

MINUTES
of the
Mental Health Planning Advisory Council's
Quarterly Meeting
meeting on
Thursday, July 12, 2012

Video Teleconference Meeting Locations:

held at

Sierra Regional Center (SRC)
605 South 21st Street, Sparks, Nevada

AND

Desert Regional Center (DRC)
1391 S. Jones Blvd., Las Vegas, Nevada

**1. CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS –
CORRIE HERRERA, CHAIR**

Corrie called the meeting to order at 9:13 a.m. Roll call was taken and a quorum was present. Diane completed the sign-in sheet.

MEMBERS PRESENT AT THE SPARKS LOCATION:

Corrie Herrera – Family Member, Chair
Dave Caloiaro – MHDS
Barbara Jackson – Consumer
Jeannie Smith – Family Member
Sharon Wilson – DOC
Debra Parra – Housing
Denice Pinder – Family Member

MEMBERS PRESENT AT THE LAS VEGAS LOCATION:

Alyce Thomas – Consumer/Family Member

MEMBERS PRESENT VIA TELECONFERENCE:

Judy Bousquet – Consumer
Lisa Ford – DOE, excused
Coleen Lawrence – DHCFP
Mechelle Merrill – DETR
Ann Polakowski – DCFS

MEMBERS ABSENT:

Alisha Ash – Consumer/Youth, Vice Chair (unexcused)
Rene Norris – Family Member, Past Chair (excused)
Judy Bousquet – Consumer (excused)
Susan Maunder – Consumer (excused)

STAFF AND GUESTS:

Capa Casale – MHDS Commission
Erin Kinard – West Care Representative (Las Vegas)
Kevin Morris – West Care Representative (Las Vegas)
Jennifer Wilson – MHDS
Tami Jo McKnight – MHDS
Diane Dempsey – MHDS

2. PUBLIC COMMENT

There was no public comment

3. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON JANUARY 12, 2012 (Action Item)

Ann made a motion to accept the Minutes, noting one correction. Alyce seconded. Motion passed unanimously.

4. NEVADA MHDS COMMISSION UPDATE – CAPA CASALE

Capa reported the MHDS Commission is continuing to work in several areas. One of the focuses has been to streamline the seclusion and restraint reports, come up with methods, and look at patterns to find a process that is more meaningful and better for the consumer. The Commission is working with LGB and having folks attend those meetings at Lakes Crossing, NNAMHS, and SNAMHS, and they are trying to stay abreast with the concerns that those agencies are facing and looking for ways the Commission can assist in that process. The Commission is monitoring the Affordable Care Act in terms of the state exchange and mental health parity. They are also continuing to work on the annual report to the Governor and the children's mental health plan, and Capa welcomed any input on that to take back to the Commission meeting tomorrow.

5. STATUS UPDATE ON NEEDS ASSESSMENT – TAMI JO MCKNIGHT

Tami said the Division of Mental Health and Developmental Services is required to produce a needs assessment every two years. Because of staff constraints, the last

time a full needs assessment was completed was in 2008. In 2010, a modified needs assessment went before the Legislature. Tami added that last year she, Cody, and the Grants Management Unit with the Department of Health and Human Services went to Winnemucca, Elko, Ely, and Pahrump to listen to stakeholders about what they felt the needs were within their specific communities. The full 90 page report is on the MHDS website under Reports and Publications and then under Annual Reports. Tami prepared a synopsis of the report that talks about the state of the economy and specific needs by site and discussed various aspects of the report.

6. ADVOCACY ORGANIZATIONS' REPORT(S) – JUDY BOUSQUET

In Judy's absence, Hope of Nevada's July Planning Council Report was distributed to the members. Corrie advised the members that if they have any questions about the report, they can forward their questions to Diane, who will in turn send them to Judy.

