

**COMMISSION ON BEHAVIORAL HEALTH  
DIVISION OF CHILD AND FAMILY SERVICES  
MARCH 16, 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, 3<sup>rd</sup> 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 (by phone)

Thomas Hunt

Tabitha Johnson

Viki Kinnikin, Chair

Noelle Lefforge

Lisa Ruiz-Lee

**COMMISSIONERS ABSENT:**

Asma Tahir

**STAFF AND GUESTS:**

Ryan Gustafson, Division of Child and Family Services

Kevin McGrath, Division of Child and Family Services

Kathy Mayhew, Division of Child and Family Services

Megan Freeman, Division of Child and Family Services

Linda Maxwell, Division of Child and Family Services

Julie Slabaugh, Deputy Attorney General

Alexis Tucey (by phone), Division of Health Care Financing and Policy

Carol Broersma, Rural Children's Mental Health Consortium

Dan Musgrove, Clark County Children's Mental Health Consortium

Chris Empey, Washoe County Children's Mental Health Consortium

Cara Paoli, Aging and Disability Services Department

Eddie Ableser, Aging and Disability Services Department (by phone)  
Tara Borsch, Boys Town

### **1. CALL TO ORDER AND INTRODUCTIONS**

Commissioner Kinnikin called the meeting to order at 8:40 A.M. Roll call is reflected above; it was determined that a quorum was present.

### **2. PUBLIC COMMENT**

Commissioner Kinnikin called for public comment.

Tara Borsch with Boy's Town expressed a concern in regards to the Boy's Town Behavioral Health Clinic. There is a need for psychologists. There are several insurances saying their panel is closed for psychologists. This is a concern since there is a barrier for mental health services for children in Nevada. She asked if anyone had feedback on this. Aetna, Blue Cross/Blue Shield and Amerigroup have said their panels are closed, and there are struggles with HBI. Boy's Town has a lot of referrals with those panels being closed. People with those insurances are saying they are struggling to find a psychologist.

Chair Kinnikin asked Alexis Tucey who would be able to address this with managed care. Ms. Tucey said the regarding the panels the justification can be found with the managed care organizations. DHCFP cannot force the managed care organizations as long as they can demonstrate that they are providing the appropriate access to care. There are two managed care organizations coming on board.

Dr. Durette noted that when contracts are made around community standards, not availability and access, it is a fallacy. This might be something that should be addressed by the Commission in the letter to the Governor.

Alexis Tucey recommended formalizing language around the managed care contract, and giving it to her, or contacting Tammy Ritter of DHCFP who oversees the managed care contracts. She suggested including specific examples of those who have tried to enroll with a managed care organization and were denied.

Commissioner Lefforge said the Commission should gather as much data as it can on who is having this problem and who it is affecting and get it to Ms. Tucey to bring to contract negotiations.

Julie Slabaugh said the Commission cannot go too much into this today because it is not agendized, but the individual Commissioners can draft something on their own and send it to Ms. Tucey or Tammy Ritter but not as an action of the Commission.

### **3. ACTIONS TO BE RE-DONE DUE TO INADEQUATE POSTING OF THE JANUARY 13, 2017 MEETING AGENDA UNDER OPEN MEETNG LAW.**

- **APPROVAL OF MINUTES FROM SEPTEMER 15, 2016**

MOTION: Commissioner Lefforge moved to accept the minutes from September 15, 2016.

SECOND: Commissioner Ruiz-Lee.

VOTE : The motion passed unanimously.

- **APPROVAL OF AGENCY REORTS – NNCAS AND SNCAS REPORTING PERIODS AUGUST THROUGH NOVEMBER 2016**

MOTION: Commissioner Hunt moved to accept the agency reports.

SECOND: Commissioner Lefforge.

VOTE: The motion passed unanimously.

- **APPROVAL OF LETTERS TO FACILITIES**

MOTION: Commissioner Lefforge moved to approve the letters to facilities.

SECOND: Commissioner Ruiz-Lee.

VOTE: The motion passed unanimously.

#### **4. CONSENT AGENDA**

##### **APPROVAL OF MINUTES AND AGENCY REPORTS – CONSENT AGENDA**

MOTION: Commissioner Tabitha Johnson moved to accept the consent agenda from the January 13, 2017 meeting.

SECOND: Commissioner Ruiz-Lee.

VOTE: The motion passed unanimously.

