net rather than primary provider within the state.

Dr. Durette asked about the talk at one time to put those 20 beds at SNAMHS. She asked if those two units would stay on the DWTC campus or if they would be physically moved.
Mr. Gustafson responded that within the proposal is a proposed move to the Rawson-Neal Hospital. What we have seen with SNAMHS, particularly at the Rawson-Neal campus is that they have seen an ongoing decrease in their census. Their units (pods) are all being used but they can reduce the pods. There is a pod that has separate access. We would be in a separate building off from the rest of the hospital. A lot of private hospitals have youth and adults in the same building.

5. DISCUSS AND IDENTIFY THE TRACKING OF FUNCTIONAL OUTCOMES OF AGENCIES INCLUDING REVIEWING THE DCFS DATA BOOK AND DESCRIPTIVE SUMMARY OF DCFS CHILDREN'S MENTAL HEALTH

Kathy Mayhew reported that every year DCFS does a study that shows who it served, how many people it served and demographic characteristics. In the back of the document is an appendix that has the numbers easier to look at. She reviewed portions of the Descriptive Study.

Currently DCFS uses the Child and Adolescent Functional Assessment (CAFAS). DCFS is switching to the Child and Adolescents Needs and Strengths (CANS) as our measure of functioning. We are working on getting everybody trained in our agency and outside on the CANS. We need to find out from Dr. Lyons, the originator of the CANS, the parameters around SED and also determining intensity. We would like to advocate with Medicaid that we drop some of the other measurements and use the CANS.

Ryan Gustafson said DCFS is moving to using the CANS because we recognize it is a much more accurate measurement. It takes longer to do and it is a lot more detailed. Moving forward we will have a much more accurate scoring system and representation of where we are at in working with kids to increase their function.

Commissioner Lefforge asked why numbers in the report show that most agencies reported about 50 percent are achieving significant improvement. Why is the other half of the population being discharged when there is no clinical improvement? Mr. Gustafson responded that clients leaving the program prematurely accounts for a significant percentage of those children. The state plays the role of the provider of last resort. There are a variety of reasons, but year after year we can see a good chunk of families leave because they have moved or decided they do not want services, or changed their insurance and wanted to see someone else.

Dr. Durette asked if DCFS keeps data on types of discharges. Ms. Mayhew responded that DCFS does keep that information, but she would have to see how well it is captured in AVATAR. If we do not have it we can put it on the intake form and capture it at discharge, or something similar.

Commissioner Tahir asked about a statistic in the report showing that suicide attempt-threat at admission has increased and there is no age range. Ms. Mayhew believes Mobile Crisis has something to do with the increase since they are helping to detect this problem in adolescents. She will make note of that for the next report. Chair Kinnikin believes that almost all of the problems at admission which increased were reflective of society.

Ms. Mayhew is open to any other feedback about the report.

Commissioner Tahir asked what Wraparound is. Ms. Mayhew responded it is DCFS' intensive targeted case management program that serves youth in the north, south, and rural areas. It is psychiatric case workers who serve in a role of Wraparound facilitators providing that intensive case care coordination. The program was originally working with Child Welfare youth looking to

achieve permanency for those youth, but it was expanded to work with parental custody youth, and youth in the juvenile justice system.

Commissioner Lefforge said the information is very helpful. She said the numbers indicate that Mobile Crisis (MC) is working better in the north than in the south. Mr. Gustafson said Mobile Crisis is a new program. When the program started one of the goals was to ease the hospital diversion rates. Youth getting backed up in emergency rooms was a significant issue in the Las Vegas area. With Mobile Crisis we are able to do intensive services and an on-the-spot crisis assessment and determine if hospitalization was needed. Based on the hospital diversion rate, we have actually seen more success in Las Vegas than in Reno. There has been an 85% diversion rate in Las Vegas. MC was able to keep over 8 out of 10 youth in their homes with a good safety plan. The north is about 10% less than that. We have more up-to-date information.

