DPBH COMMISSION ON BEHAVIORAL HEALTH
MINUTES
March 17, 2017

MEETING LOCATIONS:

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, NV
Northern Nevada Adult Mental Health Services (NNAMHS)
480 Galletti Way, Bldg. 22, Sparks, NV
Desert Regional Center
1391 S. Jones Blvd., Las Vegas, NV

COMMISSIONERS PRESENT:
Valerie Kinnikin, Chair- Las Vegas, Pamela Johnson, RN- Carson City, Noelle Lefforge, Ph.D.-, Vice Chair, Las Vegas, Tabitha Johnson, Las Vegas, Thomas Hunt, M.D.- Las Vegas, Asma Tahir- Las Vegas, Lisa Ruiz-Lee- Las Vegas, Barbara Jackson, NNAMHS, Lisa Durette, phone

Cody Phinney, MPH, Administrator, DPBH

Guests
Barry Lovgren, private citizen, Carson City

Carson City:
Amy Roukie, Deputy Administrator Clinical Services, Kate Mc Closkey, ADSD, Cara Paoli, ADSD, Leon Ravin, State Psychiatric Medical Director

Sparks:
Robin Williams, RRC; Julian Montoya, SRC, Tom Durante, LCC, Julie Slabaugh, DAG

Las Vegas:
Joanne Malay, SNAMHS, Ellen Richardson-Adams, SNAMHS, Leslie Brown, DRC, Rose Park, Susanne Sliwa, DAG

On the phone:
Mark Disselkoen, CASAT, Lisa Durette, Commissioner, Christina Brooks, NNAMHS, Tina Gerber-Winn, DPBH

Chair Kinnikin called the meeting to order at 8:35 am. Roll call is reflected above. It was determined that a quorum was present. Introductions were made at both locations.

PUBLIC COMMENT:

Mr. Lovgren addressed the Commission regarding issues with the SAPTA Block Grant. Mr. Lovgren claims that SAPTA has not met the Block Grant requirements in several years. SAPTA will be meeting to develop a strategic plan but does not have a Needs Assessment. Mr. Lovgren encouraged Commissioners to become familiar with the Block Grant and have a representative at future meetings. (Exhibit "A")

CONSENT AGENDA:

There were no items for the consent agenda.

Approval of the Minutes November 17, 2016

A motion was made, seconded and passed to accept the minutes of November 17, 2016.

Agency Directors' Reports

Lake's Crossing Center: Mr. Durante provided a written report. Mr. Durante reported that seven new staff members have been hired. Lake's Crossing has a particularly difficult time filling Forensic Specialist and Clinical Social Worker positions. Some positions are being held until further information is obtained regarding budget cuts.

NNAMHS: Ms. Sherych provided a written report. Ms. Sherych reported that the implementation of the NNAMHS Assisted Outpatient Services (AOT) began in January 2017. Recruitment efforts for vacant position continue.

Rural Regional Center: Ms. Williams provided a written report. Ms. Williams reported that the ability for regional center to compete with private sector and counties when filling professional positions remains a barrier. The discrepancy in compensation is a concern with psychologist and nursing positions. Professional staff are more limited in rural counties than in urban areas.

Stein Hospital: Ms. Dollarhide provided a written report. Ms. Dollarhide reported seven Forensic Specialists I's, two Forensic Specialist II's, and five Forensic Specialist IV's have been hired. There is difficulty filling Forensic Specialist III positions.

SNAMHS: A written report was provided. Positions are on hold due to the Governor's proposed budget.

Rural Services: Ms. Gerber-Winn provided a written report. Ms. Gerber-Winn reported on the Rural Mobile Crisis Response Team. There is a shortage of qualified behavioral health providers in rural Nevada. The agency is assessing the need to utilize contracted professional staff to improve service

access in many clinics. Difficulties continue with recruiting and retaining behavioral health providers in the rural areas of the state.

Sierra Regional Center: A written report was provided. AB 307 pilot home opened on August 15 with two youths that were served. SRC is working with the provider, Medicaid, and other partners in this pilot program that runs until 2019. SRC has identified the need to work with JDT providers to increase capacity for supported employment in our community. The CMS final ruling will require DS to work with our JDT providers in re-vamping their programs to be more community based as opposed to facility based.

Action: A motion was made seconded and carried to accept the Agency Director Reports.