#### **5. VOTE ON COMMISSIONER LEFFORGE TO SERVE AS VICE-CHAIRPERSON OF THE COMMISSION ON BEHAVIORAL HEALTH**

MOTION: Lisa Ruiz-Lee moved to approve Commissioner Lefforge to serve as the Vice-Chairperson of the Commission on Behavioral Health.

SECOND: Tabitha Johnson.

VOTE: The motion passed unanimously.

#### **6. PRESENTATION OF REPORT REGARDNG THE STATUS OF THE LONG-TERM STRATEGIC PLAN FROM THE REGIONAL CONSORTIA.**

Dan Musgrove, Chair of the Clark County Children’s Mental Health Consortium (CCCMHC) reported on the CCCMHC 10-Year Strategic Plan 2017 Status Report which was distributed for this meeting. He reviewed the short-term service priorities and where they stand.

Carol Broersma, Chair of the Rural Children’s Mental Health Consortium (RCMHC) reported on the Nevada RCMHC Annual Progress report for Ten-Year Plan which was distributed for this meeting.

Chris Empey, Chair of the Washoe County Children’s Mental Health Consortium (WCCMHC) reported on the WCCMHC Summary of the Annual Plan 2017-18 which was distributed for this meeting.

Commissioner Durette said from the three reports she heard that there are problems in all three areas of Nevada of children potentially being sent out of state for treatment. She asked how it can be reconciled with the proposed change with Desert Willow Treatment Center in Las Vegas, as it would shrink the number of residential beds.

Ryan Gustafson responded that the initial reason for the Desert Willow reduction in beds was that DCFS had to look at having a 5% budget cut. The census at Desert Willow has been low for a significant amount of time. It has not operated as a 58-bed facility for years. It is more like 30 beds. Desert Willow has a wait list and cannot staff the facility, especially with nurses and mental health technicians which are the two most difficult positions to recruit and maintain. Desert Willow takes the youth other facilities in Clark County and out-of-state say no to and DCFS has put one-on-one staffing for those youth. The census has been floating around 15 over the last six months. We cannot care for the youth with high needs with our current staffing issues.

Mr. Gustafson said Kelly Wooldridge, DCFS Administrator has toured the facility with a number of entities, and is now aligning with the Federally Qualified Health Centers to look at options to provide whole health services. She could talk more specifically about the services they could offer. The goal is DCFS would have oversight of the facility, and a net positive in beds.

Q: Commissioner Durette asked of the barriers to staffing are mainly due to the pay.

A: Mr. Gustafson responded that pay is probably the biggest issue. Other issues are because professionals know Desert Willow serves the most severe youth with the most complex needs. Another factor could be the shifts (graveyard). Half of the nursing staff is currently contracted. Dr. Durette stated that Desert Willow is potentially a great teaching facility and it would be good to capitalize on the potential. Mr. Gustafson does not disagree with this.

Q: Commissioner Ruiz-Lee asked if the intent is to partner with, for example, a First Med to create a residential treatment program. Is the state trying to privatize it?

A: Mr. Gustafson said it depends on what entity comes in. DCFS has talked to a couple of entities so far about the facility, but nothing is set in stone. At a legislative hearing last week there were comments from legislators specifically tied to issues DCFS has had with privatizing facilities in the past.

Commissioner Ruiz-Lee said she appreciates the proposal by the state regarding Desert Willow and she has reservations and concerns about the true need for those services and how that need will be met.

## **7. REVIEW AND APPROVE DCFS CHILDREN'S MENTAL HEALTH POLICIES**

- **Limited English Proficiency Policy**

Mr. Gustafson said DCFS already had the information in this policy in practice, but DCFS needed to get it into an up-to-date policy. We have had situations in the past where we do not necessarily have folks who can speak a language other than English in our facilities. DCFS has

options and contracts in place to use language assistance services and telephonic services for therapy.

Commissioner Lefforge said she was surprised the policy does not make clear that you would be using interpreters who would have training in behavioral health care services specifically, which is the standard of care to provide culturally competent care.

Chair Kinnikin asked when bi-lingual staff is being used, who is the staff member? Is it an administrative or clinical person?

Mr. Gustafson responded that DCFS has limited access to bi-lingual clinicians. DCFS has used administrative assistants in the past and recognizes that is not a great practice. We simply do not have clinicians who can speak languages other than Spanish. We are using Language Link which is more telephonic for translation services. We make efforts to not use someone who is not clinically trained.

Commissioner Lefforge commented that what the document refers to as “those who are qualified” should be articulated that they need to be qualified to translate behavioral health care services. That needs to be the minimum standard.

Chair Kinnikin said under D-Providing Written Translations, it is broad and general and she does not know what it is referring to.

