COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

SEPTEMBER 16, 2011
AMENDED
MINUTES

VIDEO TELECONFERENCE MEETING LOCATIONS:
NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES,
2655 ENTERPRISE ROAD, RENO, NV
AND
MHDS CENTRAL OFFICE, 4126 TECHNOLOGY WAY, 2ND FLOOR CONFERENCE ROOM, CARSON CITY, NV
AND
DESERT REGIONAL CENTER, 1391 SOUTH JONES BOULEVARD,
TRAINING ROOM, LAS VEGAS, NV

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Kevin Quint, Chair
Pamela Johnson
Barbara Jackson
Capa Casale

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Julie Beasley, Ph.D.
Marcia Cohen
Valerie Kinnikin
Andrew Eisen, M.D.

COMMISSIONER ABSENT:

TJ Rosenberg – excused
Alistar Barron, Vice Chair

CALL TO ORDER

Chair Quint called the meeting to order at 8:35 A.M. Roll call is reflected above; it was determined that a quorum was present.

PUBLIC COMMENTS

Barry Lovgren questioned how much time would be allowed for public hearing comments. Deputy Attorney General Julie Slabaugh responded that the public hearing notice indicates “three minutes” for comments during the public hearing comments, as

such the Commission will allow “three minutes” for public comments during the public hearing.

CONSENT AGENDA
APPROVAL OF THE MAY 20, 2011 MINUTES
AGENCY DIRECTOR’S REPORTS

ACTION: Commissioner Beasley requested that the Agency Director Reports and the May 20, 2011 minutes be approved separately, as there are questions regarding the Agency Director Reports.

MOTION: Commissioner Beasley moved to approve the May 20, 2011 minutes, seconded by Commissioner Johnson. Chair Quint thanked Mrs. Harper for the completeness and detail of the minutes. The motion passed unanimously.

Commissioner Beasley questioned and inquired as to what are the medical problems the clients have at Lakes Crossing; what is Lakes Crossing doing in this area and how can the Commission assist in this area.

Dr. Neighbors responded that Lakes Crossing has very limited resources, but due to the fact that the clients are ordered to Lakes and don’t leave unless there is an order for discharge; Lakes has to deal with the clients and their medical problems. If Lakes Crossing cannot deal with these individuals then they are transported to Renown Medical Center for treatment; treatment is paid for by the counties, from which the client resides. Dr. Neighbors complimented the Lake’s medical staff for their job in dealing with medical issues. Lakes Crossing is not set up to deal with medical issues such as cancer; chemo treatments; dialysis; heart problems; or compromised immune systems to name a few.

Dr. Neighbors stated that this type of treatment and transportation is a very expensive and Lakes does not receive funding for this. Dr. Neighbors stated that Lakes works it out as needed, looking for resources and the care is provided as is appropriate.

Upon questioning by Commissioner Eisen, Dr. Neighbors stated that it would be helpful if there was a system and a protocol in place, but that would involve working with the courts to respond to these types of medical issues. Dr. Neighbors stated that the biggest problem is finding funding and a place for the individual to be treated; this population is largely indigent and don’t have housing to return to. There are no resources to pay for this type of care. Dr. Neighbors stated that Lakes Crossing performs the medical screening; but the question is who provides the medical care, as this population is getting sicker.

ACTION: It was requested that the Lakes Crossing medical issue and a possible process for dealing with these issues and funding, more staff, etc. be placed as an agenda item on the November agenda. It was also requested that Dr. Neighbors provide data about the issues that Lakes is dealing with, to include the number of medical transports and staffing issues.

MOTION: Commissioner Eisen moved to approve the Agency Director Reports, seconded by Commissioner Jackson. The motion passed unanimously.

DISCUSSION AND POSSIBLE APPROVAL OF PROPOSAL OF AN ALTERNATIVE FOR THE PROCESSING OF SECLUSION/RESTRAINT AND DENIAL OF RIGHT PACKETS PURSUANT TO NRS 433.534(4) AND NRS 241.030

Chair Quint reviewed that the Commission has been discussing this issue and possible solutions to make this process a meaningful review. At the last meeting it was the conclusion, that the Commission, in general, would like to continue to review the individual reports and review aggregate data and trends report.

Commissioner Beasley stated that she feels that the Commission is still in the process of deciding what to review in order to have a meaningful process and provide meaningful feedback to the agencies.

Commissioner Kinnikin stated that the Division of Child and Family Services' summary report was very helpful and informative as it provides an overall picture. Commissioner Kinnikin is also reluctant to totally let go of the review of the reports and feels that a review of a random sample of the reports would be appropriate.

Commissioner Eisen suggested a combination review of the summary report and a random sampling of the seclusion/restraint reports. Commissioner Eisen questioned the significant purpose for each Commissioner to review and sign off on each form.

Commissioner Cohen agreed that the summary report is helpful and informative.

Commissioner Beasley would like to review the summary report and a random sample of reports that will not over burden staff; in an overall effort to provide meaningful feedback to the agencies.

Isabel Cool suggested using information from the Rural Regional Center Committee. This Committee ensures that a client's rights are not affected and felt that the Commission should have access to this information.

ACTION: Chair Quint stated that he will collect the suggestions from Ms. Phinney and Dr. Crowe with regard to this process for further discussion and input at the November meeting.

PUBLIC HEARING TO SOLICIT COMMENTS TO R029-10; REVISIONS TO NAC 458-ABUSE OF ALCOHOL AND DRUGS; NEW SECTION TO NAC 458; AMENDEMENTS TO NAC 458.010; 458.019; 458.028; 458.034; 458.039; 458.054; 458.063; 458.077; 458.079; 458.095; 458.103; 458.108; 458.113; 458.118; 458.123; 458.128; 458.133; 458.138; 458.153; 458.168, 458.173; 458.177; 458.203; 458.213; 458.228; 458.241; 458.246; 458.267; 458.272; 458.291; 458.296; 458.306; 458.321; 458.326; 458.331; 458.361; 458.366; 458.371; 458.376; 458.401 AND REPEAL 458.017

Chair Quint opened the public hearing at 9:05 A.M. There were twenty-five individuals present at this public hearing. There was public comment.

Debra McBride, SAPTA, stated that the revisions to R029-10 pertain to amendments to Chapter NAC 458 as a result of the SAPTA agency being transferred from the Nevada State Health Division to the Mental Health and Developmental Services during the 2005 Legislative Session. As of December 4, 2006 SAPTA was merged into Mental Health and Developmental Services Division. The amendments also included changing the Bureau to the Substance Abuse Prevention and Treatment Agency, changes the Health Division to the Division of Mental Health and Developmental Services of the Department of Health and Human Services throughout the document, expands on information regarding detoxification technicians, the use of tobacco prohibited throughout a facility, adopting the ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, information on the use of tobacco at a facility, adding information about waiver requirements, updating information pertaining to the publication of diagnostic and statistical manual of mental disorders, expands on the requirements for persons providing services to children and background checks, changes the number of years for record retention to be consistent throughout the document at six (6) years, and expands on the appeal process. Ms. McBride stated that this is the second public hearing for this proposed regulation; the first public hearing was held on May of 2010. All of the workshops were properly posted and held.

Barry Lovgren stated that this proposal now includes the American Society of Addiction Medicine Patient Placement Criteria levels of care as Agency criteria for treatment programs, an appeals process, and provisions for certification and continuing education of detoxification technicians. Mr. Lovgren stated that he is pleased that the proposal includes SAPTA criteria and an appeals process, but feels that the proposal for detoxification technicians is shockingly inadequate. The only requirement for the detox tech is to have six hours of training every two years in acute withdrawal symptons and in first aid for seizures and that only one staff member in the facility has to have CPR certification. There is no training in confidentiality, in communicable diseases such as

HIV or TB, or in monitoring vital signs. There are no ethical standards for detox techs, no education or background requirements, and no competency examination. There is no way for the Agency to ensure that social model detox clients in withdrawal aren't monitored by incompetent, unethical, or impaired staff. The proposed regulations only imply that SAPTA somehow certifies individuals who provide screening during withdrawal as "detoxification technicians" and the detox techs have the minimal training required by the Health Division for facility licensure and serves as SAPTA's sole continuing education requirement for certified detox techs.

Mr. Lovgren stated that the second problem with the regulation is with the billing and collection practices of funded treatment programs. There is no state or federal statute/regulation that requires that these practices are affordable and don't impose fiscal hardship on clients. Mr. Lovgren feels that the SAPTA sliding fee scale penalizes families with increasing severity as household size grows and allowing programs to summarily sue clients in arrears just so long as treatment continues to be offered. SAPTA's protocols for billing and collection procedures at funded treatment programs clearly needs oversight.

Finally, Mr. Lovgren stated that NRS 233B.100 provides for the petition to revise regulations and there is no such provisions provided in these regulations.

Mr. Lovgren requested that a copy of his written comments be distributed to Commissioners and attached to the minutes as part of the public record. Mr. Lovgren recommended that the Commission not adopt the proposed regulations.

Upon questioning by Commissioner Kinnikin, Mr. Lovgren's reiterated his three primary concerns: 1) inadequate protection of health and safety with detoxification technicians which presents a clear and present danger of public safety; 2) unregulated billing and collection of taxes of SAPTA funded treatment programs; and 3) the statute that requires regulations have provisions for their revision.

Isabel Cool expressed that it is a scary notion that an individual with a possible disease/sickness could be treating patients.

Mr. Lovgren added that fees and rules of practice should not be in regulation but in outlined in policy.

Dr. Cook responded "the MHDS Commission has the authority to approve or disapprove division policy. The commission does not have the authority to review or approve agency policy."

Ms. McBride clarified that detoxification technicians are individuals hired by treatment providers that SAPTA funds and certifies for services. Treatment providers set their own policies and procedures; SAPTA certifies the treatment providers.
It was discussed that a detoxification technician qualifications are the same as a mental health technician I.

Mr. Lovgren expressed concern that "he could not find an education requirement for detoxification technicians". Mr. Lovgren again requested that his written comments be provided to Commissioners.

Dr. Cook stated that the regulations were provided to the Commission for their review and possible adoption and to not approve the proposed amendments to NAC 458 would be an injustice to SAPTA. These amendments have been in the process for a long period of time and address amendments that occurred in Nevada Revised Statutes (NRS) and if these amendments are not approved it would place SAPTA in violation of NRS.

Commissioners Beasley and Eisen requested to see Mr. Lovgren's written concerns in order to give Mr. Lovgren's comments proper consideration. Commissioner Eisner felt that there was insufficient documentation and information provided in order to make a decision.

Chair Quint responded that the Division did respond to the concerns expressed as the requirements and information for detox tech are outlined in the Administrative Manual, which is not uncommon in state government.

ACTION: It was suggested that the discussion of the qualifications and continuing education of detoxification technicians be placed on a future agenda.

Commissioner Eisen questioned why the address and price of the ASAM Patient Placement Criteria Manual is listed in the regulation, as these are items over which the Commission has no control and if these items change then the regulation needs to be amended to reflect the change. Senior Deputy Attorney General Slabaugh stated that this has been previously discussed and it is a requirement by Legislative Counsel Bureau.

Chair Quint closed the public hearing at 9:25 A.M.

MOTION: Commissioner Eisen moved to approve R029-10 as submitted and place on a future agenda the issue of regulation monitoring of detoxification technicians, seconded by Commissioner Casale. The motion passed unanimously.

DISCUSSION OF HEALTH CARE REFORM

- **SILVER STATE HEALTH INSURANCE EXCHANGE**

Gloria McDonald, Project Officer for Health Care Reform, provided the Commission with an overview of the Silver State Health Insurance Exchange program. Ms. McDonald stated that the Patient Protection and Affordable Care Act (ACA) and the Health Care and Education Reconciliation Act of 2010 was signed into law in March 2010. These two pieces of legislation created health care reform (HCR) with the goal of expanding health care coverage, controlling health care costs, and improving the health care delivery system; it will also cover preventative care services and essential benefits. The legislation provides new funding for health promotion and wellness health benefits and expansion of the health care system. The Congressional Budget Office estimates the health reform law will provide coverage to an additional 32 million Americans when fully instituted in 2019 through a combination of Health Insurance Exchanges and Medicaid expansion. The education of health professionals and expansion of the medical work force and the legislation has an emphasis on improving health care quality and efforts to reduce unnecessary costs.

After the federal legislation was passed, a Central Work Group was established by Director Mike Willden, meet a bi-weekly basis and include staff from Medicaid, Division of Welfare, DHHS, Division of Insurance, Public Employee Benefits Program, Attorney General's Office, Office of Consumer Assistance, MHDS, and the Governor's Office. There are also subcommittees within the Medicaid Division that are meeting to review the implement of applicable provisions.

Ms. McDonald encouraged everyone, as consumers of health care, to review health care reform from a global aspect. There are nine titles outlined in the legislation: 1) Providing health care for all Americans to include the health insurance market reforms and the Health Insurance Exchanges; 2) The role of public programs includes the expansion of the Medicaid and CHIP programs; 3) Improving the quality and efficiency of health care for investments to improve the quality and delivery of care; 4) Prevention of chronic disease and improving public awareness and provisions aimed at preventing chronic diseases and improving public health; 5) Health care workforce and innovations in health workforce training, recruitment, retention and will establish a new workforce commission; 6) Transparency and program integrity and new requirements to combat fraud and abuse in public and private programs; 7) Improving access to innovative medical therapies to support research to inform consumers about patient outcomes from different approaches; 8) Community living assistance services and supports for insurance program to help working adults with limitations to remain independent; and 9) Revenue provisions for revenue generating provisions.

Ms. McDonald stated that information regarding health care reform can be accessed at www.healthcare.gov.

The timeline for implementation of insurance market reform are as follows:
2010 – Provisions enacted prevent insurance companies from denying coverage to children under the age of 19 due to a pre-existing condition and are prevented from rescinding insurance coverage except in the case of fraud. Lifetime limits on insurance coverage are now prohibited. Young adults are now allowed to remain on their parents insurance coverage until they turn 26 years old, unless they are offered coverage through their employment. A new pre-existing condition insurance plan provides coverage options for individuals with pre-existing conditions which is run through the Federal Department of Health and Human Services.
2011 – Insurance companies must reduce their medical loss ratios to 85% for large employers and 80% for plans sold to individuals and small employers. Seniors who reach the coverage gap will receive a 50% discount when buying Medicare Part D covered brand-name prescription drugs. The law provides certain free preventative services for seniors, such as annual wellness visits and personalized prevention plans for seniors on Medicare. The new Center for Medicare and Medicaid innovation was created to develop new ways to improve the quality of care and reduce costs.
2012 – The law establishes a hospital program that offer financial incentives to hospitals to improve the quality of care. It also provides incentives for physicians to join Accountable Care Organizations. These groups allow doctors to better coordinate patient care and improve quality, prevent disease and reduce unnecessary hospital admissions. Standardized changes will be instituted to begin implementing electronic health records in an effort to reduce administrative burdens, cut costs, reduce medical errors and improve care quality.
2013 –As Medicaid programs and providers prepare to cover more patients in 2014, the Act requires states to pay primary care physicians 100% of Medicare payment rates in 2013 and 2014 for primary care services. These payments will be fully funded by the federal government. Under the new law, states will receive two more years of funding to continue coverage for the CHIP program for children not eligible for Medicaid.
2014 – Insurance companies will be prohibited from rejecting health coverage based on a person's pre-existing conditions. Also, in the individual and small group market, the law eliminates the ability of insurance companies to charge higher rates due to gender or health status. In addition, new plans and existing group plans will be prohibited from imposing annual dollar limits on the amount of coverage an individual may receive.

The biggest changes to the delivery of health care includes the health insurance exchanges, expansion of Medicaid, and the sliding fee scale.

Ms. McDonald explained that the health insurance exchange is the centerpiece of federal health insurance reform in the Patient Protection and Affordable Care Act. By the end of calendar year 2013, all states are required to establish an individual market exchange and a Small Business Health Options Program Exchange or cede that authority to the Federal Department of Health and Human Services to establish and operate the Exchange. The marketplace must be operational by October 1, 2013 in

order to facilitate open enrollment for health coverage that will take effect on January 1, 2014.

Through the Exchange, individuals and small employers will be able to purchase health coverage from a range of health plans. At its core, the Exchange must attract and retain customers by offering "qualified" health plans; establish a streamlined eligibility and enrollment system for all medical assistance programs; process transactions effectively and efficiently; provide members with information to make informed choices; and enable individuals to apply for waivers that exempt them from the law's health insurance mandate. The specific responsibilities within the Exchange's four main functional areas: 1) eligibility; 2) outreach, enrollment, and customer services; 3) selection, evaluation, and management of the health plans offered through the Exchange; and 4) enforcement of the individual mandate and federal reporting.

The Exchange will need to operate like a private enterprise, serving as a distribution channel for commercial health insurance, working with small employers to provide their employees with commercial coverage, generating revenues to support operations, and competing against or partnering with existing distribution channels for customers. Achieving the proper balance between public accountability and transparency with the need to be responsible to consumer demands will require an entity that is subject to government oversight but also has sufficient flexibility to achieve its commercial objectives.

Determining how best to position Nevada's Exchange so that it meets the state's objectives and is compliant with the ACA will require collaboration across state agencies, among stakeholders, and throughout the state's health insurance industry. While the federal government will establish parameters within which Nevada's Exchange may operate, the state is provided some flexibility to design and develop a Health Benefit Exchange that best meets the needs of Nevada residents and businesses.

Ms. McDonald stated that during the 76th Nevada Legislative session the Silver State Health Insurance Exchange was established as an independent public entity housed within its own governmental agency. SB 44 created the Exchange administrative structure and authorized a seven member Board to perform the duties necessary to develop and operate the Exchange. On September 23, 2011 Governor Sandoval announced the appointment of the seven Board members of the Silver State Health Insurance Exchange. The members will provide leadership and direction toward the development and implementation of the Exchange.

Chair Quint questioned where in this structure does the Commission fit? Ms. McDonald responded that the Commission is a stakeholder and encouraged Commissioners to review the website, attend subcommittee and Board meetings, provide input, and be

active at the subcommittee meeting level, as there is a need for expertise from individuals.

Ms. McDonald offered to keep the Commission updated during this process.

Dr. Cook advised the Commission to begin discussing the priorities of the Commission within health care reform and stated that the Commission will need to be an advocate for behavioral health within this new health care system.

ACTION: Chair Quint stated that the Commission needs to continue this discussion at future meetings.

A break was granted at 10:11 A.M.
The meeting reconvened at 10:23 A.M.

PRESENTATION FROM DEVELOPMENTAL SERVICES

- **TRANSFER OF THE COST OF CHILDREN'S SERVICES**

Barbara Leiger, Rural Services, provided an update on activities with the counties as a result of the legislation regarding the transfer of the cost of children's services to the counties. Rural Services have been holding meetings with rural counties; Dr. Cook and Ms. Gruner have been working with Washoe and Clark counties. Initially, the meetings have centered around what the programs are, what does children's services mean, the costs to each county, and help determine what types of services the counties want to offer. Each county can define the types of children's services they want to make available. The counties are deciding what they can afford, in the meantime the State continues to providing services during this transition period and billing the counties for those services.

Dr. Cook reported that Carson City has signed a contract with MHDS to continue providing services.

ACTION: The Commission will be kept apprised with updates during this ongoing process, as it is anticipated that these programs will be changing over the next few years.

LOCAL GOVERNING BOARD (LGB) UPDATES

Chair Quint stated that this is now a standing agenda item for reports to be provided at every Commission meeting. The LGBs held meetings in July and next meeting is scheduled for October.

SNAMHS Local Governing Board – Commissioners Cohen, Kinnikin and Rosenberg attended the last SNAMHS LGB meeting, stated that the agenda being used flows well, and the next meeting is scheduled for October 21, 2011.

Chair Quint reminded the Commission of their responsibility to attend the LGB meetings; as these meetings have proved to be very informative and helpful as to the insight into the facilities, what is happening at the facilities, and getting to know the staff.

ACTION: Chair Quint suggested that the issue of seclusion and restraint be discussed at the LGB meetings.