SAPTA Division Criteria

Mr. Disselkoen of CASAT provided the Division Criteria for the Certification of Programs per NAC458. The Division Criteria adopts ASAM 6-Dimensional Assessment to Determine recommendations for initial level of care placement. Division Criteria adopts ASAM Continued Service Criteria, Transfer Criteria and Discharge Criteria for utilization review for ASAM levels of service, non-ASAM or modified-ASAM levels of service and endorsed levels of service, excluding Transitional Housing. It is recommended by the SAPTA Advisory Board that the Commission approve these criteria. Ms. Kinnikin asked that Mr. Disselkoen present and update at Commission meetings. (Exhibit "B")

Action: A motion was made, seconded and carried to approve the Division Criteria for the Certification of Programs as submitted. Mr. Disselkoen will be added as a standing agenda item to the Commission agenda.

Seclusion and Restraint Report

Ms. Roukie provided an overview of the seclusion and restraint data that was previously provided. There were no significant changes to the data points. We may need to recalculate waiting lists due to changes in Medicaid and Medicare. We are working with Medicaid on managed care expectations.

Local Governing Body Reports

Jo Malay, SNAMHS reported on the LGB for SNAMHS. Ms. Malay reported that all credentialing is current. We have added reports from forensics. The Board discussed Desert Willow moving on the SNAMHS campus.

Ms. P. Johnson reported on LGB's for Lake's Crossing and Northern Nevada Adult Mental Health Services on February 1, 2017. At SNAMHS there are staffing concerns. Policies were approved. At NNAMHS, they are doing their Joint Commission readiness. They also have staffing challenges. There is ongoing training for orientation. They continue to face challenges with waiting lists for clients in the community.

Aging and Disability Services Division Report

Ms. Paoli reported for Dr. Ableser and provided a report on Aging and Disability Services. A goal of ADSD is to establish and implement a resource allocation process for ADSD/Developmental Services based on assessed support needs. The number of children and adults with intellectual and developmental disabilities living with family members and community supports continues to climb. We are working closely with CMS for technical assistance. We are working on identifying individuals who would do well in an integrated community setting. Ms. Paoli clarified that the ICF will not close. (Exhibit "C")

Response Process for Seclusion, Restraint, Denial of Rights, and Death Reports

Chair Kinnikin would like clarification on where the feedback given by Commission goes and what, if any, action is taken on any feedback. Ms. Phinney recommended that the information be shared with HCQC who can address any concerns. Ms. Phinney stated that HCQC can be added as a regular reporter to the Commission meeting.

Action: A representative from HCQC will be added to the next Commission meeting agenda.

Update on Housing Regulations

Ms. Richardson-Adams provided an update on housing regulations.

Action: An update on the process for housing will be added to the next agenda of the Commission.

Establish Bylaws Committee

Ms. Kinnikin, Ms. T. Johnson, Ms. P. Johnson, and Ms. Ruiz-Lee volunteered to be on the Bylaws Committee to review and make recommendations to the Commission on updates to the current Bylaws.

Action: The Bylaws Committee will meet 4/5/17 at 1:00 pm. Ms. Wendell will schedule the meeting.

Annual Governor's Letter

Committee members reviewed the submitted the annual Governor's Letter.

Action: Dr. Hunt made a motion to approve the Governor's Letter as submitted with minor edits. The motion was seconded, and carried to approve the annual Governor's Letter as edited.

Report on Information Regarding all Services Provided Not Limited to Waitlists and Census

Ms. Phinney reported that currently DPBH executive team is concentrating on the legislative session. Ms. Phinney acknowledged Mr. Lovgren's concerns regarding SAPTA and stated that work continues to address Mr. Lovgren's concerns.

Policies

The following policies were presented by Ms. Park:

5.029 – Workplace Violence Prevention with attachments
A6.2 – DPBH Clinical Services Disaster Plan Requirement
CRR 1.2 – Prohibition of Abuse or Neglect of Consumers and Reporting
CRR 1.3 – Seclusion and Restraint of Consumers
CRR 2.4 – Voter Registration Form English and Spanish and forms
CRR 1.1 – Consumer Rights
Gov 1.2 – Practitioner Fit for Duty

Action: Dr. Hunt made a motion to accept the policies with revisions; Ms. P. Johnson seconded the motion and it was carried to approve the presented policies with revisions.

Future Agenda Items

- Invite an HCQC member to the next Commission meeting
- DRC Agency Manager to provide update on schools and referrals
- Behavioral Health Wellness and Prevention to provide an update on improvements (SAPTA)
- Recommendations from the Bylaws Subcommittee
- Policies

Remove from Agenda

- Letter to the Governor

Public Comment

Mr. Lovgren asked that a representative from SAPTA be placed on the agenda for the next Commission meeting.

