

**COMMISSION ON BEHAVIORAL HEALTH  
DIVISION OF CHILD AND FAMILY SERVICES  
JULY 10, 2020  
DRAFT 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

LAS VEGAS, NV

**COMMISSIONERS PRESENT ON THE PHONE:**

Melanie Crawford  
Lisa Durette  
Barbara Jackson  
Tabitha Johnson  
Asma Tahir  
Jasmine Troop  
Lisa Ruiz-Lee

**COMMISSIONERS NOT PRESENT:**

Natasha Mosby

**STAFF AND GUESTS:**

Susie Miller, Division of Child and Family Services (DCFS)  
Beverly Burton, Division of Child and Family Services  
Megan Freeman, Division of Child and Family Services  
Linda Guastella, Division of Child and Family Services  
Kristen Rivas, Division of Child and Family Services  
Quinn Lontz, Division of Child and Family Services  
Sarah Dearborn (by phone), Division of Health Care Financing and Policy  
Susanne Sliwa, Deputy Attorney General  
Jennifer Ahn, Aging and Disability Services Division  
Yeni Medina, Aging and Disability Services Division  
Joseph Filippi, Division of Public and Behavioral Health  
Brooke Adie, Division of Public and Behavioral Health  
Karen Taycher, Nevada PEP  
Dana Arlien, Willow Springs Treatment Center  
Andrew Herrod, Willow Springs Treatment Center  
Jayleen Chen, Willow Springs Treatment Center  
Jeremy Matuszak, Willow Springs Treatment Center

Matthew Para, Willow Springs Treatment Center  
Tanya Shim, Willow Springs Treatment Center  
Amanda Kelly, Willow Springs Treatment Center  
Vanessa Rojas, Willow Springs Treatment Center  
Samuel “Ben” Kellogg, Willow Springs Treatment Center  
Tayler Landa, Willow Springs Treatment Center  
Char Buehrle, West Hills Hospital  
John Pruitt, West Hills Hospital  
Hina Smith, West Hills Hospital  
Christina Zuniga, West Hills Hospital  
Angel Jackson, West Hills Hospital

1. Call to Order and Introduction – *Lisa Durette, Chair*. Chair Durette called the meeting to order at 8:33 am.

2. Public Comment – *Commissioners/Public*  
There was no public comment.

3. For Possible Action. Approval of the January 17, 2020 Meeting Minutes – *Lisa Durette, Chair*  
MOTION: Commissioner Crawford made a motion to approve the minutes from the January 17, 2020 meeting.

SECOND: Commissioner Johnson.

VOTE: The motion passed unanimously.

4. For Possible Action. Discussion with Representatives from West Hills Hospital and Willow Springs Treatment Center Regarding the Concerns Raised by Commissioners about the Lack of Documentation of Chemical Restraint, Prevention Planning and Justified Interventions and How to Resolve Concerns – *Representatives from West Hills Hospital and Willow Springs Treatment Center and Commissioners*

Commissioner Durette thanked representatives from West Hills Hospital for joining the meeting today. She spoke to some of the doctors about the letters and responses to the letters the Commission sent out about concerns of use of Thorazine and the documentation. We received responses from the hospitals. Commissioner Durette asked what changes have been made in response to the feedback they received from the Commission.

Dr. John Pruitt responded:

- The big change is to stay away from Thorazine which they discussed previously. If a patient was given Thorazine previously, physicians tended to be conservative and say what works for PRNs, and we are just going to keep doing the same thing and it becomes a pattern.
- There was a misunderstanding on Seclusion Restraint forms and people were just putting down if there was no injury to patient or staff instead of discussing interventions attempted. They have been educating on that.
- Angel Jackson reported that they educated all their nurses and techs in reference to the chemical restraints for the nurses and doctors. They provided a lot of information to staff

on a monthly and individual basis and they will continue with that. They have seen some progress from the education.

- They are working on programming, and problem-solving techniques with trauma-focused intervention with the staff.
- They have a therapist for 6 hours each day working with a youth with autism from the school system.

Commissioner Durette asked if the Commissioners had any questions/feedback/comments. We had concerns about use of Thorazine especially for children under ten years of age, and additional concern about children with repeated incidents.

Commissioner Durette thanked Dr. Pruitt and his team for their responsiveness to our feedback. We appreciate it and thank you helping us to look at this.

Dr. Arlien, Chief Medical Officer from Willow Springs Treatment Center summarized key changes they made in their facility:

- Took an approach through all departments.
- They held an educational, mandatory, in-service for their entire medical staff, the fellows, and all child psychiatrists to talk about the use of emergency PRN medication and the definition of chemical restraint and discussed less restrictive interventions.
- Held a training for all divisions, on their Handle with Care and de-escalation training.
- Worked with medical staff on communication with use of SBAR (Situation, Background, Assessment, Recommendation).
- Implemented specific and frequent case consultations for patients having more behavioral and psychiatric challenges.
- In addition to regular treatment meetings, they hold a meeting called HUDDLE to review the behavior of the child in the last 24 to 48 hours to see if the behavior plans have been effective and what changes should be made.
- They hold a restraint reduction meeting weekly and had significant reduction.
- Tracking emergency medication usage and noticed a marked reduction since the implementation of all these changes, they are giving far less medication.
- Their behavior program has been improved dramatically using lots of positive reinforcement teaching staff better skills with verbal de-escalation and teaching patients better coping skills.
- Helping patients as they become agitated to help remove them from the milieu.

Commissioner Durette said the Commission appreciate the Willow Springs team's responsiveness. Thank you to the teams of both facilities for coming on today and it is exciting to see the positive changes they

#### 5. For Possible Action. Discussion and Approval of the DCFS Agency Reports – *Susie Miller, Division of Child and Family Services (DCFS)*

Susie Miller reported that they are waiting on the results of the budget cuts to see how that will impact any DCFS programs and staff. Hiring has been minimal. There were no questions about the reports that were submitted.

MOTION: Commissioner Johnson made a motion to accept the DCFS Agency reports.

SECOND: Lisa Ruiz-Lee.

VOTE: Motion passed unanimously.

6. Aging and Disability Services Division (ADSD) Update – *Jennifer Ahn, Nevada Early Intervention Services Program (NEIS), Yeni Medina, Autism Treatment Assessment Program (ATAP)*

**Dr. Jennifer Ahn reported on the Nevada Early Intervention Services**

- With being a home-based program in the last few months, the services changed considerably.
- Providing all services through telehealth, including special instruction and therapy services when it is possible.
- Continued to provide their office and clinic - diagnostic and clinicians through telehealth. Parent response has been positive.
- Hope to open their clinic for face to face services for pediatricians and audiologists soon.
- Many families are isolated, so they have tried to create virtual workgroups for support.
- Created a survey for the families statewide to get feedback on how telehealth services are going for them. Results have been better satisfaction than expected.

**Yeni Medina reported for Autism Treatment Assessment Program Nevada Early Intervention Services**

Yeni Medina reported:

- Received 46 new applications. Currently serving 892 children with average age of 9.
- Have 36 children on waitlist with an average wait time of 160 days.
- Prior to pandemic, saw a rise in referrals but they have slowed down. There were 46 referrals in May.
- Pandemic has impacted ATAP provider growth.
- They hope new Registered Behavior Technician (RBT) will be added to the field.
- Working on telehealth services and the satisfaction of telehealth services is being monitored.
- Developing a survey to conduct with families.

Dr. Ahn said they are finding that in some ways telehealth assessment is more effective than face-to-face because we see them at their home and with their siblings. Dr. Crawford said they have not been doing any autism assessments in the North, so she anticipates that they will be doing catch-up. Dr. Ahn and Dr. Crawford will collaborate to discuss how they can support other regions with the telehealth for NEIS.

7. Medicaid Update and Changes – *Sarah Dearborn, Division of Health Care Financing and Policy*

- Update on 1915i for Specialized Foster Care Population. This is still under review with CMS and in the final stages of approval. Have been developing our Medicaid Services Manual policy for that state plan as well. Hope to move that forward by the end of September through public hearing process. Working on system updates and capabilities to be able to house that program in our system and have all providers know how to enroll and bill.

- Update on Certified Community Behavioral Health Clinics (CCBHCs). There are nine currently certified. Most recent certification was with Building Hope Nevada in association with First Med, a Federally Qualified Health Center. Providers are utilizing telehealth services more. The CCBHCs are all providing their required services. They have provided more flexibility with restrictions lifted for telehealth. CMS lifted restrictions on some of the services as it relates to being able to be provided telephonically. Medicaid has lifted a few restrictions within their telehealth policy.

Commissioner Durette asked if there is an expected expiration date for the restrictions on telehealth. Ms. Dearborn said the last they heard from CMS is they expected to end the emergency declaration period July 24, 2020. Have been able to identify the functionality of telehealth, so we will look to that in the future with policies and see how providers were able to utilize telehealth more. Providers have indicated their no-show rate has declined. There are some struggles with telehealth with lack of internet services There are also HIPAA concerns. Once they find out, they will provide it to everyone.

- Other Updates
  1. Medicaid was approved to remove the requirement of the Medical Supervisor for our Behavioral Community Health Network also known as Provider Type 14. They added more policy for clarification.
  2. They have been working on a Medication Assisted Treatment policy for office base opioid treatment for the use of buprenorphine. She hopes the billing guideline for this will be published on their website next week.
  3. Awaiting direction from legislation on the proposed budget reductions.

#### 8. Update on the Children's System of Care (SOC) Grant – *Beverly Burton, Division of Child and Family Services*

Beverly Burton reported that they wrapped up the SOC workgroups and kickoff session in May. In June they conducted several of the workgroup meetings where they had community representatives and parent partners and DCFS sister agencies. They took that time to meet with the community to create a draft proposal for the SOC strategic and communications plans. They are collaborating to put that into one cohesive plan. Decided to put that on hold due to the special session. Adjustments might have to be made depending on budget cuts. Hope once the special session concludes and budget decisions made, they will put together the plan, provide it to the rural communities and the stakeholders and finalize it by end of July and be up and running and move the efforts forward.

#### 9. For Possible Action. Discussion and Approval of the new DCFS Psychiatric Residential Treatment Facility (PRTF) Incident Reporting Form V.107.01.2020 – *Susie Miller, DCFS*

Susie Miller went over the significant changes on the form:

- Top of the form says it is confidential and privileged information. The sites were renamed as PRFTs. We are in the middle of the Commission on Accreditation of Rehabilitation Facilities (CARF) survey right now and so that change was made.
- Added ethnicity and some things for CARF reporting standards.
- Any place that said "client" now says "youth".

- Page 2. Top section. Added questions regarding whether there is conversion into a teaching opportunity. The form goes through the review process and check box were added to make sure those steps were taken.
- For the behavior team - if there was an elopement, when they were returned, etc. Was their law enforcement involvement?
- Those items added to gather data and complete the feedback on the youth.

MOTION: Commissioner Troop made a motion to approve the new Incident Reporting form.

SECOND: Commissioner Tahir.

VOTE: The motion passed unanimously.

10. Present and Discuss the Nevada DHHS DCFS PRTF Seclusion and Restraint Standard Operating Procedure (SRESOP) – *Dr. Karen Torry Greene or Susie Miller, DCFS*

Karen Torry Greene is the Clinical Program Manager over the PRTFs and she is in the middle of the survey. This is the Standard Operating Procedure and the actual policy will come to the next Commission meeting for approval. This will be utilized in the meantime. Sections go through the process that will take all the past policies that were utilized and updated. Any NRS or references that were referenced in this procedure, and screen shots can be found on websites or calendars to assure we are following all of the CARF guidelines are being followed.

Dr. Megan Freeman said Dr. Greene wants to start using this procedure. Ms. Miller said she believes the SRESOP can be used without any action being taken because it enhances the current policy.

Commissioner Durette said the transition into the accreditation in the polices are great improvements. The Commissioners did not have any further comments or feedback.

11. For possible action: To discuss and approve the Commissioners to receive electronic Denial of Rights and Seclusion and Restraint Reports for review and approval in accordance with NRS 433.534 – *Joseph Filippi, DPBH and Commissioners*

Joseph Filippi explained they are exploring having a process to send the Denial of Rights and the Seclusion Restraint reports to the Commissioners electronically, for both the DCFS and DPBH Commission meetings. At the DPBH meetings, Commissioners also review reports from ADSD. It would save the agencies funds, and we are trying to streamline this process and make it easier for the Commissioners and the agencies. Commissioner's approval is needed.

He discussed this with ADSD because they submit the adult reports to the Commissioners. They agreed to work with DPBH potentially using Microsoft TEAMS. It is a Microsoft 365 program that allows documents to be shared securely. We are looking at creating a TEAM and each agency would have its own channel to upload their Denial of Rights forms and then we provide Commissioners access to that private TEAMS to review the reports, Commissioners would give approval of each report, and formally discuss the reports at a public meeting as usual.

The following issues will be explored further, some with IT staff:

1. Whether there could be individual folders within TEAMS for each Commissioner to get their evenly distributed allocation of reports.

2. Possibly creating a standardized form for Commissioners to report back to include reports numbers, concerns/no concerns? Or this could possibly be a separate spreadsheet or section on the form to indicate they had been reviewed. Susanne Sliwa said this should be a further communication with IT. She agrees it is a good idea, and we should have some sort of something that Commissioners can demonstrate they reviewed the reports. It could be a separate form, but she does not think the format is as important as that we have an indicator that the forms have been reviewed.
3. Commissioner Jackson suggested there could be a reporting form to correlate with the Seclusion Restraint forms, and Commissioners could put a check on that and a comment log and our signature with a date on it. Commissioner Durette said that in the creation of a template, we could standardize how the reports are being reviewed. If we had a checkbox for age, chemical, physical, and type of seclusion we could make it a uniform process. A uniform process would be helpful for Commissioners and for data gathering.
4. Docu-signing was discussed. Mr. Filippi said that is why we are looking at TEAMS and not emails. As far as docu-sign, we will have to look into that further.

Commissioner Durette said that for the next meeting we can make it an action item after the meeting with IT about the electronic procedure, but a uniform procedure to accomplish the review of these forms would be great.

It was decided to table this item until there is more information about what is possible.

Ms. Rivas said DCFS will work with DPBH to get this going. We have two different mechanisms for entering, recording, and distributing the reports. Mr. Filippi will get with Ms. Rivas to include her with discussions with IT.

Mr. Filippi said at DPBH they have a process of sending electronically the NRI reports and have paper goldenrod documents that would potentially have to be scanned and submitted electronically that way into TEAMS.

#### 12. For Possible Action. Discussion and Approval of Revisions to the Seclusion and/or Restraint Emergency Procedures for Children and Youth Denial of Rights Form - *Kristen Rivas, DCFS and Commissioners*

Ms. Rivas reported that the Planning and Evaluation Unit reviewed the Seclusion Restraint Emergency Procedure form and wanted to update some of the logistics and language to make it more family-friendly and look at identifiers and what data should be collected. A description page of changes is included in the handouts along with the form with the changes highlighted. She reviewed the changes to the form. There were no questions on the changes to the form.

MOTION: Commissioner Troop made a motion to accept the new form.

SECOND: Commissioner Jackson.

VOTE: Motion passed unanimously.

Ms. Rivas said she will send out a letter to all the facilities and let them know of the approval of the Commission to utilize the form, and will also send it out to them electronically in a letter from Commissioner Durette.

13. Discussion of Agency Never Give Up Treatment Center Follow-Up Letter – Plan to Prevent Further Events Resubmission of Forms – *Kristen Rivas, DCFS and Commissioners*

We have sent two letters to Never Give Up Treatment Center at the request of the Commission. We did not receive a response back from them.

Susanne Sliwa said that this has happened before in the far past and there was follow-up. The Commission designated a representative to try to contact that facility more directly with a phone call or some other form of communication.

Commissioner Troop volunteered to follow-up by calling Never Give Up Treatment Center. Ms. Rivas will send her the letters that were sent to them.

14. For Possible Action. Discussion of the Thorazine Prevalence Report Findings and Determination of any Recommendations to Facilities – *Kristen Rivas, DCFS and Commissioners*  
Ms. Rivas reported that PEU has tracked information on Seclusion Restraint forms since 2010 to include chemical restraints. Beginning in 2018, on request of the Commission, we began tracking the use of Thorazine that had been mentioned in notes but not documented as a chemical restraint on the form. The report summarizes the data pertaining to four facilities including the Reno Behavioral Healthcare Hospital, Seven Hills Behavioral Health Institute, West Hills Hospital and Willow Springs Treatment Center that had indicated the use of Thorazine between 2018-2019.

The Reno Behavioral Healthcare Hospital only began sending us Seclusion Restraint reports in October 2018. We do not know how many incidents actually happened, only the reports sent to us. The other six facilities that report to us did not indicate any Thorazine use during the period of this report. For the four facilities that did report, we looked at the demographics of the youth on the use of the Thorazine. We also looked at the demographics of use per incident of the use of Thorazine.

Commissioner Durette said the report was very helpful. It would be neat to track these trends and follow-up with our discussions with them especially with kids nine and younger.

15. Discuss Terms of Commissioners Expiring – *Chair Durette; Commissioners; Joseph Filippi, Division of Public and Behavioral Health (DPBH); Kristen Rivas, DCFS*

Ms. Rivas reported she has been working with Joseph Filippi to track vacancies, appointments, dates and term end dates. Commissioners Durette, Crawford, and Tahir's terms expired. She contacted the Governor's office and made them aware. We have two vacancies – the Registered Nurse position was just vacated with a resignation, and the Physician other than a Psychiatrist is also vacant. We have no update from the Governor's office on whether they received any new applications. She will follow up and work with Joseph to give an update at the next meeting.

Commissioner Durette applied to continue with the Commission but she has not heard anything back. Commissioner Crawford received approval of a new term without applying for it. When she originally agreed to serve, she agreed to finish Dr. LeForge's term. She cannot commit to four more years, but she can continue to serve ideally until the end of the calendar year, but she does not want to leave the Commission without someone in this position, so she will serve until we find another psychologist. Commissioner Durette responded that we appreciate you staying on until we find a replacement.

Commissioner Durette asked if anyone wants to take her role as Chair. Ms. Rivas and Commissioners said they appreciate Commissioner Durette's leadership and working with her and her responsiveness and all the preparation she does for the meetings.

16. Announcements – *Lisa Durette, Chair*

July 1 is the beginning of the training year for psychiatry residents and fellows. On the side of child, adolescent psychiatry, we have two new fellows in the north and south. This is positive for the workforce in Nevada.

17. For Possible Action. Discussion and Identification of Future Agenda Items. – *Lisa Durette, Chair*

- Electronic Seclusion Restraint issue will be on the agenda for the next adult meeting.
- All standing agenda items.

18. Public Comment – *Lisa Durette, Chair*

19. For Possible Action. Adjournment of Public Session – *Lisa Durette, Chair*  
Commissioner Durette adjourned the meeting at 10:06 am.