7. OLMSTEAD PLAN UPDATE – DAVE CALOIARO

Dave stated that the State of Nevada Olmstead Plan generally goes through the Grants Management Unit at the Department of Health & Human Resources. Every year each state receives a grant for approximately \$20,000. The Director's Office sets aside \$5,000 to support the MHDS Commission with travel, supplies, and ancillary expenses, and \$15,000 is used to tackle a project that the state feels is needed. An inter-local state agreement was worked out with UNR, specifically the Nevada Center for Excellence and Disabilities. The Director and Project Officer is Steve Rock. Dr. Rock has been asked to outline a process to develop an interagency transition protocol to review the needs of individuals placed out of state and write an individual report on suggestions to return them to Nevada. The report would articulate the supports and services necessary for the individual to live and work in an as inclusive environment as possible in the community close to their families and friends. The development of the formal transition protocol would be used to review future cases that might have been considered for out-of-state placement so that they would not have to leave the state. The outline and plan need to be completed by September 15, 2012. The contract was approved several weeks ago at the Board of Examiners Meeting, and Dave will meet with Dr. Rock next Wednesday, July 18, 2012, to provide him with resources and assistance on who he can contact at the various agencies. Dave asked Ann if she could be the contact in the south. Ann suggested he start with Dr. Mears in the north. Dave will be the contact for MHDS. Dave asked Coleen if she could be the starting point for Dr. Rock for the Division of Healthcare Financial Planning, and Coleen said Dr. Rock could start with her. Ann will e-mail Dave with contact persons for Juvenile Justice in Clark County and DCFS.

Denice asked how many people were out of state. Coleen said there is a link on the Medicaid website for children who are in residential treatment facilities and that is produced monthly. That website is www.dhcfp.nv.gov. It is located under the Behavioral Health Services tab, under Out-of-State Placement Reports.

Corrie asked Coleen to describe the other types of placements. Coleen said children may be out of state in foster care, which would not be in this report, because they do not pay for room and board in a foster care setting and children who are in a nursing home facility. Discussion continued on the consultant's primary focus and Coleen explained Nevada Medicaid's policy.

Dave said Dr. Rock's final report will be due before MHPAC's next meeting, and he will discuss it at the quarterly meeting on October 18, 2012.

Lisa asked Dave if the report considers students who are out of state placements and who are on IEP; and further, how that is being coordinated with the home districts and the continuity of educational services. Dave believes most, if not all, are in the Clark County Welfare System and all the school-aged children do have to have an IEP. In Tempe, Arizona, they have a special needs school called Amy Houston Academy, and IEP's are coordinated with the Nevada Department of Education. Lisa added that she also works on the fostering connections portion for the Nevada Department of Education, and they might want to bring up at their next meeting the issue of continuity of educational services and appropriate placement for those students.

Corrie asked if this would be voluntary for families or is the goal to bring all the children back into the state. Dave said if a family still has custody, the family would have the final decision. If it is DCFS or Clark or Washoe Counties, and they have custody, they would have to make that decision. They will try to get as many people involved ensuring a safe transition for the client. Of course, all of this is based on having available resources.

Coleen would like further discussion with Lisa about the educational services of the children who are placed out of state. Lisa will provide Coleen with the name of their consultant. Dave added the out-of-state school districts have been very good about including Nevada children in their IEP's. Discussion continued on school funding.

8. DISCUSSION ON MHPAC MEMBER ORIENTATION / MHPAC QUARTERLY MEETING (DRC, LAS VEGAS, 10/17/12, 10:00 A.M. TO 4:00 P.M.; AND, 10/18/12, 9:00 A.M. – 12:00 P.M.) – CORRIE HERRERA / TAMI JO MCKNIGHT

Tami recalled the last orientation and agenda items and recommended orientation come before the next quarterly meeting because she, personally, found it helpful.

Alyce said she will review the different committees, the bylaws, and Planning Council 101, as well as the block grant. Alyce asked Diane if she could present on the application process. Alyce said she will take the agenda for the orientation before the Executive Committee.

Diane asked if new members should receive an orientation binder prior to orientation. Alyce and Tami said yes. Dave requested members forward their travel information to Diane as soon as they can.

Coleen said she will do a presentation on Medicaid coverage services and possibly include additional information on the essential health benefits for the newly eligible.

9. TECHNICAL ASSISTANCE FOR MHPAC – TAMI JO MCKNIGHT

Tami reported that Bruce Emery with Applied Human Potential is the individual to contact if you have questions with respect to the block grant application. Tami had one phone conversation with him and an e-mail. In speaking with Mr. Emery, he said he came to Nevada in 2007, and did a presentation before the legislative committee members regarding the Mental Health Planning Advisory Council. There was discussion on whether he would be available for the October meeting. Tami went on to further discuss the joint block grant, SAMHSA, and the current lack of guidance by the federal government. Tami will send everyone a link to WebBGAS, which is the federal application process. Tami welcomed feedback from the members.

10. APPROPRIATE LEGISLATIVE ADVOCACY EFFORTS FOR COUNCIL MEMBERS – ALYCE THOMAS

Alyce cautioned members that they cannot advocate on behalf of the Council unless it is in full agreement by the Council. This is done after a vote is taken and then the Council Chair writes a letter. If a member wishes to speak before the legislature about a bill before this is done, then the member must advocate as an individual citizen and cannot say they represent or even sit on the Mental Health Planning Advisory Council.

11. JOINT BLOCK GRANT PLANNING AND SFY 13 MENTAL HEALTH BLOCK GRANT BUDGET UPDATES – DAVE CALOJARO

Dave thanked Tami and Jen, who is helping with the fiscal aspects, for the work they are doing since Roger Mowbray left. Dave reported that the block grant award from SAMHSA for FY 13, which runs from July 1, 2012, through June 30, 2013, is \$4,007,238. The vast majority of the money goes toward supporting positions at various state agencies and was split down the middle with DCFS and MHDS. The block grant supports approximately four quality assurance specialists, a clinical program planner, an administrative assistant at the MHDS central office, and the Mental Health Planning Advisory Council, which supports the travel to and from meetings, supplies, and equipment. It also supports some of the agencies at NNAMHS, SNAMHS, and Rural Services, and all of the Consumer Assistance Services (CAP) Programs. There are 13 positions state-wide and the block grant

funds every one. It also supports several service coordination positions, psychiatric case workers, clinical social workers on the PACT Team, and several similar positions and key positions at DCFS throughout their community service clinics, as well as their administrative staff. Dave said most future block grant funding should go to SAMHSA's strategic initiatives, and he discussed how they have and will be budgeting toward evidence-based practices training and implementation. Dave added the block grant could be used to reinstate the researcher position supporting the Commission, and he is working with the Commission Chair on that. Dave gave Jen kudos for working in the administrative costs for the Planning Council, keeping it below five percent (5%). Dave also reported there is \$25,000 in discretionary money and asked the Council Chair for suggestions on where the money could best be applied. Corrie thought using the money to educate and get information out to the public in some way might be good. Dave said Tami has been working on this and planning on press releases, which we are going to expand. Corrie added that she would like to see the impression of mental health services improved and that some positive promotion would be great. Dave requested a very specific scope of work be put together; and, if applicable, use existing contractors to do the work, like the Nevada Center for Excellence and Disabilities.

Alyce asked if we would be able to go back to Rural Monitoring. Dave said yes, which is aside from the \$25,000.

Jeannie said she would like to see some kind of public panel or focus group to discuss potential support to mentally challenged family members. Tami said she tried to include resources both public and private in the Reno News & Review insert, but acknowledged that several groups were not included. In the next insert, resources for children and adolescents, seniors, criminal justice, and co-occurring disorders will be added. The question Tami hears most is what medium will get the information out, as well as getting the information out more frequently, not just in the month of May.

Dave requested the members share their ideas with him and/or Corrie within the next week to 10 days.

Denice said, as a parent of a mentally ill child, it was difficult and confusing getting information as to diagnosis, where to go, the agencies that are available, what those agencies do, and how they work. She feels that is the kind of education and information that is needed. Tami agreed that there is a great deal of confusion from a consumer's prospective. Lisa asked if a "frequently asked questions" document would be helpful. Denice said anything like that would help but it has to be simple. She said it took her months and months to find help and wonders how a person with mental illness gets through those roadblocks. Barbara shared that when she went into an out-of-state clinic she received all the help she needed, beginning with the receptionist. In Nevada, it is entirely different. You go here and you go there. She understands what Denice is saying. Barbara has been working in NNAMHS for 11 years and she is still finding out about programs that have been going on for years. The information is on paper but it is not getting where it should be. Coleen agreed

with Barbara and said the system is too big and complicated. A one page document can be addressed so consumers can access these services. There is no single door right now but there are ways to access services. There are different ways we can put a brochure out – such as at the entrances into DCFS, MHDS, Welfare Offices, Nevada Check-Up Offices, MHDS clinics, and information can be accessed at 211. Coleen also thinks the language could be simplified. It is not going to be a perfect end-all but there needs to be something out there.

Dave suggested MHPAC's Consumer and Family Member Advocacy Committee may want to put this on their next agenda. Sharon also recommended having three different brochures for the Reno, Las Vegas, and rural areas.

Denice reiterated the importance of having information available that includes where to start and who to call for newly diagnosed persons. There was further discussion on the current fragmentation of the system.

12.FEDERAL BLOCK GRANT CONFERENCE UPDATE – DAVE CALOIARO

Dave reported that the Federal Mental Health Joint Block Grant Conference Meeting has been scheduled for Monday, July 30, 2012, through Wednesday, August 1, 2012, in Baltimore, Maryland, which is in about three weeks. There is, however, a nationwide hold on federal funding being used for conferences, although the Conference has not been cancelled. The Federal Government will pay for three for each state, the adult planner at the Mental Health Authority, which he represents, the child planner at the child service level, which is Dr. Mears, and they will pay for the Chair of the Planning Council, which is Corrie. Dave could not give anymore information due to the hold. Dave added in lieu of the one day Planning Council Conference that was cancelled; seven webinars have been scheduled over the next two and one-half months and are approximately one hour in length. Diane will e-mail the webinar link to the Council members.

Corrie called for a break at 11:10 a.m. and the meeting reconvened at 11:20 a.m.

13.MHPAC COMMITTEE PRIORITIES – DAVE CALOIARO

Dave said at the last Executive Committee meeting, three priorities to focus on for the next year were identified: (1) Rural monitoring will be reinstated; (2) Health Care Reform in general and how that will transpire; and, (3) The Joint Block Grant Planning for Mental Health and Substance Abuse. Dave went into further detail on the three priorities:

- (1) Funding has returned to Rural Monitoring and visits will probably be done in Elko and Battle Mountain sometime in fiscal year 13.

- (2) From information learned in a three-day conference in April 2012, Health Care Reform will have three main parts: 1. Insurance that covers mental health, substance abuse, and chronic diseases; 2. Payment reform – moving away from the traditional fee for service to value-based approaches, accentuating managed care; 3. Delivery reform – people who receive coordinated or integrated care. Dave added that MHDS and DCFS have service coordinators or case managers, who will need to know more about primary care, chronic diseases, and substance abuse. The new catch phrase will be turning case managers into care navigators and care managers. That focus will probably be changing over the next couple of years. Dave will be coordinating training for this in April or May of next year. Dave also said the Administrator for SAMHSA talked about the basic tenants of the Affordable Care Act. States will have a structure and some flexibility of how they want to make this work. A lot of it is the Health Exchange, where people can go to get insurance, including the huge impact it makes on state Medicaid agencies. In addition, Federally Qualified Health Centers in Nevada have offered an array of services connected to making sure they get that designation or certification that they receive grant monies that if they get that designation then they get a slightly higher Medicaid rate based on cost reimbursement. Federally Qualified Behavioral Health Centers have been introduced on Capitol Hill, but this concept is at least two to four years away, if it ever materializes. Coleen stated the Federally Qualified Health Centers are in Nevada's urban areas and not necessarily in rural areas. In closing on Health Care Reform, Dave said, from a state level, MHDS is already making some big planning efforts. For example, Mental Health and SAPTA will be integrated with Public Health and Developmental Services will be under Aging. The transition will occur over the next year.
- (3) On the Joint Block Grant Planning for Mental Health & Substance Abuse, Dave hopes the conference comes through, but until we learn what is required on a federal level, it is going to be hard to implement. Whether or not the conference goes on, the webinars will help and the next webinar will be on health care, mental health integration and maybe how the planning councils could proceed in that.

Corrie asked for an example of a Federally Qualified Health Center. Dave and Coleen said in northern Nevada there is HAWC and Nevada Health Centers throughout the state. Dave said they provide an array of medical services, some provide behavioral services and the other distinction is they provide a lot of preventative services. Coleen added that they are required to provide a multitude of services and they must also provide dental services.

14.COMMITTEE UPDATES (Action Item)

Executive Committee – Corrie Herrera

Corrie reported that the Executive Committee met on May 29, 2012, and the members discussed the agenda items reviewed today. The topic for today is to form a Bylaw Ad Hoc Committee to review and revise if needed the MHPAC bylaws. Corrie asked for volunteers to sit in on this committee.

Alyce, Sharon, Corrie, and Dave volunteered to sit on the MHPAC Bylaws Ad Hoc Committee.

Ann motioned to accept the formation of the MHPAC Bylaws Ad Hoc Committee and its members. Dave seconded. Motion passed unanimously.

Consumer and Family Member Advocacy Committee – Alyce Thomas

Alyce reviewed the Committee goals for 2012/2013: 1) To focus on public education awareness, specifically on the stigma of mental illness; 2) Health Care Reform updates and information; 3) Connect with the coalitions to see what the Council can do; 4) Increase access to children's mental health services and keep children and adult mental health services equal.

Behavioral Health Promotion Committee – Alyce Thomas

Alyce said the Committee would like to get involved earlier in the year with Mental Health Awareness Month and will start reaching out to people in southern Nevada to see if we can get people involved and sit on a committee, like West Care, so southern Nevada enjoys the same success as northern Nevada. Alyce has already begun reaching out to some agencies.

Nominating Committee – Alyce Thomas

Alyce asked Diane to speak on behalf of the Nominating Committee in Rene's absence. Diane reported that the Committee met on June 21st and interviewed two applicants, Kris and Dawn. Diane turned the discussion of the results over to Corrie and Alyce. Corrie said the two people who were interviewed were quite impressive and their first choice was Kris, with the knowledge that another vacancy could be filled by Dawn. Both applicants are consumers. Kris is an active consumer in the rural area. Dawn is a consumer, family member, and is going to school to be a professional. Alyce said they were both great but it seemed that Kris had more of a sense of what we needed for advocacy, plus he is in the rural area, and as the Nominating Committee talked it over as a group, they voted to bring Kris to the full Council.

Alyce made a motion to forward the MHPAC application of Kris to the Governor's Office. Barbara seconded. Motion passed unanimously.

Tami discussed the continued absence of a prospective member, the unexcused absences of a current member, and cautioned that if there are not an adequate number of members on the Council, they could be in jeopardy of losing funding. Discussion followed.

Rural Monitoring Committee – Alyce Thomas

To follow up on what Dave reported, Alyce said they are planning on going to Elko and Battle Mountain. The group has not met in about a year and a meeting has to be scheduled. Alyce asked Diane to send a few meeting dates.

15. PUBLIC COMMENT

There was no public comment.

16. SET DATE AND TOPICS FOR FOLLOW-UP MEETING (ACTION ITEM)

The next meeting was set for October 18, 2012.

The following topics will be added to the next agenda:

- Olmstead Final Report – Dave
- Joint Block Grant Planning Update – Dave
- Possible Action of MHPAC Council Member – Corrie
- Advocacy Organization Report (Hope House) – Judy
- Update on the Federal Block Grant Conference – Dave

Sharon motioned to accept the date and topics for the next MHPAC Quarterly Meeting. Dave seconded. Motion passed unanimously.

17. ADJOURNMENT

Alyce motioned to adjourn. Mechelle seconded. Motion passed unanimously.

Meeting adjourned at 12:05 p.m.

Diane Dempsey
Recording Secretary