Kathy Mayhew said DCFS sends documents such as forms, pamphlets and surveys out to be translated. Mr. Gustafson said it was intentionally stated vaguely because we want to be flexible since there are a wide variety of documents that are sent for translation at any point in time.

Ms. Mayhew stated that as we get more into the System of Care (SOC) and with cultural competency, DCFS will probably have more resources and technical assistance on what we can do to make things better.

Chair Kinnikin asked what languages notices would be posted in regarding E. Providing Notice to LEP Persons. Would it mainly be Spanish?

Mr. Gustafson said he believes the need by a significant margin would be signs from English to Spanish. If something else is needed DCFS can move forward and get that.

Mr. Gustafson is happy to make the recommended changes. These are good comments, specifically having translations done by people who are qualified in behavioral health.

MOTION: Commissioner Lefforge made a motion to approve the Limited English Proficiency Policy with the change.

SECOND: Commissioner Hunt.

VOTE: The motion passed unanimously.

- **Service Delivery Model Policy**

Mr. Gustafson said this is mainly an SOC policy. It is a response to DCFS making a move to make sure we are providing culturally competent, evidence based practices to the youth and families we serve. The policy talks about some of the implementation of the SOC not just in policy but discusses some of the services and financing strategies. It is a policy that outlines what DCFS is doing in the SOC and beyond. It is more about Nevada's vision about service delivery.

Kevin McGrath stated that there is another policy in development which talks more specifically about how providers will be using the SOC values and principles and about our relationship with our family partners at Nevada PEP. It is more detailed. This one is more an overarching SOC philosophy.

Commissioner Lefforge asked about on page 2 (3.) - "Redeploying funds from higher cost to lower cost services". She is concerned about this being stated so generally. We do not want to provide lower cost services if they are insufficient. She suggested it be stated as "...lower cost without compromising quality or sufficient care". Mr. Gustafson agrees this language could be tweaked. **DCFS is constantly looking for the best services for the best value that will be the least restrictive and offer the most comprehensive services for youth in need in our community.** Commissioner Ruiz-Lee likes the way Mr. Gustafson stated this.

Chair Kinnikin asked about IV. B. Definition of EPSDT. She asked if behavioral health can be noted in this definition so people do not think it is just medical conditions. Mr. Gustafson responded this could be done.

MOTION: Commissioner Lefforge made a motion to approve the Service Delivery Model Policy with the two approved changes.

SECOND: Commissioner Ruiz-Lee.

VOTE: The motion passed unanimously.

## **8. DISCUSSION ABOUT MENTAL HEALTH BOARD CONSOLIDATION**

Commissioner Lefforge provided a power point handout about this agenda item. She said it was not necessary to spend a lot of time on this because some enthusiasm has waned on the issue since January. There was talk about a mental health board consolidation. One model was to take the existing boards and create an oversight board with representatives from each of the boards.

BDR 410, 157, or 351 have been translated into a bill as of Monday. She has heard that they are backing off from wanting to do this but there might be interest in having some additional oversight of the board.

SB69 was to give the Governor more oversight to expedite licensure when there is a need that has been justified. The bill was heard on February 27, 2017 but no action was taken.

Commissioner Lefforge reviewed the rationale for the board consolidation topic. There were concerns about the boards impeding the work force pipeline. In particular, in regards to the grant for Social Workers to be put into every schools, they had problems fulfilling that grant. There were also complaints about the MFT board. Nationally there have been concerns about board accountability. There were concerns regarding resources.

However, there was concern that consolidating the boards could lead to worsening of the situation including board licensure.

The Nevada Board of Psychological Examiners (NBOPE) has gone through a growth period and has agreed to act as a mentor to the other boards.

Kathy Mayhew said she hopes some help will be given to the MFT licensing board because she received notice of the increases to renew licenses. The cost to remain a supervisor will be very high.

Lisa Ruiz-Lee said the NBOPE has done a yeoman's job of improving processes, but the other boards have not been able to keep up. She is in favor of some oversight from the Department of Public and Behavioral Health in some way or fashion because there are issues of equitable resources. There has been no significant improvement even though audits have been done for years. There are still significant problems to be solved if we want to make a dent in the shortage of mental health workers we have in the state. She believes a first step would be how to streamline processes and provide the mentorship. There seems to be an unwillingness to partner to improve the system as a whole.