The DPBH Commission on Behavioral Health meeting was adjourned at 11:16 am.

Exhibit "A"

Barry W. Lovgren
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Public Comment to the Commission on Behavioral Health, March 17, 2017

The Division does some great work, and the Commission does some great overview of that work – but when it comes to SAPTA the system doesn't seem to be working. I've been complaining about SAPTA not meeting Substance Abuse Block Grant requirements for over seven years. But it's a systemic problem, and the requirements aren't going to be met by blaming SAPTA.

This Commission can change part of that system. The Division's 2013 Gaps Analysis identified the lack of public overview of State behavioral health services as a longstanding and ongoing difficulty. Your agenda today provides for establishing a Bylaws Committee. Your bylaws could be revised to enhance your ability to provide public overview of SAPTA.

At your September 2016 meeting I pointed out that the Division Administrator had submitted to SAMHSA written assurance that SAPTA complies with the Substance Abuse Block Grant requirements to have a waiting list and capacity management system, outreach to injection drug users, and needs assessment which meet federal requirements, and asked that the Commission have the Division report on compliance with these requirements. I repeated that request at your November meeting. The minutes show that SAPTA's to report on implementation of those requirements at today's meeting, but SAPTA's not on the agenda.

The fact is that SAPTA isn't meeting those requirements.

In 2015 SAPTA stopped giving the Commission waiting list data in its written reports. Then it stopped giving you written reports altogether. You haven't received a written report from SAPTA for a year. But it's not because SAPTA just doesn't want to give you a written report. It's because SAPTA doesn't have the waiting list and capacity management system required for the Substance Abuse Block Grant that would generate the data required for written reports.

I've reviewed the assurances SAPTA requires of treatment programs receiving subgrant funding. SAPTA doesn't meet the requirement to have them provide outreach to injection drug users which meets federal standards.

SAPTA's working on developing a strategic plan, and I'm pleased to have been chosen to serve on the Steering Committee for that project. But there's no needs assessment which meets federal requirements, so the Committee is trying to muddle through to develop a strategic plan to meet Nevada's substance abuse service needs without really knowing

what those needs are. The fiction that SAPTA has the requisite needs assessment when it doesn't isn't helpful to SAPTA. Problems which are denied are seldom fixed.

The Division has no compunction about submitting patently false assurance that SAPTA meets each of these Block Grant requirements when in fact it doesn't. SAPTA's to give you an update on implementation at today's meeting, but it's not on the agenda. And SAPTA hasn't submitted a written report to you for a year. The Commission's bylaws state that you're to provide overview of behavioral health services, but how could you possibly provide overview of SAPTA in a system that operates like this?

And how could SAPTA possibly succeed in a system that operates like this? How could SAPTA fix the problem of noncompliance with Block Grant requirements when the Division maintains that the problem doesn't exist?

Your agenda today calls for establishing a Bylaws Committee. That's very good news, and I encourage you to take advantage of the opportunity to revise your bylaws to enhance your ability to provide public overview of SAPTA.

Exhibit "B"

Division Criteria for the Certification of Programs per NAC 458

Utilization Management Criteria for Treatment Programs:
Division Criteria adopts ASAM 6 Dimensional Assessment to determine recommendations for initial level of care placement. Division Criteria adopts ASAM Continued Service Criteria, Transfer Criteria and Discharge Criteria for utilization review for ASAM levels of service, non-ASAM or modified-ASAM levels of service and endorsed levels of service, excluding Transitional Housing.

Criteria for Treatment Levels of Service:
Division Criteria adopts The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (Third Edition, 2013) for the specific program descriptions for the ASAM specific levels of service. The Providers will be required to have policy & procedures (P&P) / program descriptions for each level offered and these will be noted in the P&P section of the certification report.

- **Level 3.5 Clinically Managed Medium-Intensity Residential (Adolescent)**
  - In addition to the description in ASAM, Clinically managed medium intensity residential includes **no less than 25 hours per week of structured interventions.** A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week. Types of therapies are noted within ASAM Level 3.5 services.

- **Level 3.5 Clinically Managed High-Intensity Residential (Adult)**
  - In addition to the description in ASAM, Clinically managed high intensity residential includes **no less than 25 hours per week of structured interventions.** A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week. Types of therapies are noted within ASAM Level 3.5 services.