Kathy Mayhew said the DCFS Data Book includes information about Child Welfare, Youth Parole, and some of the Children's Mental Health statistics. Commissioner Lefforge noted that the charts from page 63 and on were interesting. Commissioners have been asking to see this kind of comparison of the wait list to see how many were being served. It was helpful to see these breakdowns.

Commissioner Lefforge asked if DCFS has translated the diversion rate into financial savings. Mr. Gustafson said this is something that is being looked at. DCFS is also looking at that with MC doing assessments, youth are being identified and there may be more need for hospitalization. The referral source from the north has been more the schools, where in the south it is more from the hospitals. The schools are doing a better job with safety planning with youth who are presenting as suicidal.

Dr. Durette asked based on some numbers in the Data Book, if DWTC reduces its beds we could have a lot of youth who potentially will have to go out of state. Mr. Gustafson said DCFS has not seen the census jump back up after a sentinel event. The census yesterday was 21 children hospital-wide. The census has ranged from 17-24 children and there has not been a jump back to previous levels. Sending youth out of state is the last thing we want to do. If the reduction at DWTC gets approved at the legislature, we will make significant efforts to have a company take it over. Then there would be a net positive of beds if we have our 20 over at Rawson-Neal. Ideally it would be nice to have each of the units at DWTC working with a specialized population of youth.

Chair Kinnikin said there was a lot of good information and some that could be included in the Commission's letter to the Governor.

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

- **UPDATE OF TRACKING PROCESS.**

- **UPDATE AND APPROVAL OF WRITTEN LETTER TO BE SENT TO PROGRAMS FROM CHAIR OF THE COMMISSION REGARDING LOGISTICS OF SUBMISSION OF SECLUSION AND RESTRAINT FORMS**
- **NEVADA INPATIENT FACILITY INFORMATION**

Documents regarding the above items were distributed at this meeting.

Suggested changes to the Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights form:

- Commission Durette. Under **Chemical Restraint.** Leave a larger box and change Medication Administered to Medication(s) Administered. Add 'Medication Dose' Leave space for more than one medication.
- Ryan Gustafson suggested that N/A in this box be moved to the top right of the box.
- Alexis Tucey suggested that under **Mechanical Restraint**, there be a line to indicate the mechanical restraint type if the "other" box is checked. The Commissioners concurred with this.
- Ryan Gustafson suggested the N/As on the form under each category should all be moved over to the top right-hand side and an N/A should be added to the **Physical Restraint** section.
- Ryan Gustafson suggested moving all of the N/As over to the top far right. If they were all over on the top right-hand side it forces the issue for someone to check those.
- Dr. Durette suggested that the following Section headers be bolded or underlined: Seclusion, Mechanical Restraint, Physically Restrained, and Chemical Restraint.
- Ryan Gustafson said there is no FLH 5 and this could be removed.

MOTION: Commissioner Durette made a motion to accept the letters that were presented today.
SECOND: Commissioner Lefforge.
VOTE: The motion passed unanimously.

Commissioner Lefforge said the Commission has made a lot of progress in terms of the overall tracking. The last step would be to make sure we keep track of the feedback we are accumulating and requesting some sort of response. We cannot keep sending the same feedback to an agency. At some point she would like to hear back from them about what they are doing about it.

Chair Kinnikin said in the past we have invited representatives from the facilities personally and we are free to do that. She thinks their experience was positive. She suggests adding onto the procedures a report to the Commission every quarter. This would include how many were sent and did we get any response. This would allow the Commission to determine whether it needs to invite anyone to attend a meeting.

7. DISCUSS AND DETERMINE MECHANISM FOR 2013 BYLAWS UPDATE

Chair Kinnikin said the Commission does not have a Co-Chair. She asked what the process is to nominate, elect and draft a Co-Chair.

Julie Slabaugh said in the past there have been nominations from the Commission and the Commission has then voted on it. The Commission can ask for volunteers.

