

MINUTES
of the
Mental Health Planning Advisory Council
Consumer & Family Member Advocacy Committee
meeting on
Tuesday, March 8, 2011
held at
Division of Mental Health & Developmental Services (MHDS)
4126 Technology Way, Second Floor Conference Room
Carson City, Nevada 89706

1. CALL TO ORDER, ROLL CALL, INTRODUCTIONS –PATRICIA PETERMAN, CHAIR

Rene Norris acted as Chair in the absence of Patricia. Rene called the meeting to order at 8:38 am. Verbal roll call completed.

Members Present:

- Herrera, Corrie – Family Member (via teleconference in Elko)(proxy for Lydia Snead))
- Norris, Rene – Family Member (via teleconference in Las Vegas)
- *Phinney, Cody – MHDS
- *Polakowski, Ann – DCFS
- Thomas, Alyce – Consumer (via teleconference in Las Vegas)
- *Wilhelm, Layne – SAPTA

*signifies advisory non-voting members

Members Absent:

- Peterman, Patricia – Family Member
- Snead, Lydia – Family Member (Proxy by Corrie Herrera)

Staff and guests:

- Benitez, Tanya – MHDS/MHPAC Admin. Asst.
- Crowe, Kevin, Dr. – Commission on MHDS
- Mowbray, Roger – Grant Writer

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC CONSUMER & FAMILY MEMBER ADVOCACY COMMITTEE MEETING ON 2/22/11

Rene asked for comments and/or changes to the minutes from 2/22/11. Alyce motioned to approve the minutes as written. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. REVIEW AND APPROVE LETTERS

Rene gave the floor to Roger.

- **FIRST LADY – SUPPORT OF CHILDREN’S SERVICES**

Roger went over the letter. He asked if everyone had the opportunity to review the letter. He spoke with Pam Becker from the Children’s Consortia. There was a meeting rescheduled from February to this last Wednesday that included the various Children’s Mental Health Consortia’s. Patricia was invited to it, he has not heard if she was able to attend. Prior to that meeting, Roger spoke with Pam and conveyed the support of the Council in regard to children’s mental health issues. He asked Dr. Kevin Crowe if he had heard anything in regard to the meeting. Dr. Crowe said he is not sure as to the outcome. Dr. Crowe said he spoke with Kevin Quint, and he is very pleased with the letters. He feels they align very well with the Commissions priorities on the adult side with the Mental Health Court and on the children’s side in implementing the MHDS Children’s Plan. He believes they have worked hard to align the letters and Kevin Quint feels it is very well done. Corrie said the letter is very well written. Roger said he referenced a document in regard to the numbers in the letter.

Roger suggested deferring a decision until after they have discussed the budget items.

- **LEGISLATURE – SUPPORT ACCESS TO CHILDREN’S/ADOLESCENT MENTAL HEALTH SERVICES**

Roger did not write a letter in support of children’s/adolescent services. There is not a specific bill, action or budget item in which he could refer too. He asked for questions. Cody asked who the letter is for. Roger said the Legislature.

- **LEGISLATURE – SUPPORT OF DCFS BDR**

Roger went over the letter supporting the DCFS BDR. He said it is very similar to the letter to the First Lady. He said he wanted the letter to focus on the BDR. This letter will go to the committee that hears the budgets for both DCFS and MHDS. He did this in anticipation of the hearing that will be held on 3/10/11. He wanted to make sure they would be able to get the information in, in a timely manner. They encourage electronic submission of the letters, so it will be faster.

Dr. Crowe said during the DCFS budget presentation last Friday, the only concern came from Senator Leslie and had to do with the DCFS plan to reassign direct service staff to undertake the new plan.

Roger suggested deferring this one also until the section on the budget.

4. REVIEW AND APPROVE LETTERS TO THE LEGISLATURE SUPPORTING AB33, AB48, AB50, & SB44

Roger said he did not write these letters because he wanted to get information from the Council as to why each is a good idea.

AB33: Completely through the Assembly and has not been assigned a committee in the Senate. This strengthens the Board of Psychological Examiners. Corrie asked if there is additional funding for the Board. Cody said the Board is fees they charge. Roger said it was passed unanimously. Roger said when the bill is assigned to a Senate Committee, they can send a letter to the Committee in support of the bill or if the Council feels it will happen anyway, they can wait and send a letter if it is necessary. Corrie said if it looks like it will pass, they should focus on something that needs more help or support passing. Rene and Alyce concurred with Corrie.

AB48: Submitted by the Consortia. The Consortia had the appropriated \$75,000 from the general fund amended out in Committee. The bill passed out of Committee. They are not asking for general fund money. Roger said it is not scheduled to go to the Assembly floor at this time. He is not certain to whom they would send the letter. It may be appropriate to put this in the same category as AB33 and continue to monitor it. Then if something comes up, the Committee can choose to take action at that time.

AB50: This has a due pass recommendation. It is more focused on the Health Division. The bill covers a larger population than just mental health. Layne said it allows them to increase the fees for licensure. They are a fee based system, the Bureau of Health Care Quality and Compliance. This allows them to maintain staff and do the onsite licensure procedures necessary for client safety. Roger

said it does require a 2/3 majority vote to pass because the bill recommends an increase in fees. Corrie asked if it will have a direct impact on mental health. Rene said it may as far as group homes. Corrie asked if there are a lot of group homes. She said the rules should be stricter as far as group homes. Rene said an elderly person will be in a group home and they have mental health issues, but they are in a group home for elderly people. Corrie asked if this would include nursing facilities. Rene said a nursing facility has the stricter regulations, but for smaller group homes, someone can buy a house and put six or eight people in it and have staff to keep an eye on them. They would not have the regulations the nursing facilities or assisted living facilities would have. Corrie asked if this bill would create the regulations or if this is more to do with licensure. Corrie said her office looks into a number of complaints in the group setting. Roger said section two of the bill “requires homes for individual residential care to meet all licensing and operating requirements that are applicable to facilities for the dependent.” Rene said they would have to meet all the requirements a nursing facility would. Corrie said she believes it would be a good thing. Is it something they should focus on? Rene said maybe they can monitor it and see what develops. Roger said it will go to the Assembly floor and then move to the Senate. Rene asked if this would include the therapeutic type group homes for children also. Roger is not sure. Cody asked if DCFS was tracking this. Ann will check into it. Corrie asked the number of persons needed in order to qualify as a group home. Alyce thought if they have more than four, they become a group home. Corrie said there is a caregiver agency in her area that has a couple of homes. They have more than four people there and they list some of the members differently which allows them to get around the group home regulations. Roger will see what he can find out. In looking at the minutes from this bill, it looks like they have industry support.

SB44: This is the MHDS bill, clarifying the definition of consumer throughout the statutes. Cody said after the first couple of pages, the changes will be changing client to consumer. In addition on the first page, it would give the Division authority to adapt regulations defining what they mean by consumer. Corrie asked if it will add or take away consumers. Cody said it would not change how services are provided. It would allow the Division the authority to say this is the target group for whom they provide service. The regulations have not been written because they do not have the authority to adopt the regulation. It would define what the target population for the Division is. Corrie asked if they see any opposition. Cody said she is not aware of any at this time. Corrie asked if there is a fiscal impact. Roger said the fiscal note state zero, but it states affect on the state yes. Cody said they have to prepare the regulation and there is a lot of bureaucratic work associated with preparing regulations. Rene asked if they are going to decrease the number of consumers and will they be turned away because they are not seriously and persistently mentally ill. Cody said it would not allow them to turn anyone who is a danger to themselves or others away. Rene asked about a person who does not have insurance and who is not seriously mentally ill, but they are having some issues. Cody said the time to discuss that

would be when the regulation is prepared. Rene asked if consumers and family members will be a part of the regulation process. Cody said yes, there is an extensive public comment process for the preparation of regulations. Roger asked if this is in preparation for how the federal government is changing the Block Grant. Cody said it is in preparation for Health Care Reform and how they will be asked to task integrating with Health Care Reform to make sure that the populations who remain uninsured, has a place to catch them. The system is expected to change between now and 2014. Roger said it was read for the first time on 2/7/11 and the Committee heard it on 2/8/11 and took no action. There are no hearings currently scheduled. It is in the Senate Health and Human Services Committee waiting another hearing. Rene asked how the first hearing went. Roger said it states no action. Corrie said they should monitor and support it necessary. Alyce and Rene agreed.

Alyce motioned to monitor the four bills and take action in the future if necessary. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

5. REVIEW AND DETERMINE WHETHER TO SUPPORT, OPPOSE, REMAIN NEUTRAL, OR OTHER ON AB94

Rene gave the floor to Roger.

AB94 was sent to Committee and read on 2/7/11. There have not been any meetings scheduled in regard to this bill. Roger asked Dr. Kevin Crowe if he has heard anything in regard to this bill. Dr. Crowe has not. Roger said this may have to wait until something is scheduled. Corrie said she feels that she does not have enough information on this bill. Alyce agreed. Corrie verified that they can go into the Legislative website and read the entire bill. Roger confirmed. He said it is 20 pages and he will send a link directly to the bill. Cody believes the Division is expecting amendments, so they will want to watch for that also. Dr. Crowe said some interest came about at the Commission meeting. Concern was expressed because it allows for essentially general commitment on an outpatient basis and Barbara wanted to make sure that there is plenty of safeguard for consumers if the state moves in this direction. Alyce said this is her issue also. Corrie concurred. Roger said there is a page where people can express an opinion on any particular bill. There have been 15 opinions expressed on this bill and all were in favor. He read some of the comments.

They are anonymous unless they want to leave their name. One comment was "Nevada should not be the last state in the nation to enact a law that would actually help people with mental illness who have no insight into their illness." Another submitted by Gayle Du Jardin, "I help run a support group for the NAMI families of the mentally ill. Over and over I hear stories of how their families are unraveling while their loved ones languish without help or medications because

their rights may be violated. Their hands are tied as the one who is ill goes into a downward spiral ending on the streets, in jail, or worse suicide. We need your help, please help us.” Another said; “help us help our loved ones when impaired from making good decisions.” Roger said he will send a link for the bill and the comments. Corrie asked if it would be possible to have Barbara attend and explain concerns and any input she would recommend.

Corrie motioned to monitor AB94, get feedback from others, and take action if necessary. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

6. REVIEW EXECUTIVE BUDGET PROPOSALS PERTAINING TO MENTAL HEALTH & DETERMINE WHETHER TO SUPPORT, OPPOSE, REMAIN NEUTRAL, OR OTHER

Roger added a second page to the hand out showing the relative caseload for the programs that are proposed to be cut. These will be topics for discussion at the hearing on Thursday. This gets back to the letters mentioned earlier and what stand this Committee would like to take on the various budget items. Cuts are going to be inevitable. The decision to be made is which are the most important to support and advocate for.

E600: Eliminates the state funding for the Community Triage Center in Southern Nevada. This will save the general fund \$750,000 a year. Roger was not able to locate a caseload for the center. He believes the people will have to go to other facilities. Layne said they can get the caseload numbers from West Hills. Layne will contact them.

E601: Reduces the Consumer Assistance Program and eliminate two positions. This will save the general fund approximately \$150,000. This is in Southern Nevada. He believes they have seven positions there. Some of which are partially funded by the Block Grant and the others are funded with State general funds. The positions funded by the Block Grant will continue. This will eliminate the positions funded with State dollars.

E602: Eliminates the Senior Outreach Program and ten positions funded primarily with tobacco money that is no longer available. There is only a small amount of general funds. The tobacco money is being diverted. The average caseload is 64 per month from July 1 through November 10. Cody said consumers will be served in less specialized services. They will qualify for regular case management services instead of the specialized senior program. Alyce asked if their needs will be met. As it is seniors are not having their needs met. Cody said they will qualify for the regular case management services and will be provided that level of care. Roger said the outreach is the part that will not happen. Cody said the outreach and degree to which they are able to be served in their homes is

likely to be reduced. Alyce asked if there will be transportation for them to get the service. A number of them are served in their homes because they do not have transportation or means of getting around. Cody said the transportation services will be what is available in the regular case management program. Alyce said that means they would have to take a bus. It is sad because the seniors get pushed aside as they watch them die.

E603: Reduce the pharmacy program. \$1.5 million in savings of general funds is something the Division proposed and is actually comfortable with the number being able to be reached through improved billings to other insurance sources and also more use of pharmacy company resources there to support lower income people. They have been able to save money without reducing the medications.

E660: Eliminates the Psychosocial Rehabilitation Program and thirteen positions. This is statewide. The caseload is 510 per month. Alyce said in the past few years, there have been new Psychosocial Rehab facilities emerging in Las Vegas that can provide Psychosocial basic living skills to people that have Medicaid. She is concerned they will not have this program with the State of Nevada that specializes in mental health; however, she is happy that there is another alternative. Corrie said except in the rural areas. Alyce agreed.

Corrie said she has been looking at the budget and they are cutting this program that they need in the rural areas, but they are adding two positions to the medical marijuana program. This makes no sense. She asked if anyone can explain this. Cody said the medical marijuana program is not housed in the Division of Mental Health & Developmental Services. They would not have any interaction with that particular line item for the budget. Layne said that program is with the Health Division. Corrie said it is the state budget. The entire structure is so departmentalized, and very frustrating. Cody sees the point, she can not speak to the medical marijuana program, because it is not something she is familiar with because it is in the Health Division and they do not have a representative of the Health Division in the meeting. Roger said the Health Division is having their budget hearing and they are going through all of their budget accounts. They do have the marijuana health registry is a separate budget account. "It is a state registry program within DHHS Health Division. The role of the program is to administer the provisions of the medical use of marijuana law as approved by the Nevada Legislature and adopted in 2001. Individuals can apply for the registry and if found eligible are issued an identification card to show approval for the cultivation and use of the cannabis plant for personal use within limitations. Eligibility is determined through physician certification of a qualifying medical condition, acceptable criminal background check, and Nevada residency, Nevada Constitution Article IV Section 38 Use of plant of genus cannabis for medical purposes." It appears this is funded by the fees. There are not any general funds. They do have a decision unit requesting three additional positions to meet the increasing workload for the program. Also they have E737, which is a request authorizing fees collected by the Health Division for the Marijuana Health

Registry to be transferred to the Division of Mental Health & Developmental Services Alcohol and Drug Abuse Program to be used providing priority access for assessment and treatment for families referred by the Child Welfare Agencies. A BDR has been submitted to support this request. Layne believes it is a bill. This will help SAPTA with some of their shortfall. Roger said he would get some more information and follow up.

Cody said the 510 in the psychosocial program will still qualify for other services that are available in the Division. They would be referred to other providers of psychosocial rehabilitation services and other state services. Corrie asked if there are any other agencies that provide these services in the rural area. Cody will check into it. Roger said the savings statewide is approximately \$800,000 per year in general funds.

E661: Reduce Outpatient Counseling and eliminate 13 positions and services to 1300 consumers. The current average is 4045 consumer per month. The reduction of 1300 represents about a 1/3 reduction in services. They will be referred to other services, longer wait times before people are able to receive outpatient counseling. This is statewide with a savings of \$950,000 in general funds each year and approximately \$240,000 in other funding, probably federal and Medicaid.

E662: Reduce PACT and eliminate 8 ½ positions and services to 75 consumers by eliminating one of three teams. There are currently two teams in the south and one in the north. This would eliminate one of the two teams in the south saving approximately \$480,000 per year in general funds. The caseload statewide is 212. Cody said the consumers would qualify for other services available in the Division. They could be referred to other providers and the two remaining teams will serve to the degree possible.

E666: Assess the Counties for the cost of the Mental Health Court. The assumption is the Counties will be able to cover the cost; however, in listening to the budget hearings, the Counties are saying they are not able to absorb additional cost. The savings would be approximately \$3 million per year in general funds. The caseload is 242 per month. In the initial mental health hearing this received the most opinions.

E667: Eliminate the Mobile Outreach and Safety Teams and two positions in Southern Nevada. The savings would be approximately \$140,000 in general funds per year.

E668: Reduce Residential Support Services Program to 400 consumers out of the current 1214 consumers. Approximately 1/3 of the consumers will be phased out. Corrie confirmed that they will not add new consumers as people leave until they reach the 400.

E696: Close 22 inpatient beds and eliminate 27 positions at Rawson-Neal. The savings would be approximately \$2 million per year.

Roger said this is where they have deferred the decision regarding the letters to the First Lady and the Joint Subcommittee on Human Services and Capital Improvements. This is a joint committee; in the Senate, Committee on Finance and in the Assembly, Ways and Means Committee. They will be meeting on Thursday. Roger asked what message the Committee would like to send to the First Lady and the Joint Subcommittee. Corrie believes Mental Health Court is an important issue and from the rural area perspective, the Psychosocial Rehab. She would like to see it at least maintained in the rural areas. She asked if they discussed the fiscal impact the Mental Health Courts would have. Roger said yes there are several documents that were presented by different entities. One document states “prison cost vs. services at NNAMHS.” “Mental Health Court clients are required to be in the program for one year. One year of services at NNAMHS for case management, medication management, and counseling cost approximately \$8200. Mental Health Court clients that have had a felony arrest could have gone to prison instead and cost the state \$17,572 for a year in prison. A felony sentence most often for the Mental Health Court client is from 12 to 32 months.” In 2010 there were 50 graduates from the Mental Health Court and the prison cost would have been from \$878,000 up to 2.3 million vs. services at NNAMHS of \$410,000. The cost is two to six times the cost of NNAMHS. Alyce believes Mental Health Court is very important. She has seen the results with clients she has worked with. It can really help people if it is used in the correct way and they have the opportunity to get the services needed. On the other hand, she believes too much money is spent in Mental Health Court on housing and intensive case management, when some of these could be used by people having the responsibility to go to the different agencies to receive the services. There are ways to cut without cutting the entire program. Rene and Corrie agreed.

Corrie asked how they feel about keeping Psychosocial Rehab in the rural areas. Alyce said it is more important in the rural areas than in the metropolitan areas. Rene said she agrees. They see the results all the time when they do the rural monitoring and the input received from consumers and their families. Corrie said she can not stress enough how critical it is on a daily basis for the people she sees. Alyce said the only way they will receive the contact is through the psychosocial. In the metropolitan areas there are other providers they can receive the services from. They do not have that option in the rural areas and she believes it is imperative their voices are heard and that it needs to remain in the rural areas. Corrie thinks they will feel a horrible impact in the rural areas in suicide rates, loss of housing, and just a broad effect. She said she would like to address this and the mental health court. She believes these are the most important. Cody asked if there are other items that are less important than psychosocial. She is asking for the priorities. Corrie said her priority would be mental health court and restore psychosocial rehab in the rural areas. Cody asked Corrie if she feels this

could be mitigated by case management or other services. Alyce said she does not. Corrie said she works daily with a number of consumers and she does not believe it will. The only outside service she is aware of besides mental health is NAMI. They have a monthly meeting at a local Casino. Rene said they do not have that in every rural area. Corrie said the psychosocial rehab person brings a group of people to their activities provided at the Center for Independent Living. Cody asked if the Committee would like to hear from someone more directly involved for this plan. Corrie said it would be helpful. Alyce said the difference in working in the metropolitan and the rural areas is the people in the rural areas look forward to the psychosocial rehab. This is the one thing that seems to be the most important, the idea and ability to be able to go to one location, meet and greet people that are like them with certain activities they know they will be able to do on a weekly or biweekly basis. She is concerned if they do not have psychosocial in the rural areas, what type of affect it will that have on the consumer. Will they see an increase in suicide, more hospitalization, an increase in crime because people are frustrated and angry? She understands there is targeted case management, and that the consumer meets with their service coordinator once a month or once every three months, but it is not the same activity or the same as speaking with people who are living through similar situations. In Las Vegas there are options, but in the rural areas there are no options. Corrie concurred. She said she can not express enough how important this is to the consumer and she believes this needs to be addressed. Cody thanked them for the feedback. Rene asked if there is a way to put this in the support letter and some of the information they have gained from the consumer during the rural monitoring visits. There were many who said the best service they were receiving was the psychosocial rehab and that kept their recovery progressing.

Roger suggested sending the two letters as is and plan on a follow up letter that incorporates the rural monitoring information and Cody is going to get more information on other providers of psychosocial programs in the rural areas. The third thing would be listening to the budget hearing on Thursday. This may be a good time to see what transpires there and focus on rural services. Roger said the main reason is the because of the urgency with the hearing in two days.

Corrie motioned to approve the two letters and pursue additional information on psychosocial rehab in the rural areas and address at the next meeting of the Committee. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

7. PUBLIC COMMENT

Rene asked for public comment. Dr. Kevin Crowe thanked the Council. He said Kevin Quint went over the draft letters and the Commission feels that mental health court is key to mental health services on the adult side. They found through the local governing boards that this goes through all of the programs. It is

a pleasure to hear the Council's voice. The Commission will be meeting on 3/17 for DCFS and 3/18 for MHDS. They will be discussing AB48, AB94, and the DCFS BDR. The meeting will currently be video conferenced in Reno, Carson City, and Las Vegas and will start at 8:30 am.

8. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

Alyce motioned to set the next meeting for Wednesday, March 23, 2011 at 8:30 am. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

9. ADJOURNMENT

Alyce motioned to adjourn the meeting. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 10:22 am