- **Withdrawal Management for Level 3.2 WM and Level 3.7 WM only**
  - Required Services in addition to ASAM:
    - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
    - The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff member with a nursing license, physician license or a SAPTA certified Detoxification Technician.

- **Civil Protective Custody (controlled substance)** (NRS 458.175)
  - Intoxication management for persons taken into Civil Protective Custody (CPC) by a peace officer for being unlawfully under the influence of drugs in a public place, and unable to provide for the health or safety of self or others (NRS 458.175). Civil Protective Custody is not provided in a jail.
  - CPC facility must be a Provider that is SAPTA certified for Withdrawal Management: Level 3.2 WM Clinically Managed Residential Withdrawal Management or Level 3.7 WM Medically Monitored Inpatient Withdrawal Management.
  - Required Services
    - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.

        - The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff member with a nursing license, physician license or be certified as a Detoxification Technician.
    - Upon release from the withdrawal management unit, the person must immediately be remanded to the custody of the apprehending peace officer.

- **Civil Protective Custody (alcohol)** (NRS 458.270)
    - Intoxication management for persons taken into Civil Protective Custody (CPC) by a peace officer for being under the influence of alcohol in a public place, and unable to provide for the health or safety of self or others. Civil Protective Custody is not provided in a jail.
    - CPC facility must be a Provider that is SAPTA certified for Withdrawal Management: Level 3.2 WM Clinically Managed Residential Withdrawal Management or Level 3.7 WM Medically Monitored Inpatient Withdrawal Management.
    - Required Services
        - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
        - At the earliest practical time the person's family or next of kin must be advised they are in CPC if they can be located.
        - The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff member with a nursing license, physician license or be certified as a Detoxification Technician.
        - Prior to discharge, a good faith effort must be made to advise the person of his/her treatment options.
    - If the person was taken into custody for a public offense, the person must be remanded to the custody of the apprehending peace officer upon release from the withdrawal management unit. (NRS 458.270 (4)).
    - The person may not be required against his or her will to remain in a licensed facility or detention facility longer than 48 hours. (NRS 458.270 (3)).

- **Transitional Housing**
    - Definition: Transitional Housing services consist of a supportive living environment for individuals who are receiving substance abuse treatment in an SAPTA Certified Intensive Outpatient, or Outpatient program and who are without appropriate living alternatives.
    - Admission Criteria:
        - Individuals admitted to Transitional Housing services must be concurrently admitted to a Level 1 Outpatient or Level 2.1 Intensive Outpatient program per an assessment.
        - The ASAM 6 dimensional assessment must be reviewed to ensure there is sufficient risk in Dimension 6: Recovery Environment.
    - Continued Service Criteria:
        - The individual remains in Level 1 or Level 2.1 and ASAM Dimensional reviews reveal continued risk in the Recovery Environment.
        - The individual does not require a higher level of care.
    - Transfer / Discharge Criteria:
        - The individual needs a higher level of care per ASAM Dimensional review and is transferred.

      - The individual has gained stable/supportive housing / recovery environment and no longer needs Transitional Housing.

Service Endorsements:
Providers with Service Endorsements are certified for specific treatment levels of service and receive an endorsement for Co-Occurring Disorder services.

- **Co-Occurring Disorder Services**
  - The Division adopts the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Rating Scale:
    - The DDCAT rating scale is an evidence-based benchmark instrument for measuring a Provider's capacity to deliver services for persons with co-occurring mental health and substance use disorders. The DDCAT scale is designed to guide both programs and system authorities in assessing and developing dual diagnosis capacity for integrated service delivery.

Other Division Services:
The Providers will be required to have policy & procedures and program descriptions for each level offered and these will be noted in the P&P section of the certification report.

- **Drug Court Service**
  - The Division Criteria for Drug Court Programs is in compliance with all applicable provisions of NAC 458.
- **Evaluation Center**
  - The Division Criteria for Evaluation Centers is in compliance with all applicable provisions of NAC 458. Programs will determine whether a person is appropriate for treatment per the ASAM Criteria.
- **Information and Referral Services**
  - The Division Criteria for Informational and Referral Services is in compliance with all applicable provisions of NAC 458.
- **Coalition Programs**
  - The Division Criteria for Coalition Programs is in compliance with all applicable provisions of NAC 458.
- **Administrative Programs**
  - The Division Criteria for Administrative Programs is in compliance with all applicable provisions of NAC 458.
- **Prevention Programs**
  - The Division Criteria for Prevention Programs is in compliance with all applicable provisions of NAC 458.