Chair Kinnikin said the Commission also needs to think about a Chair because her term will be coming to an end.

Ms. Slabaugh said the bylaws state that "The Chairperson and Vice-Chairperson of the Commission shall be elected at the Commission's first annual meeting of all even numbered years." If the Commission meets before that she believes it can hold other elections. The Commission generally asks for volunteers or they have been nominated and voted on.

Chair Kinnikin asked Commissioners to think about a Chair to replace her because she cannot serve on the Commission for more than two 4-year terms. A new Chair will need to be elected in 2018.

Chair Kinnikin asked if anyone would like to be Co-Chair. Commissioner Lefforge said she could do it. This will be placed on the agenda for the next meeting.

Suggested corrections to the Bylaws:
Bylaws state the Commission shall have two standing subcommittees. There are some corrections needed on page 2. Names of people. We are supposed to have two sub-committees. The System of Care is one of the subcommittees and the one for the letter of the Governor is the other one. We have not had much contact with the other organizations that are on page 2. Chair Kinnikin has been to a couple of the Mental Health Planning & Advisory Council meetings. She has not had much contact with the Co-occurring Disorders Committee. Someone indicated that Lesley Dickson is still on the Co-occurring Disorders Committee. Capa Casale is no longer the Chair of the Child State Plan Subcommittee. The Chair is now Pam Johnson. This is the SOC Subcommittee.

The Mental Health Planning & Advisory Council (MHPAC). Ms. Slabaugh believes Renee Morris is still the Chair of this Council and they still hold meetings. They do not notify Chair Kinnikin of their meetings. Ms. Mayhew said it is the Behavioral Health Planning and Advisory Council. They look over the Block Grant. The next meeting is on January 19, 2017 at 9:00 am.

Ms. Slabaugh said the Council is a requirement of the Block Grant. She believes there are more than 20 members which includes family members and consumers.

Charlene Frost recommended that on the first page of the bylaws considering under Co-Occurring Disorders Committee and Nevada Child Behavioral Health Consortia instead of

having the bill numbers, changing them to the actual NRS numbers these are under now. Ms. Slabaugh will send it to Laura Adler. It is under the formation of the commission. The Chairs of the individual Consortiums need to be updated.

Jackie Harris is the Chair of the Nevada Children's Behavioral Health Consortium. Dan Musgrove is the Chair of the Clark County Children's Mental Health Consortium. Carol Broersma is the Chair of the Rural Children's Mental Health Consortium. Chris Empey is the Chair of the Washoe County Children's Mental Health Consortium.

Chair Kinnikin said an agenda item for the next meeting will be to discuss and revise the bylaws.

8. MEDICAID UPDATE AND CHANGES

Alexis Tucey reported:

- The REACH program was approved by the Centers for Medicare and Medicaid (CMS). It went to the Board of Examiners in December, 2016. They had some additional questions regarding the budgeting. The Division of Health Care Financing and Policy (DHCFP) has taken it back and answered questions and has received no additional feedback yet.
- Targeted Case Management. DHCFP held a workshop on December 22, 2016 regarding non-SED and non-SMI target groups. They proposed changing the service limitations to those target groups. There will be a public hearing on February 22, 2017. The agenda has not been posted yet.
- The Certified Community Based Health Centers (CCBHC). Nevada was one of the eight states awarded the two year demonstration grant. They are moving quickly with this and have the four selected prospective clinics which need to get fully certified. The end of June should be the go-live date for CCBHC to begin billing. The four clinics are New Frontier (Fallon), Vitality (Elko), Bridge Counseling (Las Vegas), and West Care (in southern Nevada with a satellite site in Reno). All four are currently Medicaid providers and they will expand their services either within their clinics or contracts.
- Town Hall meetings are scheduled to go over the Managed Care options that will be presented to the Governor and the Interim Finance Committee (IFC) and Legislature in regards to the potential options. The proposals are based on Town Hall meetings from the last year. Look at the DHCFP website and go to public notices, and go to the link. It will list dates for public meetings and workshops. Ms. Tucey strongly encourage viewing the recommendations and to give any potential feedback. Ms. Tucey will find out if there are any more meetings and she will send the information to Ms. Adler to let the Commissioners know.
- Also on the website there is a link for the MCO Expansion. They should be posting everything including the actual presentation.