NNAMHS and Lakes Crossing Local Governing Board – Commissioner Johnson stated she likes to hear from staff and what is happening and improving at the facility. Commissioner Johnson stated that these meetings are very interesting and she has learned a lot about the facilities and their programs during these meetings.

LOCAL ADVISORY BOARDS UPDATE
DISCUSSION OF THE ROLE AND FUNCTION OF THE LOCAL GOVERNING AND ADVISORY BOARDS AND DEVELOP A WORK PLAN FOR THE LOCAL GOVERNING AND ADVISORY BOARDS AND DISCUSSION OF THE WEB SURVEY RESULTS

Chair Quint stated that at the last Commission meeting, the Commission discussed the role of the Local Advisory Boards and that they appear to be operating differently in the north than in the south. Ms. Jane Gruner has been involved with the LAB in the north and Dr. Hulbert has been involved with LAB in the south. The southern LAB has voluntarily disbanded until further direction from the Commission. The northern LAB continues to meet regularly.

Dr. Crowe reviewed that the LAB is a mechanism to provide input to the Commission on community based and developmental service programs. Dr. Crowe stated that there is a need to define the LAB membership, role and responsibility and update the LAB bylaws. It was stated that Joe Tyler is the chair of the Northern LAB.

Chair Quint offered that there is a strong need for collaboration between the Commission and the LABs.

Dr. Crowe offered that one option would be to invite the Northern LAB to a Commission meeting to discuss what the northern LAB is doing and their role.

Kathy Cervakis stated that she participates on the northern LAB and there is some confusion as to the purpose of the LAB and encouraged the Commission to revisit this issue.

Commissioner Beasley would like to hear from the northern LAB and discuss the role and responsibility of local advisory boards; as their role is not clear.

Dr. Ghertner stated that the LABs are now meeting on their own and there is a strong need for authority and direction from the Commission. Upon questioning by Commissioner Eisner, Dr. Ghertner responded that the LABs are not necessary as the LGBs can receive public input, concerns, and comments.

Commissioner Eisen stated that the perception has been that the LABs have been the forum for individuals to provide input and suggested that the LGBs could perform that function and add that type of public input to the LGB agendas.

Isabel Cool stated that the Nevada Children's Behavioral Consortia is offering their support and help and is awaiting direction from the Commission on what they can do specifically to help in children's mental health issues.

Dr. Ghertner stated that the Commission need to decide what boards to authorize with deliverables and which boards the Commission would like to get information from? It was suggested that the Commission review the minutes of LGBs an LABs to determine what is happening in the meetings.

ACTION: It was requested to discuss this issue at the next meeting and include the Strategic Planning flow chart with the various boards and their integration with the Commission and other boards. It was requested to invite an individual from the northern LAB to make a presentation at the next meeting with regard to the role of the northern LAB.

Dr. Ghertner stated, from the perspective of an Agency Director, there is already a Local Governing Board and is unsure of the role of the Local Advisory Board. Dr. Ghertner questioned how many advisory boards/groups the Commission wants as there are a number of advisory groups that have been established. Dr. Ghertner stated that if there is a group designated by the Commission, then the Commission has a responsibility to become more involved in that group in their operation, bylaws, membership, and input mechanism.

MHDS BUDGET UPDATE AND AREAS OF COMMISSION COLLABORATION

Dr. Cook reported that the budget cuts were significant and outlined the issues that the MHDS Division and the Commission will be facing:

- Congress may be making recommendations that could have an impact on states;
- The huge issue that the Division will face will be with health care reform. If health care reform moves forward, it is anticipated that ½ million Nevadan's will have insurance coverage or will be eligible for Medicaid in 2014 and would be eligible

for services from other providers. The MHDS case load could face significant revisions and will make budget planning difficult to determine revenue funding and the revenue stream.

APPROVAL OF MHDS POLICIES:

- **DELETION OF #1.007–ATTORNEY GENERAL'S OFFICE-FUNCTION/COMMUNICATION** – clarifies the process for requesting general services from the Attorney General's Office, including the management of delinquent patient accounts. This process is outdated and is recommended to be deleted.
- **DELETION OF #1.005–INDIVIDUAL SERVED ESCORT REIMBURSEMENT** – provide procedures on the circumstances and conditions in which staff may be reimbursed when participating in certain activities with consumers. This policy is no longer in compliance with Nevada Administrative Code and is recommended to be deleted and replaced with a travel procedure.
- **HR 4.6–DRESS AND GROOMING** – The purpose of this policy is to ensure the safety of staff and to maintain a professional appearance with individuals served, the public and co-workers.
- **CRR 2.2 – CULTURAL COMPETENCE** – Services are centered on each person's needs and people are not denied services based on race, color, national origin, religion, gender, sexual orientation, age, or disability.
- **A-4.6 – REQUESTING A WRITTEN OPINION OR AN INVESTIGATION FROM THE ATTORNEY GENERAL'S OFFICE** - This policy will identify the procedures required for soliciting written opinion and/or investigations from the attorney general's office.
- **HR-4.1- PRESENTATION TO ORGANIZATIONS/CONFERENCES** – The purpose of this policy is to establish the approval process for MHDS employees who provide presentations at conferences, workshop, or trainings.
- **A-4.7- MEDIA CONTACTS/EVENTS** – The purpose of this policy is to ensure information is properly disseminated to the public and is of high quality, consistency and accuracy.
- **IMRT-6.13 – HIPPA PRIVACY OFFICER REQUIREMENTS AND RESPONSIBILITIES** – The purpose of this policy is to maintain compliance with privacy related law and regulation.
- **CRR-1.3 – RESTRAINT/SECLUSION OF INDIVIDUALS** – The goal of MHDS is to eliminate the need for people served to be secluded or restrained. This policy is designed to maximize the safety of people served and staff and to ensure the rights of people are protected.
- **HR-3.7 – FURLOUGH LEAVE** – The purpose of the policy is to ensure the Division of Mental Health and Developmental Services complies with requirements for a furlough program in accordance with the provision of Senate

Bill 505; as well as the Department of Health and Human Services Furlough Leave Policy which is herby incorporated by reference.

- **F-2.1 – NEW POLICY - REQUIREMENTS OF APPLICATION FOR HEALTH BENEFITS** – The purpose of this policy is to ensure that all public mental health and developmental services that are eligible for reimbursement through Medicaid funds are claimed and to provide staff with basic screening requirements to make appropriate referrals for application to Medicaid.

Ms. Phinney reviewed the above referenced policies.

MOTION: Commissioner Beasley moved to delete Policies #1.007 and #1.005 and approve Policies HR-4.026, CR-2.2, A-4.6, HR-4.1, A-4.7, IMRT-6.13, CRR-1.3, and HR- 3.7, seconded by Commission Johnson. The motion passed unanimously.

MOTION: Commissioner Eisner moved to approve New Policy F-2.1– Requirements of application for health benefits with the amended language provided at the meeting by Ms. Phinney, seconded by Commissioner Casale. The motion passed unanimously.

UPDATE OF STATUS OF COMMISSION VACANCIES

Mrs. Harper reported that Dr. Barron, to date, has not submitted his resignation letter to the Governor's Office and he will remain a Commissioner until he submits his resignation. Chair Quint's term expires at the end of September and SAPTA needs to submit three names through the MHDS Administrator for consideration by the Governor.

Dr. Cook suggested that the Commission may want to consider submitting proposed language revision for the 2013 legislation to amend the MHDS commissioner nomination process.

ACTION: Staff was directed to remove Dr. Barron from the Commission; as he has missed two meetings, unexcused, and per the Commission Bylaws he is to be removed as a Commissioner; and send a letter to the Psychology Association to submit three names to the Governor for complete Dr. Barron's term.

UPDATE OF MENTAL HEALTH PLANNING AND ADVISORY COUNCIL (MHPAC) COLLABORATION

Ms. Phinney stated that there is new legislation and DHHS policy in which any Division within DHHS cannot contract with any current, former or retired state employee, as such this means that Roger Mowbray, Dr. Crowe and Mrs. Harper will no longer be able to perform work for this Commission. Also, funding for these positions had to be transferred to another category due to an assessment against the grant that the Division was not previously aware of. Ms. Phinney stated that Tawnya Benitz, who is also the

support staff for the Mental Health Planning and Advisory Council, will be the support staff for the Commission.

Commissioner Eisen stated that the decision by the Department is self-injurious in making the policy more restrictive than legislation.

Chair Quint stated that the Legislature responded to a backlash in the community in which there is the perception that individuals who previously worked for the state are receiving large contracts. Chair Quint stated that he will be discussing this situation and the appeal process with Mr. Willden. Chair Quint stated that the Mental Health Planning and Advisory Council has sent Mr. Willden a letter requesting the reconsideration of the contract with Roger Mowbray.

Ms. Phinney advised that the Council has rules on how funding can be spent on administrative support.

Ms. Phinney stated that the Council will be meeting on October 18th to revise the strategic goals and anticipate that will remain a priority. The Division will ensure that staff will continue to support the Council and Commission. Ms. Phinney stated that the MHDS Central Office will be absorbing some of the work, but there will be a reduction in the support to the Council and the Commission in some areas.

Chair Quint stated that Dr. Crowe and Mr. Mowbray have been the glue in maintaining the collaboration between the Commission and the Council and with overall state staff reductions it will be a lose-lose all around, but collaboration will continue.

DISCUSS AND DEVELOP A PLAN OF POSSIBLE MAY 2012 MENTAL HEALTH MONTH ACTIVITIES

Chair Quint reviewed that for the 2011 May Mental Health Month, the Southern Nevada Consortium sponsored a video contest at the junior high level to promote mental health awareness with the winner awarded a luncheon with the Governor.

Commissioner Cohen questioned who would take the lead to organize activities for the May 2012 May Mental Health Month.

Commissioner Beasley recommended, given the resources of the Commission, to support what the Consortia are planning. Dr. Ghertner stated that NAMI will be holding their statewide meeting on October 8, 2011 and it was suggested to contact Sue Gains to determine what NAMI is doing and offer collaboration with the Commission.

Ms. Cool stated that the Children’s Cabinet will also be involved with May 2012 Mental Health Month activities.

Ms. Cool announced the Pam Becker has accepted a promotion at the Children's Cabinet as the head of human resources and will be stepping down as the Washoe Consortium Chair.

FUTURE AGENDA ITEMS

The following items were suggested for the November 18, 2011 meeting agenda:

- Discussion of the Lakes Crossing medical protocol and system to deal with client's medical issues – Dr. Neighbors;
- Discussion regarding the qualifications for a detoxification technicians – MHDS;
- Update from the Legislative Subcommittee and the Subcommittee for the Statewide Children's Mental Health Plan – Chair Quint and Commissioner Beasley;
- Local Governing Boards Update – Chair Quint;
- Local Advisory Boards Update and Invite Joe Tyler to present – Chair Quint;
- Presentation of the Nevada Administrative Code Regulation Process and Administrative Rule Manual – Senior Deputy Attorney General Slabaugh;
- Discussion on Health Care Reform – specific area;
- Discussion of the impact on the Commission with the loss of staff and how the Commission will function and move forward in the future – Chair Quint;
- Approval of MHDS Policies – Ms. Phinney;
- MHPAC Council Update – Ms. Phinney; and
- Overview of Developmental Services – DS Directors

Commissioner Beasley stated that the Commission functions as well as it does as a result of the support and expertise of the support staff; and the loss of the Commission's support staff is a huge step backwards for this Commission and the work of the Commission.

PUBLIC COMMENTS

Dr. Leslie Dickson stated that the Co-Occurring Disorders Committee is proposing to disband and has sent this proposal to the Legislative Counsel Bureau and the Governor's Office.

Dr. Dickson stated that the Southern Nevada Mental Health Coalition and the Crisis Intervention Team, which is a voluntary organization and in response to the emergency room crisis, trains police officers to deal with mental health emergencies and mental health patients. Their national meeting will be held in Las Vegas in September 2012.

Chair Quint stated that Dr. Cook will be retiring at the end of September and thanked Dr. Cook for his decades of services to mental health and developmental services, its clients and programs.

MOTION: Chair Quint adjourned the meeting at 11:57 A.M.

Respectfully submitted,

Christina Harper
Recording Secretary