MINUTES

of the

Mental Health Planning Advisory Council's Consumer & Family Member Advocacy Committee

meeting on

Tuesday, July 19, 2011

held at

Division of Mental Health & Developmental Services
4126 Technology Way, Second Floor Conference Room
Carson City, Nevada 89706

1. CALL TO ORDER, ROLL CALL, INTRODUCTIONS RENE NORRIS, CHAIR

Rene turned the meeting over to Alyce Thomas as the new Chair of the Committee. Alyce called the meeting to order. Roll call and introductions completed. Roger completed the sign-in sheet.

Members Present:

- Herrera, Corrie – Family Member (via teleconference in Elko)
- Norris, Rene – Family Member (via teleconference in Las Vegas)
- Thomas, Alyce – Chair, Consumer/Family Member (via teleconference in Las Vegas)
- Wilhelm, Layne - SAPTA

Members Absent:

- Phinney, Cody – MHDS (excused)
- Polakowski, Ann - DCFS
- Snead, Lydia – Family Member (excused)

Staff and guests:

- Mowbray, Roger– Grant Writer

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON TUESDAY, JUNE 14, 2011.

The committee approved the minutes from 6/14/11 as written.

3. PUBLIC COMMENT

There has been a change in statute regarding the Open Meeting Law (OML). There are two choices regarding public comment:

a. Have public comment at the beginning and end of each meeting; or
b. After each agenda item.

4. DISCUSS AND DETERMINE GOALS FOR THE COMMITTEE FOR THE NEXT 12 MONTHS

- Corrie – Would like to focus on access to children's mental health services, specifically in the rural areas. How can they improve the access?
- Alyce – They just completed a rural monitoring visit and learned how the different agencies are going to the rural areas providing more services for children.
- Corrie – Maple Star and similar agencies get involved; however, it is usually once the children are involved with DCFS or in foster care. She has not seen anything for the general public. There is a new Behavioral Health Center located on the third floor of the hospital. This is for people who are 50/55 or older with mental illness. There are concerns because they are located on the third floor and they have non-see through plexi-glass bolted over every window and there is not any outside access. People have to be escorted in and out. Does the Council or Mental Health have any oversight for this?
- Alyce – Not if it is a private company.
- Roger – The key element needed to start discussion regarding access to children's services in rural areas is some type of quantifications i.e.: how many children need services, how many receive services, how many have to travel, etc.
- Layne – They may want to look at eligibility for Medicaid, case source, or type of economic indicator because most of the people receiving these services will need to have some pay source in order to get someone out there.

Roger will provide Corrie with the letter of protocol for requesting information on behalf of the Council.

- Roger – The block grant that is to be submitted on September 1, 2011 will be very similar to previous years. Legislature has approved the budget for the next biennium. They will need to be in synch with the development of the next biennium's budget process. Any changes for the block grant application will need to be completed by May 2012 in order for it to become effective July 1, 2013. He will keep the Council and this committee informed of opportunities for advocacy. The Division will provide opportunities to discuss the four steps of the process, which are:
    1) Doing a needs assessment

2) Doing a GAP analysis
3) Establishing the priorities; and
4) Setting goals for the priorities.

They are looking at resources to perform the needs assessment.

- Alyce suggested speaking with Dr. Kevin Crowe. In the past, they had a student who was working on a paper perform the assessment.
- Roger – The next block grant application will need to be a joint application between SAPTA and MHDS. A number of the changes are in response to healthcare reform. The federal government has identified groups of people they feel the block grant should be paying for:
  a) Those who do not qualify for whatever reason for mandatory health care, veterans, seniors, etc.
- Corrie attended a presentation on healthcare reform. They mentioned a program called Pre-existing Condition Insurance Plan (PCIP). It is a paid program and covers individuals who have not had insurance for at least six month prior to enrolling. There is a monthly fee and goes by age. This program is in effect until 2014 when the insurance exchange will take effect. They do not have any age restrictions, they just need to be without insurance for six months and have a pre-existing condition or have been denied medical coverage due to their health. The number is 866-717-5826.
- Roger – PCIP is administered by Government Employees Health Association (GEHA). They currently contract with the federal government to provide health and dental plans to civilian, federal employees and retirees.
- Corrie – They treat mental illness the same as health services. They provide everything from maternity, hospital, mental health, substance abuse to hospice. There is no lifetime maximum and the coverage is immediate.

Corrie motioned to conduct research on statistics regarding the number of children needing services in the rural areas, the number receiving services, and the number that need to travel to obtain services. Also looking at the income levels or payer, who is paying for the children – Medicaid, or type of insurance. Rene seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

5. PUBLIC COMMENT

Verification that Alyce is the new chair of this committee.

6. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

The committee will report on this meeting at the August quarterly meeting and will schedule a meeting after the first of September.

7. ADJOURNMENT

Rene motioned to adjourn. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned.