

**MINUTES**  
*of the*  
**Mental Health Planning Advisory Council**  
**Quarterly**  
*meeting on*  
**Tuesday, May 17, 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 called the meeting to order at 9:25 am. Roll call completed. Roger completed sign-in sheet. Roger went over the new process for attendance verification to ensure members who are eligible to receive stipends receive them. He encouraged all members to use proxies if they are aware that they will not be able to attend the meeting. The bylaws of the Council state “a member may designate another member of the Council to be their proxy to vote on a Council agenda action item for them at any meeting of the Council, which includes Committee meetings. A Council member may not be represented by a proxy at more than two consecutive meetings. Designation of a proxy by a Council member must be submitted in writing to the Chair in advance of the meeting.” There have been a few situations where meetings were not able to be held due to not having a quorum.

Roger said based on the statute that authorizes the Council, the three responsibilities for the Council are 1: Review the State Mental Health Plan; 2: Serve as an advocate for adults experiencing serious mental illness (SMI), children experiencing serious emotional disturbance (SED), and others experiencing behavioral and emotional problems including their families; 3: Monitor, review, and evaluate the allocation and adequacy of mental health services within the state.

Members Present:

- Ash, Alisha – Consumer/Youth (via video conference in Las Vegas)
- Bousquet, Judy – Consumer (via video conference in Las Vegas)
- Herrera, Corrie – Family Member
- Jackson, Barbara – Consumer (via teleconference in Reno)
- Norris, Rene – Family Member, Chair (via video conference in Las Vegas)
- Parra, Debra – Housing – am only
- Phinney, Cody – MHDS

- Pinder, Denice – Family Member
  - Polakowski, Ann – DCFS (11:30 am arrival – via video conference in Las Vegas)
  - Snead, Lydia – Family Member (left at 2:00 pm)
  - Thomas, Alyce – Consumer/Family Member
- (10:20 am arrival – via teleconference in Las Vegas)
- Wilhelm, Layne – SAPTA
  - Willingham, Bryce – Consumer (via video conference in Las Vegas)

Members Absent:

- Daniels, Steve – DOC
- Ford, Lisa – DOE
- Lawrence, Coleen – DHCFP
- Merrill, Mechelle – DETR
- Peterman, Patricia – Family Member

Staff and guests:

- Benitez, Tanya – MHDS/MHPAC Admin. Asst.
- Crowe, Kevin, Dr. – MHDS Commission
- Dermody, Rhett – NV PEP
- Fillipe, Natalie – NV PEP
- Hefner, Martin – MHDS
- Martin, Judy – NV PEP
- Merrifield, Patty - DCFS
- Mowbray, Roger – Grant Writer
- Nicole, Christian – Fresh Start Family Services
- Quint, Kevin – MHDS Commission, Chair

## **2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 2/15/11**

Rene asked for questions, comments, and/or changes on the minutes from 2/15/11.

Judy motioned the 2/15/11 minutes be accepted as written. Lydia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

## **3. LEGISLATIVE BUDGET UPDATE**

Rene gave the floor to Marty.

- **MHDS**

Marty referenced the power point presentation for the mid session update. April 7, 2011 was the mid point of the session. They are three weeks away from the session being finished. The MHDS Division budgets are poised for closure in early to mid May. The budgets are actually being heard today in the joint Senate Finance, Ways and Means Committee. They are attempting to close all of the Health & Human Services Divisions. They have been considering various add backs; however, they have no way to know what is likely to be added back if anything. Significant testimony has been given to all of the money committees and policy committees regarding the impact of the cuts that have been proposed in the budget, to the Divisions ability to deliver services. The Legislators are very cognizant of what those are. They have been explained by the MHDS staff in detail. Some of the Legislators own experience, for example Senator Leslie, they know what the impact of the budget reductions will be to the Divisions ability to deliver services.

Overall, this has been a very busy session in terms of bills. Over a 1000 bills have been introduced so far between the Assembly and Senate. Of those, DHHS and MHDS are tracking about a third of those bills. MHDS is actively tracking approximately 60 bills that could have in some way a direct impact to MHDS services. Marty referenced attachment A. Attachment A is a listing of the bills MHDS is monitoring; he has highlighted the bills that MHDS is actively tracking. If anyone has a question in regard to a specific bill or if there is one that should be monitored, please let Roger know and he will contact Marty. It has been a busy session for all department agencies. They are coming up against several deadlines.

Agency bills that the Division has directly introduced or has been a budget bill requested by the agency.

SB28: Agency bill requested prior to the session and was pre-filed. As of 4/15/11 this bill is officially dead and no further action can be taken. It did not meet the deadline of passage out of the committee of the first house.

SB44: Passed out of Health & Human Services and Marty just received word today that it has been submitted to the Assembly front desk for a hearing for final passage on the Assembly floor. Once this is done, it will go to the Governor's Office for signage.

SB437: One of the Divisions budget bills. It was in Senate Finance and is an exempt bill. This means because it has to do with money it has been exempted from the normal rules of meeting deadlines. It has until almost the very end of the session to be heard. There was a hearing held on May 13<sup>th</sup> in Senate Finance; however, no action has been taken.

SB469: In Senate Finance and is exempt. This was heard on May 13<sup>th</sup> and they took no action on this bill as well.

The key committees where bills of interest to the Division have been heard are the Senate & Assembly Health & Human Services; Senate & Assembly Judiciary – this committee has heard a surprising amount of bills relating to MHDS operations and/or some key bills for the Division this session; Senate & Assembly Government Affairs – this committee has been hearing mostly bills that are of peripheral interest to the Division, nothing too critical to the delivery of operations; however, some bills that are important in terms of what the fiscal staff will be doing and delivering support to operations; and then the Ways & Means/Finance – they are hearing bills regarding the money for operations.

Some significant dates to keep in mind moving forward toward the end of the session.

May 2<sup>nd</sup> – the economic forum meeting was held. This is an independent commission made up of several members of the business community that review the revenues/projections that are coming in for the state. They meet twice, once right before session or early on in the session and once again around mid session. The May meeting is when they issue their final projection for how much the Legislature will have to spend for the upcoming biennium. This economic forum projected that revenues would be coming in slightly higher than was previously anticipated. The Legislature and the Governor are currently basing the budget on. Because the revenues are coming higher than they anticipated, the Governor has consented to add back several programs that were previously considered for reduction. They are not sure how all of this will turn out until the end of the session.

Week of May 16<sup>th</sup> – Budget closings for MHDS.

May 20<sup>th</sup> – deadline for all bills. Bills that are currently in committee at the second house, for example: a Senate bill has passed the Senate process is now in the Assembly. It has until May 20<sup>th</sup> to be passed out of its Assembly committee and then sent down to the floor for voting. He believes they will see a number of bills that do not make this deadline.

May 26<sup>th</sup> – this is a general target for the Senate/Assembly money committees to start resolving their budget differences. They are currently attempting to do this. This is the deadline for issues of how certain things need to be funded. They need to come to a conclusion about this and get them voted out of the money committees.

May 27<sup>th</sup> – all bills have to be passed from the second house in order to remain alive. This means if a bill started on the Senate side and went to the Assembly and is passed out of committee. It has to be voted on by the whole floor of the Assembly and pass/fail for it to be considered viable.

June 1 – budget bills have to be introduced. The money committees will be putting together their budget bills for what each agency will have to spend in the coming biennium. Exempt bills have to be from the committee. June 1<sup>st</sup> is the really the deadline for all bills that have been declared exempt, the money committees will have to make a choice one way or the other as to what they intend to do with them.

June 6<sup>th</sup> – Sine Die is the date the legislature is to end. This is currently up in the air. There are some significant issues that remain to be considered. The reapportionment and the Governor just vetoed the education bill that had been sent to him. The Legislature is required to pass out an education bill before it funds everything else. They are not sure how this will hold up the rest of the process. Even though technically they passed the education bill, it was vetoed and so it has to come back and be reworked. The Legislature will have to make a choice of whether they are going to accept the Governor's recommendations submitted to them or come up with additional funding sources to fund the additional programs the Legislators put in the education bill. There are some significant issues that still need to be resolved notwithstanding the budget itself.

These are the important issues that have come up during this session. General topics for the legislature are: revenue and taxes; the State Budget; education; health & human services; and reapportionment are all key issues for this legislature to consider as they are going forth. One of the things that was not a surprise but the bills were more numerous than in previous sessions is personnel. They have been seeing a lot of personnel bills come through. A lot of them had to do with ways that state employees can be impacted in terms of reducing their impact on the state budget. All sorts of various suggestions regarding how state employees can work smarter not harder, suggestions for trying to make things more efficient. There is a bill for four tens and various different ways those hours can be moved around to save some additional money.

For the Division, the key issues they started out with before the session have turned out to be the key issues as they have been moving through the session. Preservation of services continues to be the primary focus for the Division. Use of consultants and contracts, the legislature is very concerned about the contracting process and how contracts have been entered into with vendors with the state, in terms of are they being done effectively. Are they keeping as tight of an eye on spending regarding contracts? Are the proper safeguards and monitors being put in place so they can track the contracts as they are moving along to prevent abuses and things like this? This has been a real significant issue and AB240 & AB242 are being heard now, and if they are passed, they will significantly impact how they do contracts in the future. The fiscal staff is currently working on how they can improve their contracting process and be more in line with what the legislature and the board of examiners would like for them to do. Going forward, even if some of the bills regarding contracts do not pass, Marty believes they will be looking at more stringent standards and levels will be put into place for contracts.

Intermediate sanction facilities and involuntary civil commitment are two bills that have been receiving a lot of attention. If they are put in place as they currently are now, they would probably have a significant fiscal impact in terms of how they would be able to deliver services, especially at a time when other services are being reduced. Neither of these issues have been settled as of yet.

As a wrap up, the session is set to adjourn on June 6<sup>th</sup>. Not sure if there will be a special session yet. The Governor has indicated that if a special session is necessary it is unlikely that he will call it right after the session is over. He is willing to wait until closer to the end of June or early July to call the Legislature back and finish whatever business they have. They only have a few weeks left to finish. They need to finalize the resolution of revenues needed for the budget, and reapportionment still needs to be resolved.

If anyone needs any information, please contact Roger or Marty and he will get the information to them. The next presentation that he will be delivering to the Council will be the post session wrap-up. At that point Marty will let everyone know what bills passed and what the impact that they will have on operations going forward.

Marty asked for questions. He thanked the Council for inviting him to present the information.

Cody said Dr. Cook is not able to be here today due to being at the budget hearing. She did receive an update from Dr. Cook regarding what he expects to happen today during the hearing. As Marty mentioned, the Governor has recommended reinstating some funding based on the economic forum's increased projection. This would include the triage centers, the state support for the triage centers that are located in Reno and Las Vegas. Those centers are joint ventures between the state, local communities, and some private providers in those communities. That leverages the state dollars to have the joint effort. Supportive Living Arrangement (SLA) funding was recommended to be reinstated. Substance Abuse Treatment Prevention funding was also proposed to be added back.

The current proposals that are going forward today continue to include moving the following services to county funding, mental health court and children's services in the developmental service agencies. The proposal going forward today included the funding cuts that would result in the reduction of 44 beds at Rawson-Neal Hospital, the reduction of four beds at Lake's Crossing Center, the reduction in funding for co-occurring disorders programs, the elimination of psychosocial rehabilitation, the elimination of the senior outreach program – which was funded with tobacco money that at this point is no longer available, and a significant reduction in outpatient counseling services and mental health services. Cody said Dr. Cook also mentioned that the intermediate sanctions facility proposal is expected to go if anything as a study for the next two years and the involuntary civil commitment bill is not expected to move forward. Cody asked for questions. Corrie asked if this is referring to AB94. Cody said yes. Denice asked if the SLA's were only in Las Vegas. Cody said no they are statewide. Corrie asked if they recommended reinstating fully the SLA programs. Cody said the Governor recommended that those be reinstated after the economic

forum came out with their report on May 2<sup>nd</sup>. The Legislature has the ability to accept the proposal or do something else. This is what they expect to happen. Cody asked for other questions. None were asked.

#### **4. COMMISSION UPDATE**

Rene gave the floor to Kevin Quint. Kevin Quint thanked the Council for their support of SB 448 even though it did not pass. He is appreciative of the Council for working so collaboratively with them and others. It makes a lot of sense in the mental health realm to have this type of collaboration and partnership. The two items the Commission has chosen to address during this legislative session are the budget and basically they have advocated for co-funding as opposed to the deep cuts that have been discussed. SB 448 did not pass. He believes they maybe could have done a better job on their advocacy efforts from the Commissions perspective. This is something they would like to discuss for future sessions and maybe prepare more with different groups. Another item on his list is they are statutorily charged with reviewing seclusion and restraint forms. His personal opinion is the current process is not a very efficient system. Some of the forms are a year to a year and a half old. They did do a survey asking the agency directors what they thought the utility of this process was. No one said it was a good use of their time. In their meeting on Friday, they are hoping to get some type of solution with the Commission to see if there is a better way to approach this. Maybe from the perspective of turn down as opposed to reviewing individual forms that are old and they are behind on. He clarified with Patty that they have approximately 880 for DCFS. Another issue they will be discussing more proactively is health care reform and how MHDS and the providers in the community are prepared, what they need to do to prepare. Another item they have come across is there is a group called the Local Advisory Board. The Commission just discovered them. Dr. Crowe discovered the Commission started the group in 1995. They are looking at a way to connect with this group without duplication and a way to honor their existence but also get all of their jobs done. On the administrative side, they have a ten member Commission and they are two members down at this point. They are missing an MFT and a Physician.

Their next meeting is on Friday and they will be discussing the seclusion and restraint issue, the local governing board meeting that happened in April. They will also be taking a large review of all of the advisory oversight groups in relation to their work and see where they fit in and where they can be collaborative and be better partners. They have a number of legislative updates, the budget, review policies, and continue their discussion as to how to rebound from SB 448. They would like to continue with the topic and determine what needs to happen to work on a better children's mental health system and how to better serve children with mental health issues in this State. They will also have an update from Roger for the Council.

He asked for questions. Corrie asked for a reminder of SB448. Kevin said this was the children's mental health bill, which would have taken a portion of the 10 year plan developed by the children's mental health consortia and give DCFS over children's mental health services and other services as well. This met with a lot of resistance and so

they will regroup and determine how to make the principles of the bill work. Corrie confirmed this is the bill where there was a lot of opposition by the psychiatrists. She asked about the two more Commission members needed. Dr. Crowe said the positions are a physician and a marriage and family therapist. Corrie asked if they are looking in rural Nevada. Dr. Crowe said a physician's name has been submitted to the Governor's Office, but there has been a delay in the process. The Marriage & Family Therapist has not formally been submitted from the Marriage & Family Therapy Board yet. The Commissioners are very specific in how they are appointed in statute, so they have to get the nominations from the association, but they can be from the rural areas. Kevin said it is a more complicated process than they thought.

Roger read some breaking news, located in public comment.

Kevin said they sent a similar message. This is one of the reasons it is so important for the different groups to talk with each other. When he saw emails earlier in the session from this group, he thought it was great, because then the Legislators are getting the same message from different people and there is power from collaborations. Lydia said this is great because there are so many parents out there that need this to be reunified with their children.

The meeting will be Friday, 5/20/11 at the North Neighborhood Child & Adolescent Services at 600 Mill Street in Reno. It will still be at Desert Regional Center at S. Jones in Las Vegas. It will be in this conference room here in Carson City. It starts at 8:30 am and will go until all business has been addressed.

Rene asked for any other questions for Kevin. None asked.

## **5. TRAVEL/CONFERENCE UPDATE**

Rene gave the floor to Roger. Roger reminded everyone this item became a standing agenda item when the Council had discretionary money to send Council members to conferences; however, with the reductions with travel and in particular out of state travel, the discretion is no longer there. There is the annual block grant conference scheduled for June 29 – July 1 in Washington DC. The agenda was just recently sent out. They will be discussing the changes to the Block Grant. Rene asked if Roger will be there. Roger will not be able to attend this year. Cody said this has also been combined with the Data Infrastructure Grant (DIG) conference, Olmstead grant conference, and the SAPTA Block Grant conference. Cody will be attending as the Divisions representative for the Olmstead portion and the adult planner for the block grant, and Laxmi Bokka will be attending the DIG portion and as the data person for the Division for the block grant.

## **6. COMMITTEE UPDATES**

Rene gave the floor to the Committee Chairs.

- **CONSUMER & FAMILY MEMBER ADVOCACY (CFMAC)**

Roger spoke on behalf of Patricia. Roger referred to the two handouts for the Assembly and Senate bills that the Committee felt they wanted to follow and take appropriate action on. He thought the Committee chose very wisely and judiciously on what actions to take.

AB94: authorizing involuntary court ordered admission of certain persons with mental illness. The Committee determined they wanted to voice their opposition to this bill. The Committee submitted a letter and the sponsor of the bill Assemblyman Stewart responded back attempting to explain the benefits of the bill. The two major points the Committee made on the letter were it was a potential civil rights violation and resources are so scarce that it does not make sense to force people who are not willing to receive mental health services when there are so many others who want mental health services but are unable to get them. As Marty mentioned, this bill never made it out of committee.

This was the only bill in the Assembly that the Committee took action on. The others listed on the handout are being monitored.

SB448: Creates the behavioral health policy and accountability board. This was the DCFS Children's Mental Health Plan. The Council submitted a letter early in the session in support of the bill. Roger referred to the January meeting where DCFS representatives and in the training the day prior to the meeting where this bill was discussed in detail. Unfortunately, this bill met some staunch opposition by private providers, so it has essentially abandoned by DCFS. This is a subject that the MHDS Commission is going to continue working on because much of the children's mental health planning falls under their purview.

SB469: The Committee opposed the transfer of the responsibility of the mental health court from the state to the counties. This is about a three million dollar shift statewide. Assuming the counties would pick it up. The counties have stated they do not have the money to take over this. This will be a topic of the budget hearing today. Roger has the budget closing document that the Legislators look at, and the question before the committee that is meeting (the joint money committee – Senate finance & the Assembly Ways & Means) to close the MHDS budget is does the committee wish to approve the Governor's recommendation to replace general fund support from mental health court services with reimbursements from Clark and Washoe County as well as Carson City, totaling 3 million each year. If the committee chooses to reject the Governor's recommendations, general funds of 3 million dollars each year would need to be added back to the NNAMHS, SNAMHS, and Rural Services accounts. The Committees letter opposing the transfer of the responsibility did get posted as an exhibit on the hearing. Corrie had asked Roger if this is referenced in the meeting. Roger said generally not unless someone is there to testify. However, it is documented and on the record.

The next meeting is scheduled for Monday, May 23, 2011, at 8:30 am.

- **CLUBHOUSE**

Judy said she spoke with Myra Schultz this week in regard to Adams House Drop in center. It is at a standstill and she does not see it moving forward. With all that is happening with SNAMHS and no one is sure of having a job after June, the prognosis is not favorable. There was some talk of joining forces with HOPE of Nevada and working together in establishing a center. This did not come together.

HOPE of Nevada is moving forward in their work to be recognized as a non-profit. They have a mission statement and bylaws in place, and they have applied for non-profit status. It is in the works and may be finalized as of this report. Cheryl Murphy has informed Judy that they would be happy to present all of the above to the Council upon request. They are doing a great job establishing YOUR HOUSE and would appreciate any support the Council can give for this project. HOPE of Nevada is establishing a consumer support system in the State of Nevada. It is strongly supported by Mental Health America (MHA).

In the last year, they were able to put together a conference in the fall and it was very successful. Plans for another conference are in the works for this fall. Judy would like to recommend to the Council that since Adams House is no longer an option, they shift their support to HOPE of Nevada.

The Council voted to support the clubhouse in three areas.

1. To write grants when they can, help write grants, and let clubhouse know what grants are available.
2. Write letters of support.
3. Do outreach

She asked if the Council like a presentation from HOPE of Nevada on their bylaws, mission statement, and overview. She asked if they needed to do this in a Committee meeting. Rene deferred to Roger. Roger said they have a couple of choices. The Committee was created at the Council's planning meeting when they formed the Clubhouse and what started out as the Access to Child/Adolescent Services (ACAS). The ACAS was changed into the Consumer & Family Member Advocacy Committee. The Council can choose to change the goals and purposes of the Clubhouse Committee. There was a good suggestion of a presentation from HOPE of Nevada at the next meeting. This way the Council can review and decide if the three items Judy mentioned on how the Council would support Adams House would be the same for YOUR HOUSE. Judy asked if they need to sunset the Clubhouse Committee and prepare to start another Committee. Rene said she did not believe so. The first step would be to have them do a presentation for the Council to determine if the Council can support HOPE of Nevada.

- **MENTAL HEALTH MONTH**

Alyce asked Roger to give the update. Roger said unfortunately, the plans did not work out this year due to the tough economic climate. There was an effort to purchase tote bags. Most of the organizations that expressed an interest were in Southern Nevada and the activities were in Northern Nevada. Cody said the Council provided materials for Idlewild Park in Reno for the NAMI walk. Alyce said they were going to use the bags in both the north and the south, but unfortunately there were not any activities in the south. There were no vendors in the north so they did not get the bags.

- **NOMINATING**

Rene said they have not had any meetings. Roger said Tanya has been in contact with the representative for the Governor's Office and all appointments to any boards, commissions, councils, etc. are on hold until after July 1, 2011. The review of all boards, commissions, councils, and others are taking place by the Executive Branch. Roger said Cody had to respond to the Governor's Office about the statutory authority behind the Council and regulations regarding the Council. He contacted Britanie to let her know that her application is at the Governor's Office and she probably will not hear until after July 1, 2011. Roger asked Tanya if there were any vacancies she was aware of. Tanya said the Department of Corrections representative sent her an email assigning another as his proxy until the other person was appointed by the Governor's Office. She has not received the application at this point.

- **RURAL MONITORING**

Alyce deferred to Roger. Roger said they have finalized the Laughlin report from January. Included in the report is the response from SNAMHS. Roger referred to page four, which has the key findings. These involve successes, challenges, and unmet needs. This is the information that the Rural Monitoring Committee seeks to obtain during their visits.

Under successes, they identified several items that are working well in Laughlin.

- ❖ The improvements in the timeliness in distribution of medications to clients and processing the lab orders
- ❖ The reorganization of the Rural Clinics Agency, so that they are more closely supervised out of Las Vegas instead of Carson City. This has improved the service delivery and staff moral.
- ❖ The staff there is respected and appreciated by all the people they spoke with, clients, stakeholders, and supervisors.
- ❖ Laughlin Town Advisory Board has a social services committee, which is actively involved in identifying problems and seeking solutions. The Laughlin Clinic is involved with this committee.
- ❖ They recently added a full time service coordinator to this clinic. There are also contract child psychologist services being provided in addition to the

Challenges:

- ❖ Shortage of mental health resources in the area.
- ❖ The distance to the Las Vegas area along with the scarcity of affordable and direct transportation makes it difficult for clients to receive services they need.
- ❖ Like many places in Nevada the economic downturn has reduced availability of mental health support services.

Unmet needs:

- ❖ The lack of mental health care professionals licensed to prescribe medications to children and adolescents in Laughlin, places a burden on families there.
- ❖ Transportation
- ❖ Hard to find the clinic. In the phone book, the clinic is listed under rural clinics. It is not in the yellow pages under mental health clinics. When Laughlin Mental Health Services is googled, the link to MHDS website, specifically for the Laughlin Clinic comes up on the first page. People have the knowledge of internet, but often times, they do not have access to internet services in the area.
- ❖ Virtually no psychological testing material for children. A limited number of play therapy items
- ❖ Although the local chapter of NAMI sponsors a small group that meets regularly, more peer to peer groups that do not require clinic staff participation are needed.
- ❖ The clinical program manager suggested purchase of the automated external defibrillators (AED's) would be an important piece of equipment for Laughlin due to their remote location and slower access to emergency medical services.

Corrie asked how far they are from Las Vegas. Roger said approximately 100 miles. Cody said it is much closer to Bullhead City in Arizona, but then they have the insurance payment issues.

On page 19 are the recommendations and responses from the clinic.

- ❖ Arrangements should be made to provide psychiatric services for children and adolescents via tele-medicine so that medications can be prescribed locally as needed.  
*“Psychiatric services in the State of Nevada are sorely lacking due to the lack of availability of qualified psychiatrists. This is most critical in the specialty area of children’s psychiatry. We are exploring options to contract with qualified child psychiatrists and will contract with providers on a case by case basis. Mental Health technicians in Laughlin are available to transport clients and their families to Las Vegas to attend appointments with a child psychiatrist as needed.”*

- ❖ Research conducted after the monitoring visit determined the Laughlin Clinic's phone system is provided by Century Link and the production of the local phone book is contracted out to a publishing company named "dexknows." It was also determined the deadline for submitting changes for the next edition of the phone book was going to be April 22 so SNAMHS and Rural Clinics administration was provided contact information for both Century Link and "dexknows" in order to change the listing name to Laughlin Mental Health Center and include it under Mental Health Services in the Yellow Pages.

*"Thanks to your research and identifying this problem the clinic will be listed in both the white and yellow pages of the new phone book as the "Laughlin Mental Health Center". This was coordinated with Rural Services Administration and Century Link. We now have a staff person at SNAMHS with access via password to monitor this account and make changes as necessary to the advertising."*

- ❖ Explore one-time funding opportunities to purchase psychological testing material and play therapy items.

*"Psychological testing materials are available in the Mesquite Mental Health Center, where we have a full time psychologist position. The materials have been made available to the contract psychologist who provides services in Laughlin. Further, we have transferred play therapy equipment including toys, a doll house and a sand tray to Laughlin Mental Health"*

Roger asked Bryce about the project NAMI was working on. Bryce said it is an effort by all to build them a doll house. This project is underway at this time.

- ❖ Encourage Clinicians to participate in training opportunities on child and adolescent mental health issues that become available.

*"Trainings are made available to all staff; each staff has 24 hours of training available through the State. Recently two days of free training on the DC: 0-3R was offered to all SNAMHS staff; those in the rural sites were encouraged to attend. We will continue to encourage staff to seek training."*

- ❖ Consider acquiring Automated External Defibrillators (AED's) for Laughlin and all other Rural Clinics.

*"Cardiac Sciences agreed to provide AED's at a reduced rate to all of the rural sites. However Rural Services denied the request due to budgetary constraints. On July 1, 2011 the budget for Laughlin will be transferred to SNAMHS and I will pursue placing AED's in all the sites, if the budget allows."*

Corrie asked the price of the AED's. Cody said she is not sure what the reduced rate is; however, they normally run on an average of \$1500.00 each. Corrie asked how many they would need to purchase. Roger said there are 17 rural clinics statewide. There are some dynamics going on with the rural clinics in Southern Nevada to be moved under the SNAMHS umbrella. Once they are under SNAMHS, they will have to become certified under the joint commission. Corrie asked if there is training involved and if it is expensive. Rene said they need basic CPR training to use the AED's. Cody said they will be required to have training in order to be accredited.

Lydia motioned to accept and disperse the rural monitoring report as is. Alyce seconded the motion.

#### UNANIMOUS VOICE VOTE: MOTION CARRIED

Roger said the rural monitoring committee was asked during a previous visit if they do follow-up visits. The Committee thought this was a good idea. They decided they will have a state representative and an adult/child representative. The Committee will be going back to Pahrump. It has been two years since their last visit. Alyce, Roger, and Ann will be going June 7, 2011. They will follow up with management, staff, consumers, and possibly stake holders if time allows. This way they can see if the recommendations were helpful, implemented etc.

### 7. LUNCH

Meeting adjourned at 12:00 pm for Lunch. Meeting reconvened at 1:15 pm.

### 8. LEGISLATIVE/BUDGET UPDATE

Rene gave the floor to Patty.

- **DCFS**

Patty said DCFS budgets closed on Friday. They can always reopen them with changes. As Kevin spoke about SB 448, this did not pass. This had some budget implications for DCFS. If it had passed they were going to transfer six current positions into their planning and evaluations unit to pick up some of the establishing practice guidelines, credentialing, criteria for an adolescent individual and some of the quality assurance and improvement activities that would have come out of this bill. Three mental health counselors III positions, one from NNCAS and two from SNCAS are still going to transfer over to their planning and evaluation unit. These will assist with more technical assistance and more planning and evaluation. These are positions that were supervisors. They did cut approximately 10% of their staff positions in the special session last February. With those cuts, they felt that they could maintain good supervisor ratios with these supervisor positions. They have had some informal discussions with the Nevada Youth Care Provider Associations, Voluntary Association of the private children's mental health providers across the State about entering into some Memorandums of Understanding (MOU's) with some of these providers and on a voluntary basis start to work on practice guidelines and quality assurance and quality improvement with that. Once the session is over, they will meet again to figure out a way to move forward on a volunteer basis. They will mainly be working on treatment home agencies at this time.

There has been a lot of concern about the quality of treatment healthcare, children's mental health treatment healthcare across the State by many stakeholders. From her perspective they have some high quality services and they have some very poor quality

services. In general a number of stakeholders feel on a whole that it is not at all adequate in what the children deserve. She worked with a group of the child welfare agencies that put together a document of what they think a model of therapeutic foster care, the best model for children in Nevada to move forward. Parts of this will be implemented by the three child welfare jurisdictions, Clark, Washoe, and DCFS rural will partner with Washoe County and they are going to do a pilot of the models they come up with and implement approximately 60 to 80 children statewide. Money will have to move, so they will have to go to IFC after the budget closes. They will do a rigorous quality assurance evaluation study of these pilots. They will apply several clinical tools and look at some child welfare outcome tools as well. They will apply them to the children in the pilot program and then identify some children who compare on demographic and diagnostic categories who are not in the pilot. They will do a comparison study.

The Governor's budget recommended the closure of the site they are in now in Las Vegas, with closure of the early child and day treatment program, and three of the staff was going to transfer to planning and evaluation. They restored the early childhood day treatment here, and that is not being cut at this time. The other item they restored is a position that was a clinical position in the north. This will go back to early childhood as a line clinician. They did not lose any service delivery capacity in this session. In terms of budget, DCFS has probably done better than others. They are cutting their expenses but they will not be losing service delivery capacity in this budget.

Patty asked for questions. Rene asked about treatment homes. Patty said treatment homes are funded by Medicaid and most children in treatment homes are on Medicaid. Medicaid funds only the medical services, psychosocial rehab services. DCFS funds the specialized room and board. The budget from the Governor recommended to have this for foster children only and eliminated it for children in parental custody and also the children on probation. These were added back by the Governor and the legislatively closed budget. Rather than DCFS managing those, they calculated populations; the probation department will get their own room and board money to manage for children on probation that go into treatment homes. DCFS children's mental health programs will receive an allocation for children in parental custody who are not involved with probation. This is across the state and this will affect all of the budgets. There was a lot of advocacy and they will be putting together criteria and protocol prior to July 1 so they will be ready to support children in treatment home care.

AB48 was introduced by Clark County Children's Mental Health Consortia. It is her understanding that it has passed both houses and has been signed by the Governor. This gives the consortia the authority to implement the activities related to the 10 year plan and to accept gifts and grants.

AB65 MHDS regarding behavior analysts under the licensure board and psychology board.

AB536 requires background checks for all staff at all levels of organization for any juvenile residential facility. From detention centers to treatment homes, hospitals, etc. She believes this will pass.

AB532 There is some confusion with the LCB if they are licensing the agency and licensing if they both have to do this.

SB246 looks like it will pass both houses. This requires any child serving facility that administers any kind of medication to a child other than nurses or physicians to receive training in medication administration and the documentation of this. It is 16 hours the first year and 8 hours every year there after.

SB448 Kevin spoke of this. One of the statements made by a legislator was that they have quality children's mental health in the state.

She believes they are committed to do what they can to move this system forward.

Roger thanked Patty.

## **9. NEVADA PEP**

TJ Rosenberg said Karen was not able to make the meeting. She is also a member of the MHDS Commission. Patty said NV PEP has a sub-grant that is funded through the block grant via DCFS. This is to support parental involvement with assistance. One of the items they learned through their system of care grant that was in Clark County starting in 1998 for six years was the real importance of the involvement of parents of the children consumers in the system. They work to have parents advocate for parents of children in services, to child and family teen, informal support services, learn how to navigate the system and speak for themselves and their children when their children receive services. The other important thing they learned is in order to provide quality services that are meaningful and helpful they need to have parents sitting with them at their decision making table, when they develop policies and when they have workgroups, task groups. There sub-grant with NV PEP is support parental involvement in system activities. She has provided four quarters of their reports. They submit these quarterly when they submit the invoice and detail out the activities they have provided in the last quarter for the categories of the sub-grant. They also let them know how the groups are. They are a part of the neighborhood center management team. Patty leads a statewide children's mental health management team that has fiscal staff, their AVATAR lead staff, their lead program manager, and NV PEP. This is the group that does finalization of all statewide policies that go to the Commission for approval, so they have parental input as they are developed. She believes this keeps them honest and lets them know if it works or not.

TJ said not only are they there to help the teams that they are a part of know what it feels like as a family member but also to help the families understand how it works, so that they understand what they are doing when they are involved with DCFS and other agencies. They have training and they give stipends to family member for child care and transportation when they come to support groups. This is all included in the report. Alisha asked if they put out surveys. TJ said they sometimes do surveys at the support groups and they provide them at all trainings. She puts out a survey monthly. They also send a survey out every six months that asks if there are any items they would like to see differently.

Roger said he believes the request came out of the January report. There were some questions asking for more information on the \$150,000 per year that goes to NV PEP. Lydia had indicated her question had to do with the grant for the system of care and train the trainer that took place in Las Vegas and how that was funded and who conducted the training. TJ said the amount they get in the block grant is a portion of each family specialist that is involved. It is a very small portion that each one of them gets for sitting on the committees and doing the support groups and training. Considering the amount of work they do for the amount they get it is a very small amount. Patty said she believes what was being discussed, is when they had the child and adolescent system infrastructure grant (SIG). This ended about two years ago. They brought in national trainers regarding the system of care to train a group of stakeholders in what is system of care and then followed up by training a smaller group of stakeholders, they had parents, people from the school district, DCFS, child welfare, juvenile justice who were trained as trainers to train in the system of care. Each region was to organize and do their training. Getting this going was difficult, the consortia picked those up. They met with a lot of resistance. This happened just before the budgets started shrinking. She believes what has happened in all of the public agencies is that what they do in addition to direct client services; they have reduced greatly to prioritize direct client services. TJ said she still does the system of care training at NV PEP for the employees and the parents that come in. She does not see any statewide system of care training. Rhetta said this Thursday; they have a system of care training in the north. Patty thought the north was a little mores successful than the south. They may have thought they funded this from the block grant but it was funded from the SIG grant.

Corrie asked what if any percentage of the block grant provides for rural outreach trainings. She would like to see some more training there if there is money. TJ said Rhetta does trainings in Elko. The block grant does pay for some of that. Rhetta said they have support groups and would like to try to implement more training. Corrie asked if there is a specific percentage that is funded by the block grant. Patty said they are very careful about the rural areas because DCFS has service jurisdictions for Washoe and Clark County. They have NV PEP supporting Wrap around in Nevada (WIN) in the rural areas. As far as the other mental health services really happen through MHDS rural clinics. They have done their family support and family work through this grant attached to their WIN program. TJ said NV PEP does trainings statewide. The trainings are not necessarily funded by the block grant. Patty suggested getting on the distribution list if they are not on it. They do advocacy support and IEP's. TJ said they just started with an e-post. They have also started webinars. They have these once a month and they have the calendar online at NVPEP.org. Patty suggested getting online and signing up. TJ said she send the reports. Rene asked about the number attended. TJ said they do not count the PEP person in the attendance of the support group, meetings, and trainings. This is how many people they served.

Rene asked for questions. None asked

## 10.BLOCK GRANT BUDGET UPDATE

Rene gave the floor to Roger. The first page is a summary of all the major accounts in the budget. On the right side of the page, it compares the current state fiscal year (SFY) 2011 with SFY 2012, which starts on July 1, 2011. At the top, there are stipends for Council members, and then the administrative assistant, a clinical program planner I, and four quality assurance specialists, and those work mostly in Carson City. These are positions at MHDS the block grant funds. Then sub-cat 1514, the Mental Health Planning Advisory Council budget. There is a line item for a grant writer, out-of-state travel. The out-of-state travel went down from SFY 2011 to SFY 2012 because the Fed's started doing the block grant reviews via video conference. They did this last year and that eliminated the need for two or three people traveling to attend a two or three hour meeting. This did involve the Council Chair having to travel to Carson City; however that is in state travel. There are a few other line items regarding equipment and supplies.

MHDS administration category: There are several activities related to the administration of the block grant budget and some of the purposes of the block grant. Kelly Services line item is the support for the accounting unit in MHDS that does a majority of the processing, tracking, auditing, reporting, etc of the block grant. WICHE Dues is a western interstate commission on higher education. Cody said this allows them to participate in division and support groups. This is an interstate contact that allows them to participate in their division, support group meetings and other type meetings so that all of the western states can collaborate on data issues. Roger said there are other item lines related to investigators and quality assurance. A couple of the quality assurance staff needs to be accredited or attend hospital accreditation essentials training. PASSR activities – Dave Caloiaro gave an overview of the PASSR program at the last quarterly meeting. MHDS has identified some other areas of training for staff, strategic planning initiative, evidence based practices and evaluation planning. Both of these are related to the changes that are taking place with the block grant application. The last item is investigator refresher training.

Adult Mental Health Agencies:

NNAMHS is in Reno. SNAMHS is in Las Vegas. Rural Services is statewide. These amounts do not change from year to year. The funds are used to support client services. They pay a portion of salaries in some cases. Rural Services use these funds to support a portion of a number of staff. This is for the delivery of community based mental health services that is being funded with these dollars.

DCFS funding:

The first category is for the overall administration. Then there is Northern Nevada Child & Adolescent Services (NNCAS) and Southern Nevada Child & Adolescent Services (SNCAS). Just like the adult side, DCFS funds positions that devise the community based mental health services. Corrie asked if rural services are included in this. Roger

said they are under the adult side. Rural Services does provide services to adults and children in the rural areas. DCFS does not provide services in the rural areas. They are strictly Clark and Washoe County.

#### MHDS Commission:

This is the category the Council requested MHDS to pay the MHDS Commission. The Council has done this for three or four years now. Using the money to build collaboration and support some of the activities of the Commission. The money covers administrative support and research & analysis along with travel and meeting support. This amount does not change from year to year. MHPAC is authorized under Federal law and MHDS Commission is authorized under State law. Roger believes the money was initially allocated to the Commission to connect the activities the Commission and Council are doing, so they are not duplicating or missing activities that need to be done.

#### Council Program Support:

The two items are in state travel for Council meetings, such as this one. This is the projected cost. It did go up for a couple of reasons. One, the Council still has approval to meet in face to face annually, and the airfare between Reno and Las Vegas keeps rising due to fuel prices. That is one of the reasons. This will allow for the Council to meet four times per year, three in video conferences like today and once face to face for a two day meeting. Day one is a strategic planning meeting and the second is the quarterly meeting. Corrie asked if this two day meeting is in August. Roger said there was discussion in the Executive Committee to have the two day meeting in October due to elections for the officers of the Council. Rene said if they have the meeting around the block grant defense it would ease the travel. Roger and Cody said they usually do not get very much notice for the review. The final line item is the travel for the Rural Monitoring Visits. This is for two visits one in the north and one in the south.

The next document is detailed. It is titled MHPAC State Fiscal Year 2012 Proposed Budget – DATAIL. This gives all of the calculations that go into the summary sheet. This is what the state budget has to go through to build the budget. They need to be able to support the budget requests.

SFY 2011 Grant Expenditure Manner for MHDS & DCFS is the next document. These are the details behind the first set of papers that was covered. This gives a more detailed description of the monies transferred to MHDS & DCFS. At NNAMHS they fund staff including a substance abuse counselor, psychiatric case workers on the PACT team, and consumer service assistants for \$249,693. These are the community based mental health services that are being provided by both MHDS & DCFS. The second page gets into some of the other items DCFS does, their initiatives, positions that they fund. In one case, there is a line item for NV PEP \$150,000 for the system of care support including collection of outcome data. The detailed report for NV PEP and how they spent the money is detailed very thoroughly in the packet included in each meeting packet.

The last document is 2011; this is what was budgeted for last year. For the coming year, the agencies receiving block grant funds have been instructed to plan on the same amount they received this year. The amount will remain the same, the purpose may vary somewhat. They need to get the sub-grants out to the agencies, so they can receive the sub-grants from MHDS. When they discuss the changes in the block grant application the purpose of the monies will not going to change a lot, even though the fed's are stating that they are looking for a lot of upcoming changes. Nevada has been put in a situation for a couple of reasons. One is the fact that the Legislative process is just wrapping up and the budget for the next two years is being finalized. If the Fed's state something different has to be done with the block grant funds, Nevada will have to make those changes when they do the budget for 2015 & 2016. Secondly, the fed's were going to give guidance on how to use the block grant dollars in March. This was not received until late April. They were going to give them until October first to turn in the block grant application and then they changed it back to September first. At this time, there is only 3 ½ months to put together the block grant application. This is not enough time to gather the input from the stakeholders.

Traditionally the Council has voted on the budget. This would include the first two pages Roger covered with the exception of the transfers of money to MHDS and DCFS.

Lydia motioned to accept the budgets as written. Alyce seconded the motion

UNANIMOUS VOICE VOTE: MOTION CARRIED

## **11.BLOCK GRANT CHANGES & IMPLEMENTATION PLAN**

Roger referred to the power point presentation for Mental Health & Substance Abuse Prevention Block Grant Applications – The Plan to Plan. He mentioned at a previous meeting the changes that were coming for both the Mental Health Block Grant (MHBG) and the Substance Abuse Block Grant (SABG). Roger has updated this with the clarifications that have been provided. The purpose of the changes: the need for greater accountability of how block grant funds are spent – the MHBG is \$3.6 million & the SABG is \$17 or 18 million, establish consistency with the Affordable Care Act (ACA) & SAMHSA's eight strategic initiatives, establish a uniform framework for Mental Health Services & Substance Abuse Prevention & Treatment Block Grants. There are a number of differences in how the block grants are submitted, administered, and timeframes. They would like to have them in sync. They are doing this as part of the transition for the ACA changes in 2014.

SAMHSA's Strategic Initiatives:

There are a number of questions regarding the prevention of substance abuse and mental illness. The question is how they prevent mental illness. They are not saying the prevention of all mental illness. They recognize that in many cases, it can not be prevented. What the Fed's are attempting to communicate is there are a number of

situations and things that can be done to assist with the prevention on mental illness primarily at younger ages, before the age of 25 is what their studies show. This is what they will be focusing on in the coming years.

In their new guidance, they restate the purposes of the block grant funds under the ACA. What they are seeing with the ACA coming into place is the block grants will be used for a number of items: treatment and support services for individuals without insurance, treatment and support services not covered by Medicaid, Medicare or private insurance, universal, selective and targeted prevention activities and services, and to collect performance and outcome data to determine the ongoing effectiveness of prevention and recovery services. The ACA is supposed to reduce the number of individuals, but there will still be some.

#### Block Grant Goal:

To promote participation of clients and consumers of the mental health services, and this includes shared decision making, person-centered planning, and self direction of their services and supports. This has been a large part of the consumer driven aspect of the Council. The Council has been very focused on this and this has been their responsibility to be advocates for this. To ensure access to effective culturally and linguistically competent services for underserved populations – tribes, racial and ethnic minorities, LGBTQ individuals = lesbian, gay, bi, transsexual, and questioning individuals. Rene said on the page prior, it states that the block grant is going to serve, isn't that what they are already doing. Roger said this is true; however, through the ACA there will be some changes to the populations of the first two. More and more people will have insurance, so fewer will be without. More people will have Medicaid, but then there will be a number of decisions, they may not be able to provide the same level of services they currently have. These are the items that are in flux and being worked out at both State and Federal level. The fed's want to encourage the participation of service to a number of groups that may not have been served in the past, also, participation by those groups and other stakeholders in determining the unmet needs and setting priorities. The block grant goals go on: to promote recover, resiliency and community integration; to coordinate behavioral health prevention, early identification, treatment and recovery support services with other health and social services; to increase accountability for behavioral health services through uniform reporting on access, quality and outcomes of services. To prevent the use, misuse and abuse of alcohol, tobacco products, illicit drugs and prescription medications; to conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment; to provide HIV prevention as early intervention services; to ensure access to a comprehensive system of care.

#### Planning steps:

The four planning steps in the guidance are: Assess the strengths and needs of the service system to address the specific populations; identify the unmet services needs and critical gaps within the current system – this will be something the stakeholders, Council, Commission and a number of other organizations will be involved in helping to identify;

prioritize state planning activities – determining what are the most important needs are; and develop goals, strategies and performance indicators. This is not too much unlike the process the Council goes through to identify what things to work on in the last few years as they have developed committees.

#### Planning focus:

This lists all of the various groups and consumers that they expect the states to evaluate and look at providing services for and fitting them into the planning step.

#### Prevention:

The Fed's ideas on prevention is based on research that shows 50% of adult mental illnesses manifest before age 14 and about 75% before age 25 and this is why they want to focus on prevention in these age groups. They believe that Science-based approaches to substance abuse prevention must take into account risk and protective factors that cut across related mental, emotional and behavioral disorders. He knows there have been a lot of questions about how to prevent mental illness. They expect that States must provide a coordinated and combined plan addressing services and activities for the primary prevention of mental and substance use disorders including the use of universal, selective and indicated strategies. Roger believes this has more to do with people who are clinicians. This is the type of thing they will have to go through in all four steps of the planning process.

#### Block Grant Expenditures for Prevention:

These are examples of what they have said would be appropriate use of block grant funds for prevention. Including dissemination of information, education, alternatives, problem identification and referral, community based process, environmental, and tobacco and other substance abuse.

#### Self Direction:

Roger added this slide because of the Council's history with consumer involvement and self direction of consumer involvement. This goes back to the point of why the CFMAC opposed AB94. There are consumers who are self directed and self motivated for help and are seeking treatment. They felt AB94 force people who did not want treatment. SAMHSA is looking at the use of block grant dollars to encourage consumers self focus and motivation. Roger believes the questions are items that the State must respond to in its application regarding self directed care.

#### Timeframes:

The application is due on September 1, 2011. This planning period will be for the remainder of the biennium from October 1, 2011 through June 30, 2013. The next

application will be due April 1, 2013. This will be in the middle of the next Legislative Session.

They are suggesting MHPAC be renamed to a "Behavioral Health Advisory Council". States are encouraged to expand the MHPAC to include prevention and substance abuse stakeholders. Nevada has already taken this step several years ago with the addition of a member for the Substance Abuse Prevention & Treatment Agency (SAPTA). The Council may want to consider this in the appointment of future members. The Council may want to determine if they will expand the Council to add the member or to just convert an existing member. Part of the information that Cody had to respond to from the Governor's Office led her to believe that they are looking at ways to trim down the expenses associated with boards, commissions, and councils. Clearly the MHPAC is a requirement of the fed's in order to get the 3.6 million. Rene said they have a co-occurring consumer member on the Council too. She would like to make sure they cover all of their bases. Roger said he will send links to the full documents. Cody said one of the populations on the list is people with disabilities. So the fed's are broadening this with other types of disabilities more broadly than what would be considered behavioral health. It may be they were including both.

What's next:

At the last meeting, they discussed a series of meetings starting in the spring and going into the summer to develop a new block grant application for October 1, 2011. Due to the shortened period and the fact that the Legislature is putting the final touches on the budget for the next two years. The block grant application process for the block grant that will be submitted this fall will be very similar to previous ones and will reflect what is in the budget. The next two steps for SFY 2014 & 2015 will start in October 2011 and will take to six to eight months. They will be in sync with the State budget process for the same time period. The second two steps, priorities and goals, strategies, and performance indicators will be developed for inclusion in the agency request budget which is due on September 1, 2012. The deadline is around May 2012. This is the strategy for implementing the federally mandated changes to the block grant.

Roger asked for questions. Denice asked if this is the grant they have been applying for or is this a new grant. Roger said this is the block grant they receive, with the changes proposed. Denice said the money they see is a breakdown of where it goes. Roger said it is roughly the same amount. He believes there are some changes proposed on the SAPTA grant. Layne said they were going to pull out the prevention portion, but they have not at this point. There is talk of reduction next year and larger reduction the following year. Denice asked if they are attempting to combine the grants and if this is coming about due to the health care reform. Dr. Crowe said historically they have been separated at the federal level. Around 2000 there was some interest in beginning the structure to combine the two. BADA, now SAPTA was moved into MHDS. The goal at that time was that this group and Dr. Cook would have oversight all of the activities that provide services to co-occurring disorders. Alyce said she remembers this conversation back when Dr. Brandenburg was still here. Cody said it has really been a national

movement over time. When they use the term behavioral health it refers to both mental health and substance abuse. Denice asked if it is because they so often occur together. Cody said partly because they so often occur together and partly because of the recovery model. Alyce said there are so many that are dual diagnosed. Cody said the ACA will change the resources that the population they have traditionally served has, so they are attempting to prepare for what that will look like and they will be able to do with resources that are still in MHDS. Judy said she would like to make sure they are clear on a dual diagnosis. A co-occurring diagnosis is a mental health illness with co-occurring addictions and a dual diagnosis is simply a mental health issue not including addiction. Rhetta said a lot of this is because of the system of care values that SAMHSA is nationally adopting. A lot of the language in the goals has the system of care language in them. The nation has been inserting the system of care language in the last five to ten years. It is just starting to get involved in the adult portions as well as the children part.

## **12.PUBLIC COMMENT**

Roger said there is some breaking news. This is off from the Nevada news bureau. “Democrats oppose cost shift of Mental Health Courts to Counties. Opens a six million dollar hole in Sandoval’s budget. A proposal by Governor Sandoval to transfer the States share of operating the Mental Health Courts to the Counties was rejected by Democrat law makers today creating another six million dollar hole in the two year budget. The party line vote by members of Assembly Ways and Means and Senate Finance came after repeated testimony from advocates for the Courts since the session began, that they would close without continued State support. It was yet another in a series of party line votes in the budget with Republicans standing firm with Sandoval in opposition to increased spending. Sandoval had proposed eliminating the three million per year in general funds State support for the Courts operating in Clark, Washoe, and Carson City. County officials would have to pick up the costs to continue the programs.” Roger said here is where it gets real interesting. “Rene Norris Chairman of the State Mental Health Planning Advisory Council asked law makers in a letter to look beyond the general fund savings despite the economic challenges faced by the State. Estimates provided to lawmakers suggested the cost of imprisoning mentally ill offenders to be two to five times the cost of the courts, she said. So the cut of 3 million dollars a year in State general fund support would cost the Department of Corrections 6 to 15 million. We realize that because of these challenges some cuts to mental health services are inevitable, she said; however, we strongly believe that the mental health courts must be maintained as a fundamental component to build upon when the economy improves.” Roger congratulated Rene. Roger said this does not mean that it is over, they will have to figure out how to pay for this. He said Corrie had asked if anyone reads these. Cody said one little additional item. They are not finished with the MHDS budgets. They are scheduled to reconvene at 2 pm.

Rene asked for public comment. Rhetta said they are having the children’s art show and silent auction on May 25<sup>th</sup>.

### **13.SET DATE AND TOPICS FOR FOLLOW-UP MEETING**

The next meeting is August 16, 2011 from 9 am – 4 pm.

October meeting will be the two day meeting. The orientation will be on October 18, 2011 and will be for all members and explore technical support  
The meeting will be on October 19, 2011.

Corrie motioned to set the October meeting for the 18<sup>th</sup> & 19<sup>th</sup>. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

### **14.ADJOURNMENT**

Layne motioned to adjourn. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

The meeting adjourned at 2:15 pm.