9. UPDATE, DISCUSSION, AND POSSIBLE ACTION ON THE CHILDREN'S SYSTEM OF CARE (SOC) BEHAVIORAL HEALTH SUBCOMMITTEE

Ryan Gustafson gave an update:

- DCFS has submitted to SAMHSA all information for the continued application for the carryover of funds request.
- Sub grantees have been in training and started working on the utilization review with data collection starting this month.
- The Strategic Plan is updated and on the DCFS website. We want to keep it updated every month. We made some significant adjustments and added a column that outlines the progress.
- Working on getting the Communication Plan updated and put on the website.
- The gaps analysis was completed and is on the website. We are working on a condensed version.
- The Wraparound in Nevada (WIN) roll-out using NOMS was January 1, 2017. We are utilizing WIN for the entities that do not have targeted case managers identified within their sub grant.
- Finished first official RFP which is Apple Grove in Las Vegas for day treatment. They are looking at accepting children by February 15, 2017.
- The SOC retreat is scheduled for January 27, 2017 in Reno. We will have a SAMHSA Technical Assistance staff presenting.
- Governance Workgroup is working on policies, SOC values. The Hi-Fidelity Wraparound policy is on hold. We are trying to get a plan in place to get Wraparound more official coaches and get some of our folks nationally certified. A lot of fidelity tools were updated.
- Provider Standards Workgroup Service array and Evidence Based Practices list is being updated to include where, who, how they are being trained, and how it is currently funded. We will make adjustments based on the gaps analysis that just came out.
- Special Populations Workgroup. In the north working on a pilot model that mimics the Building Bridges model for the Juvenile Justice population to prevent the out-of-state placements. Looking at next month to be a roll-out time for a small pilot project.
- Communications Workgroup. The SOC logo and pamphlet were completed and presented to the subcommittee. Trying to get some more uniform looking materials throughout the state. Working on ideas for the website and newsletter.

Commissioner Lefforge asked if the ENLIVEN program is part of the SOC. Mr. Gustafson responded they are. Their grand opening in Las Vegas is January 20, 2017 from 2-3:30 pm. There was significant emphasis on identifying the First Episode Psychosis population. They have been doing good things in the north and are maxed out. They are only equipped to have a small caseload of youth, but it is intense work they are doing.

Commissioner Durette said that UNLV psychiatric Fellows will work with this program. Mr. Gustafson said the ENLIVEN program in the north had some hours with the Fellows from UNR

and a DCFS psychologist spends one day each week doing some clinical consultation. It has been a good community-wide partnership. ENLIVEN is handling around 20 youth in Reno and expects them to start with similar numbers in the south and they will scale to need.

10. ANNOUNCEMENTS

None

11. DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS

- Reports from the Regional Consortia on their 10-Year Update Plan.
- Discuss and revise the bylaws.
- Vote to approve Commissioner Lefforge as Co-Chair of the Commission on Behavioral Health.
- Commissioner Lefforge thinks it might be useful to talk about some of the things going on towards mental health board consolidation. There are a few bill draft requests being put forward that are trying to consolidate some of the mental health boards. Commissioner Lefforge will put something together for this. There are pros and cons and gaps. It is worth this Commission weighing in on this.
- Approve modifications to the Seclusion and Restraint form that were requested by the Commissioners.

12. PUBLIC COMMENT

None.

13. ADJOURNMENT OF PUBLIC SESSION

Chair Kinnikin adjourned the public meeting at 10:15 am.