Dr. Eddie Ableser spoke about his experience with many different boards over the last 1.5 years in his two different capacities. He experienced frustration with the Social Work Board and their inability to be flexible with a whole host of issues that prevented the Social Worker school initiative from hiring qualified people from out-of-state or graduates or interns quickly enough to get them hired into schools. It resulted in a delayed roll-out of the program. He applied for his own Clinical Professional Counseling License in 2015 and it is finally coming up for action tomorrow. It has taken him over 1.5 years to get licensed in this state.

He believes that the situation could not get any worse and this is the reason for the need for legislative action. There is a bill coming out. It will move away from the conceptual of consolidated health board although he is for that. The bill should get to the heart of many of these issues. There are concerns at ADSD. They have a severe shortage of workers. We need to look at ways other states are bringing in behavioralists. He asserts as an agency they stand behind that something needs to be done to credentialing board for workforce to grow in Nevada. It is unacceptable with such a depleted workforce in our health and human services. He asked for the Commission's support for the ideas, actions, and help with language for better outcomes. Cara Paoli believes the BDRs are 410 and 157.

Commissioner Lefforge concluded that we need a solution that does not offset one of the other professions. We are 49<sup>th</sup> in the country for psychologists per capita. We do not want to make that even worse. The solution needs to take that into consideration.

## **9. MEDICAID UPDATE AND CHANGES**

Alexis Tucey gave the following report:

- As a follow-up to the last meeting, she got confirmation that there are no longer any Town Hall meetings for Navigant's proposal for statewide managed care organizations. The presentation has been posted online and we will see where the recommendation goes.
- They did a public hearing last month regarding policy changes to Target Case Management for non-SED and non-SMI populations. The changes are similar to what other states have utilized.
- Psychological interns are being added to Medicaid's enrolling qualifications for the qualified mental health professionals. It is an expansion of providers for Medicaid. However, interns and psychological interns not fully licensed may not act in the role of a supervisor.
- They are moving forward with the Certified Community Behavioral Health Clinics. They did an initial site review with the four prospective clinics -West Care, Bridge Counseling, New Frontier, and Vitality. It was a status check. There will be a certification visit in May and June for those clinics. They met with CMS and SAMHSA via teleconference with other states to see how things are going. CMS seemed impressed with what Nevada is doing. The clinics will go live effective July 1, 2017 as a CCBHC for the next 2 years.
- DHCFP has had a little restructuring of staff. There is a new person over Ms. Tucey's unit specifically for behavioral health and pharmacy. His name is Duane Young. This will be good new support in this arena.

## **10. UPDATE ON THE SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE.**

Kevin McGrath gave the following update.

- Sustainability email went out to sub grantees.
- Clinical tool being developed for use in reviewing sub grantees quarterly. SOC staff met with Pricilla Colegrove and Marian Henderson of DCFS/Grants Management Unit. They will do a fiscal risk assessment of each sub grantee and set up a schedule for onsite fiscal reviews. They will also assess any future contracts to help us determine if we can use a sub grant or an RFP.
- SOC AVATAR is online. Intake coordinators have been trained. There are currently 17 children in the SOC Avatar from north, 30 children from south, and 10 children from rural. The plan is to be able to use the SOC Avatar to document training of sub grantees, document clinical and fiscal reviews as well as caseloads of each sub grantee, and have document sustainability.
- SOS/ PEU/ PEP staff attended the Tampa SOC conference from March 4<sup>th</sup> – March 8<sup>th</sup>.
- Created a list serve to send policies and emails to stakeholders to review prior to workgroups.
- 2-1-1 system update continues. More input is needed on that.

- Most DCFS clinical staff and sub grantees have been trained in SOC values and principles, and in CLAS (Culturally and Linguistically Appropriate Services). Around 100 people altogether. More trainings are scheduled every month. New hires are trained as they come on board.
- Hired a clinical program planner I for new Quality Assurance staff.
- GAPs Analysis and RIMs are on DCFS website. RIMs summary is also on the website. Have rolled these reports in the workgroup goals.
- Proposed changes to workgroup structures are going to subcommittee.
  - Eliminate Governance
  - Provider Standards add Training
  - Special Populations add EBP
  - Communications Workgroup every other month

**Communications Workgroup:**

- Newsletter is completed and under review.
- An SOC website will be a page added to the current DCFS website.
- Pamphlet is ready for Subcommittee to review.
- Poster is ready.
- We are looking to use FACEBOOK and TWITTER for social marketing.
- Listservs are being developed.

**Special Populations Workgroup:**

- Data has been collected on out of state (OOS) placements. All OOS placements information was placed on one document.
- Conference call was held with Nurtured Heart staff and information was gathered on that program.
- SOC is now developing a final recommendation for out of state placements.

**Governance Workgroup:**

- Mala Wheatley of Pacific Behavioral Health presented a proposal for youth in transition rural program.
- Updating policy approval process to include additional DCFS reviewer.
- Discussing what type of wraparound agency we want to use in the future; care management agency or CMHI or CMHC.
- Continue developing of MOUs with Nevada Department of Education and Aging and Disability Services Department.
- Discussing funding and Medicaid options.

**Provider Standards Workgroup:**

- Workgroup approved SOC values and also CLAS policies. They will now go to DCFS managers.
- Working on billing & UR policy.
- Reviewing recommendations to DCFS administration on funding professionals at CFT thru waiver or amendment.

Commissioner Pam Johnson said there has been a lot of work done and she can see results.

**ACCEPT BOB WEIRES RESIGNATION FROM THE CHILDREN'S SYSTEM OF CARE BEHAVIORAL HEALTH SUBCOMMITTEE AND VOTE TO ACCEPT VICKI HERMAN TO REPLACE HIM.**

MOTION: Commissioner Hunt made a motion to accept Bob Weires' resignation from the Children's System of Care Behavioral Health Subcommittee.

SECOND: Commissioner Ruiz-Lee.

VOTE: The motion passed unanimously.

MOTION: Commissioner Durette made a motion to accept Vicki Herman to replace Bob Weires as the representative of the Clark County School District on the Children's System of Care Behavioral Health Subcommittee.

SECOND: Commissioner Tabitha Johnson.

VOTE: The motion passed unanimously.

Chair Kinnikin asked Ms. Slaubaugh about a portion of NRS 433.317 in regards to stipend and per diem for members of the Subcommittee. Ms. Slaubaugh said as stated in the statute, Commissioners are not entitled to a stipend for the Subcommittee meetings, but "entitled to the per diem allowance and travel expenses provided for state officers and employees generally if funding is available for this purpose."

**11. APPROVAL OF CHANGES MADE, REQUESTED BY COMMISSIONERS AT THE JANUARY 13, 2017 MEETING, TO THE SECLUSION AND RESTRAINT EMERGENCY PROCEDURES FOR CHILDREN AND YOUTH DENIAL OF RIGHTS FORM.**

Linda Maxwell of DCFS reminded the Commissioners of the changes that were made to the form. Those changes are specified in the minutes from the January 13, 2017 meeting.

Chair Kinnikin asked if there was training for staff. Mr. Gustafson said there has not been training for DCFS staff and since the changes were minor he thinks an informational memo would be appropriate.

Ms. Maxwell said the Commission had previously approved a letter that will go out with the new form. The letter does not outline the changes to the form.

MOTION: Commissioner Durette made a motion that the revised form along with simple instructions highlighting the key changes be approved. She does not think any additional training needs to be done.

Ms. Maxwell asked if this is the letter that was previously approved or should be revised or is it another letter?

Commissioner Durette, for simplicity sake, suggests a memo that says "Here is the version of the form, effective [Date], and here are the key changes. Contact someone if there are any questions". She thinks it should be something separate and distinct and attach the form to the hospital administrator, so they can see it and implement it.

Ms. Slaubaugh does not believe another motion is necessary for the memo.

MOTION: Commissioner Durette made a motion to approve the changes to the form and the subsequent memo that highlights them.

SECOND: Commissioner Hunt.

VOTE: The motion was unanimously approved.

Chair Kinnikin asked when this will go out. Ms. Maxwell responded it will go out after approval by Kristen Rivas. She does not see any reason it could not go out in the next week. Chair Kinnikin said that was acceptable.

## **12. ANNOUNCEMENTS.**

None.

## **13. DISCUSSION AND IDENTIFICATION OF FUTURE AGENDA ITEMS.**

In addition to the standing agenda items:

1. Commissioner Lefforge suggested an action item to contact Medicaid and insurance companies about health care provider's access to health care insurance panels.
2. DCFS policies for approval.
3. Commissioner Ruiz-Lee would like an agenda item to focus on the structure of the various regional mental health Consortia annual reports. There is a lot of variability in the differences of the plans and how they are updated, managed and maintained. The Commissioners struggled to navigate the plans to find the information they needed for the letter to the Governor. She would like the Commission to consider giving the Consortia more directions on those plans. She suggests this start with a discussion by the Commissioners.

## **14. PUBLIC COMMENT.**

None.

## **15. ADJOURNMENT OF PUBLIC SESSION.**

Chair Kinnikin adjourned the public session at 11:05 am.