Exhibit "C"

Goal: Establish and implement a resource allocation process for ADSD/Developmental Services based on assessed support needs.

The number of children and adults with intellectual and developmental disabilities living with family members and community supports continues to climb. Increasingly states are tasked with developing models of support that allow for people to live within their natural homes and communities while providing assurances for health and safety. CMS has increased the requirements for states to have formalized assessments that are directly tied to resource allocation and level of service. Each level of service is tied to a specific cost. At least 43 states use some assessment for resource allocation. Having an assessment system and methodology for determining level of service and resource allocation allows states to fairly and responsibly allocate the resources. Through an assessment process people get what they need at lower cost per person, services are individualized, and rate schedules are matched to service arrays that allow for maximum utilization of natural and new resources. Currently, the State of Nevada Developmental Services does not have a formalized assessment process that is standardized and independent. An independent assessment is separate from the service providers and the state targeted case managers. This reduces conflicts of interest and allows for the individual to receive what they need through a fair and unbiased assessment process. An independent assessment system will strengthen our capacity to provide fiscally responsible resource allocation to allow children and adults with intellectual and developmental disabilities to remain living in their natural homes and communities.

<u>**Opportunities for success:**</u>

1. Developmental Services is able to apply for Technical Assistance through CMS. We are able to request technical assistance for both the assessment portion of this project and the rate analysis and rate setting portion of this project.
2. This project is in alignment with Nevada's legislative cycle.
3. This project is in alignment with the Waiver renewal date of October 2018.
4. This project is in alignment with the ADSD Strategic Plan.
5. This project is in alignment with the states' participation in the Balancing Incentive Program (BIPP) which requires states to use a core standardized assessment and uniform assessment process for a given population across the state

<u>**Other ADSD and state initiatives that support this project:**</u>

1. *Closure of the ICF/IDD:* The closure of the state ICF/IDD will require Nevada Developmental Services have a system in place to adequately assess community support needs of individuals transitioning. Additionally, there needs to be a rate structure that will support Developmental Services with recruiting and retaining service providers that will have the competency to serve individuals with complex behavioral and medical support needs. This project is supportive of this current initiative.
2. *Behaviorally Complex Rate Adjustment:* Establishment of a higher rate for the behaviorally complex population will support Nevada Developmental Services with recruiting and retaining competent service providers. In order to determine individuals eligible for this increased rate, Nevada Developmental Services will need an effective and equitable method for assessing for this level of need. This project will support Nevada with this current initiative.
3. *Integrated Behavioral Health for Individuals with Intellectual Disabilities:* Nevada Developmental Services has current plans to develop acute care facilities for individuals with intellectual disability who also have severe mental illness. This will require the Division to develop systems that allow for an integrated approach, blending support from Behavioral Health Services as well as Developmental Services. Integrating assessment processes between Behavioral Health and Developmental Services will support the Division in developing an integrated support approach. This project is in alignment with this initiative.
4. *Daily Rates for Supported Living:* Nevada Developmental Services has current plans to evaluate the current rate structure for community based supported living services moving from an hourly rate to a daily rate for intensive 24 hour services, as well as the shared living program. Evaluation of the current rate structure and rate setting is in direct alignment with this project.
5. *Intake & Assessment:* Nevada Developmental Services currently has an intake and eligibility assessment process separate from targeted case management, however, this process is not tied to support need assessment and resource allocation. Aligning Developmental Services Intake/Eligibility with the establishment of a centralized intake and assessment unit for ADSD will support Nevada Developmental Services with developing an assessment team specialized in developmental services assessment and is responsible to conduct assessments that lead to budget allocations. This will also support Nevada Developmental Services with becoming compliant with the CMS requirement for conflict free case management.
6. *Quality Assurance:* ADSD's plans for a central quality assurance unit will support Nevada Developmental Services with developing specific provider standards around serving behaviorally and medically complex individuals, as well as with provider recruitment and retention of specialized service providers who have the competency to serve individuals with a high level of behavioral and medical needs.

7. *Balancing Incentive Program (BIPP):* As part of the states' participation in BIPP, the Level II assessment for intellectual and developmental disabilities that meets CMS requirements for capturing a Core Dataset of five domains has been developed within Harmony. Using this assessment with the intent of developing the normative information to support resource allocation is a viable approach toward the development of the independent assessment process.

   Current status of project: Technical Assistance from the Centers for Medicaid and Medicare Services is occurring March 27 and 28 to facilitate and assist Nevada Developmental Services with accomplishing this goal.

Draft project timeline: