## **MINUTES**

of the

# **Mental Health Planning Advisory Council**

meeting on

## Tuesday, January 12, 2010

held at

Sierra Regional Center Conference Room 605 South 21<sup>st</sup> Street Sparks, NV 89431

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

Rene called the meeting to order at 9:16 am. Roger did verbal roll call and Tanya completed the sign-in sheet for those in Las Vegas. A sign-in sheet was passed around in Sparks.

#### Members present:

- Bousquet, Judy Consumer (via video conference Las Vegas)
- Castle, Howard DETR morning only (via video conference – Las Vegas)
- Daniels, Steve DOC
- Herrera, Corrie Family Member
- Jackson, Barbara Consumer
- Norris, Rene Family Member, Chair

- Peterman, Patricia Family Member
- Phinney, Cody MHDS
- Polakowski, Ann DCFS
- Wilhelm, Layne SAPTA
- Willingham, Bryce Consumer (via video conference – Las Vegas)

#### Members absent:

- Cooley, Judge Consumer
- Kosuda, Constance Family Member
- Lawrence, Coleen Medicaid
- Parra, Debra Housing

#### Staff and guests:

- Benitez, Tanya MHPAC Administrative Assistant
- Crowe, Kevin Dr

- Roden, Christine Health
- Snead, Lydia Nevada PEP, Family Member
- Thomas, Alyce –Consumer
- Gonzalez, Tara
- Mowbray, Roger Grant Writer
- Schultz, Myra

# 2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC QUARTERLY MEETING ON 11/6/2009 & 8/12/2009

Rene asked for comments on the 11/6/2009 minutes. Next to Judy Bousquet's name it states family member and should be consumer.

Cody motioned to accept the minutes with changes. Barbara seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Rene asked for comments on the 8/12/2009 minutes. No comments made.

Layne motioned to accept the minutes as written. Patricia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

#### 3. PRESENTATION: CLUB HOUSE

Rene introduced Myra Shultz.

Myra said over a year and a half ago she was asked to take over and redevelop the community assistance program. She contacted New York and spent time working with members of the clubhouse. She would like to follow the clubhouse model for Southern Nevada. In Southern Nevada they have developed a clubhouse oriented program both in their Socialization Rehab program and the consumer assistance program. The program workshop clubhouses have holiday events being held in six locations including Henderson. They have developed a core of volunteers who are consumers of mental health services being served at Southern Nevada Adult Mental Health Services (SNAMHS). They do everything from serving at holiday functions, food, registration, and there are some who do clerical work, support groups and are leading them or acting as an assistant to the leaders. The volunteers working side by side with employees, this is the reason that they get up, get dressed, and get out in the morning. Life holds some possibility of value and community appreciation. At the clubhouse life is not about what is wrong with you and what you ought to do to take care of it. It is about a person taking a look at what they want in their life and developing ways to go after it.

Beyond complaining about customer service issues, people are talking about not having a sense of community, not belonging in a neighborhood. The Clubhouse seeks to address and develop this activity. There are other programs that have made efforts to develop activities, but Clubhouse seems to have done it the best. They have a history of very strong research over many years. Clubhouse membership reduces hospitalization, incarceration, and increases the possibility of staying in their position but advancing. Research indicates this program works more effectively than other workshop programs. People are engaged five to seven

days a week in meaningful activity, and relationship building, and working in partnership with staff. The sense of community that develops in these circumstances is quite inspiring. Southern Nevada has been actively working on this since May of 2009. People from the Salt Lake City Clubhouse have come to do a presentation so they can get an idea of what clubhouse is and how they can get started in setting up a clubhouse in Las Vegas. From that point they developed a work group consisting of consumers and staff from various agencies in Las Vegas, to see how they might open a Clubhouse in Las Vegas and what it contains, how they can get funding and the attention from the public they would need to have. The Nevada Disability and Law Center has made Clubhouse a project leader. They are talking with legislators and attempting to influence the Governor to mandate clubhouse in Nevada. If this is done, it would require Nevada State Mental Health have a clubhouse operating in both the north and south. Once one clubhouse is in operation, there will be more. These are extremely effective programs. With the clubhouse program, members are saying their families say something has changed in them and no one would know they are mentally ill. The members feel much more like a human being with possibilities. She gave examples of members who participate in the clubhouse program. Members have said the peer to peer work and volunteering helps them find their strengths. This is a very non-traditional way to deliver service. It is not based on what's wrong with a person and what they must do. All clubhouse participation is voluntary. Everyone is made to feel welcome, invited to participate, and helped to find a way to participate that works for them.

They have explored how several clubhouses function. This is an independent house. In a traditional clubhouse, no mental health services are specifically provided and they cannot do things with socialization programs or support groups during the day. There is leeway for a community and clubhouse to determine how the program can best meet the needs of their membership so they can offer case management to clients who have requested it. They offer case management on the clubhouse premises. They have found their membership is higher and it works with the membership. This model allows them to build a clubhouse within a set of guidelines and have the ability to make the changes to move them along.

Clubhouse is incredibly inexpensive compared to other kinds of intervention. It costs about \$27.00 a day for a clubhouse member and \$2500.00 a year to serve a clubhouse member. They found in integrating the clubhouse in many of the offices is staff protection of clients and thus the way people are treated for mental health services has changed. The complaints have become less. Consumers have more of a voice, and are in leadership roles. They see concerns about disabilities have evaporated in some cases and excitement in other cases. They have applied for \$30,000.00 in stimulus money for the clubhouse. Fortunately this has not been cut yet. They are looking for an organization with the ability to fund the clubhouse and provide a facility. The economy is difficult and it has been very hard to come up with the money to support a clubhouse.

They are raising grant money and soliciting donations. Myra said there is a clubhouse in Utah fully funded by private donations. She gave examples of different clubhouses across the states.

Members of clubhouse can begin higher education process. GED classes are taught by members on premise. Members with skills share them with others. Nevada is one of the few states that does not have a clubhouse program. Nevada is behind in services to people with mental illnesses. Steve said a high population of mentally ill are in correctional facilities, and he asked if they would be able to participate in the clubhouse. Myra said yes they would be eligible. The only people who would conceivably be excluded is someone who presents an immediate threat and then they would probably be suspended with the possibility of returning if they were going through a period where they are potentially dangerous. Steve asked if there is fee. Myra said no, they often have lunch, dinner, and a snack bar. The Clubhouse may charge for the food and often times it is only \$.50 to \$1.00. The Clubhouse does not charge dues and they do not have an expectation for members to pay. This is a place that allows them to feel useful and that they belong. Steve asked if there are currently any clubhouse operations in the state. Myra said there are not any at this time. They are utilizing the clubhouse philosophy. She said people will travel to get to clubhouse. The clubhouses are for socialization. What has evolved is the members come and participate in setting up the room. Some bring refreshments. As new people come they are invited to participate. No one is forced to participate and they can choose the level of participation they feel comfortable with. Everyone coming evolves on how they want to be depending on the level of comfort they feel. They see people who attend gradually extend their social connections, their roles, and participate in managing the clubhouse. Judy said she had the good fortune to work in Santa Rosa. She saw everything that Myra said happen. Everyone was a consumer and it opened so many doors. The people were doing an amazing job. Myra said the very unique thing this model offers is a type of employment service. Clubhouses are open at least five days a week, most of them seven and some of them are 24 hours a day including all the holidays. Holidays at the clubhouse are celebrated on the specific holiday. There is a transitional employment program that has evolved out of the clubhouse model, in which jobs in local businesses are paying entry level positions, and are obtained by the clubhouse. The job belongs to the clubhouse. Several members in the clubhouse are trained to do a particular job and over time individuals who have an interest in working are given paid employment experience in the entry level position of one of the companies. The position is filled by a member of the clubhouse. Some will move from one level to another level of the job. The initial transitional employment is exclusive to the clubhouse. If the member is having a bad day, or has to go to the hospital, etc. they can get the help they need without the fear of losing their job because the position will be filled by another clubhouse member or staff member. The employer never loses because they are never without coverage. People participate in any of the activities at the level they wish. The belief is through working and developing, they find they have ability and skills and the person moves more solidly on the road to recovery. The person learns to appreciate themselves and look at themselves with confidence. There is flexibility to have more or less at each clubhouse. Howard said Vocational Rehabilitation strongly supports the clubhouse. They have been talking in

Nevada about the clubhouse models. They are committed to work with the clubhouse model. They are excited to see it coming to fruition.

Myra said this is an open and inclusive program. They are looking to take on 5013C. They are in the process of doing a needs assessment; identifying the demographics of Nevada and the need for this service. They are putting all the information together so they can start fund raising, applying for grants, soliciting donations, and other kinds of funding. They are also finishing up the feasibility study. Patricia asked if the clubhouse allows adolescents to participate. Myra said as clubhouses evolve with the programs set up for adults, they may find a need for something to address adolescents and older adults. They may be able to cover all three in one clubhouse. Most of the time, they have a separate clubhouse to serve the needs for adolescents, adults, and older adults. It depends on what members are saying they want/need. All of this would be negotiated. Rene asked if there were any other questions for Myra. Myra said all of the information is shared at no cost and to contact her if anyone wants to be on the work group's mailing list. If northern Nevada has data, they can put the information together and make their request more powerful. Whatever is developed in Las Vegas, will most likely happen state wide.

Myra gave her email address for those who would like information. mschultz@snamhs.nv.gov

Rene thanked Myra for coming and sharing the information with the Council.

#### 4. BLOCK GRANT IMPLEMENTATION REPORT

Rene turned the floor to Roger. Roger said the report is not as long as the block grant application, but is still substantial. The format is mandated by the Federal Government. Roger passed out two documents one for adults and one for children.

On page four the feds ask them to identify significant events that impacted the state mental health system in 2009. The number one issue is the statewide general fund revenue shortfall. Following that there is a transformation plan. It's a plan the adult mental health services has undertaken to try and retool the way the mental health services are provided in Nevada. This is an ongoing effort. This was featured prominently in the block grant application for this current year. Reorganization of rural clinics has also been an ongoing issue with the adult mental health services. They are looking at how to make the most out of the shrinking dollars. These items are also addressed in the block grant application.

On page eight it shows how the 3.6 million dollars was expended compared to how it was budgeted. Under the impact section – providing administrative support to the commission on mental health shows it was budgeted 72,000 and less than 20,000 was actually expended in 2009. There were a number of reasons. It took time to get everything coordinated. Some of the others are the total 1.6 million budgeted to MHDS and they spent 1.5 million. MHDS was about

100,000 shy of their budgeted allocation. Keep in mind that the Feds give each state two years to spend the money. The money will not be lost to Nevada. They will spend this money in this current year prior to receiving the new money.

On page nine, DCFS received 1.8 million and spent just under that. They were very close in spending the money they were allocated. The last two lines on the bottom of page nine show the total budget of \$3,653,451.00 and of that 3.5 million was actually spent. \$141,414 is left and will be spent this year.

On page 13: This section asks for significant events that impacted the child's side of the mental health system. Again the number one is the general fund revenue shortfall. On page 14, DCFS was able to get an allocation of funding to address a capital improvement project related to the federal Medicaid's evaluation.

On page 20, Roger referenced the handouts. The first is the performance indicators for adults. On the right side the question is was the target achieved. All but one is marked yes. These are performance indicators mandated by the federal government for the adult system to track. Every year in the block grant application, Nevada establishes targets for the year. In December they report on how they did the prior year. Increased access to service: The actual numbers show 2007 and 2008, and what the target was in 2009, and then shows the actual amount in 2009. It was quite a bit more, which is impressive because of the budget situation. In the middle of the page 2.1 and two numbered 2.2 have to do with evidence based practices. Nevada currently offers two out of the six recognized evidenced based practices to clients. There are four that Nevada does not offer. Toward the bottom 1.2 client perception of care, is based on statewide survey data that the MHDS quality assurance department performs. The client perception of care 61.36% of the clients responded positively. The very last one, number of adults receiving service coordination; Nevada did not meet its goal. The impact of the budget shortfall was primarily responsible for this. On the second page there are three that were not achieved. Adults receiving outpatient counseling was also due to the budget shortfall. The same occurred with 6.1 the number of adults in rural areas receiving mental health services. Rural clinics in particular was hit pretty hard with budget cutbacks. And the number of adults that are homeless receiving services is a relatively small population. At the meeting in November, Cody distributed a document showing some of the National Outcome Measures (NOM's), which is synonymous with these performance indicators. Roger and Cody feel it is very important for the Council to be aware of what the federal government is measuring the state on in performing and spending of the block grant dollars. If these things are being measured and the Council wants to have an impact, they need to keep this in mind when choosing the items of where they would like to place their attention.

There are several goals required under the federal guidelines. Nevada did not have the capability to quantify certain sections when the block grant application for 2009 was drafted in September 2008. They were unable to set goals because they were unable to quantify the information and report on it. In 2010 they will

have goals for these items. Nevada is moving ahead well in being able to meet the federal requirements in what they expect to have measured.

Roger went through the performance indicators for children. The number of children served did not meet the goal. They actually went up from 2008 to 2009. The client perception of care was achieved. They have a 74.29% in 2009. There were two targets that were not achieved. These are actually related to rural clinics because the number of children served in rural areas is in rural clinics because DCFS does not provide services for children in the rural areas. DCFS was unable to meet the goal of 125 for children that are homeless or at risk of homelessness receiving mental health services. This is good news and bad news. If there are fewer homeless children, they may have more difficulty in meeting the goal.

Roger went to the Uniform Reporting System (URS) tables. This is required by the feds to gather data in a consistent and meaningful manner. There are well over 20 tables that they require states to complete and compile data on to get demographic information on age groups, ethnicity, employment status, etc. Roger said the URS tables are located after the implementation report.

Page two, table two: A good source of information on the total number of clients served by age group, this combines the adult and children clients. Due to the format, the table continues onto page three with the different ethnicities. It is a good reference of who is being served by the mental health system age and ethnicity wise. Page six; table four is a profile of adult clients by employment status. After the URS tables are submitted, the federal representatives review it and ask for explanations of significant changes year over year. There was a significant change in the total of unemployed. The unemployment in Nevada has been horrific and the indications from the field are this population in particular is probably more susceptible to the economic down turns than other sectors of the economy. Page 17; table 11 is survey results. The first few rows are the adult consumer survey results and the child/adolescent consumer survey results. They ask more than just reporting positively about the services. This is how the clients view the services they receive. Roger's goal for the next implementation report is to provide the Council with information year over year. There is one section in the report that is strictly for state fiscal year 2009. There is no comparison to prior years. An important element to include in the analysis of the state is what is changing year to year. He would like to provide selected information. He will condense it to the points that are the most significant. He would be glad to include information that the Council would like to see. The questions they received from the feds were less onerous than last year. They were happier with the data reported on. They were able to report on more elements than they have in the past and next year it should improve even more thanks to the efforts of both DCFS and MHDS. Roger asked for questions. Howard asked if this information is used in strategic planning for the department. Cody said it is available to DHHS for their planning however, she is not sure if it was used. Howard said it is very good information. No other questions asked.

Rene requested a five minute break. Meeting reconvened at 10:45 am

# 5. PRIORITY IDENTIFICATION & STRATEGIC PLANNING SESSION

Rene asked if everyone had a chance to look at the priority identification list. Roger went over the process of the exercise. This exercise is based on the training the majority of the members received in August. The list is from the brainstorming sessions at the August and November meetings. Rene asked for any other additions to the list.

Barbara said in view of the presentation she would like to add clubhouse. Judy said the clubhouse theory is going to be named Adams clubhouse. Barbara said it should be a statewide clubhouse. Layne said they are working on service integration with substance abuse and mental health. Judy said she sees suicide integration and she wondered if that is something that they can have a presentation on. Barbara said that older adults committing suicide is on the list but Nevada also has the top teenage suicide rate, so she thinks it should be called suicide instead of making it specific to one group. Corrie verified that they are discussing this as statewide. Bryce said the drop in center would qualify as a clubhouse. Barbara said the drop in center is where the consumers meet to learn what they need at their pace. A clubhouse is a step up. Steve asked if the clubhouse and drop in center are combined wouldn't it dilute it. Barbara said in going through both, they need to be separate because they have different goals. Patricia asked on the list from August there is mental health parity (across the board), are they talking about including not just group health insurance but self insured. Layne said parity put the substance abuse treatment on the same level as mental health treatment. If they insure for mental health services they have to insure for substance abuse services. Patricia asked if it is in group health insurance. Layne said he believes they would look at it from a state position, for the majority of those who seek government assistance. Parity from a governmental services view puts substance abuse treatment on equal level with mental health treatment. Cody said the parity movement is about getting away from the cut where mental health and substance abuse services are treated differently than physical health. Patricia asked about the Medicaid waiver. Rene said it is so parents of children with SED can get Medicaid insurance. Corrie asked about the certified peer specialist. Barbara said peer specialists are consumers that are certified by the state. Once they are certified they are able to bill. Some of the certified peer specialists are state employees.

Rene asked all to make their top three selections and then pass them in, so they can be tallied.

Roger said the number one vote is the clubhouse; number two is child and adolescent access to services and three is collaboration with other agency groups/councils. Roger said Medicaid waiver is the next down on the list. Rene asked if the Medicaid waiver can tie in with the child and adolescent services.

Clubhouse

#### Access to Child and adolescent services

- Medicaid waiver
- Collaboration w/ other agencies
- Certified peer specialist
- Mental health month

### Integration of SAPTA/Mental health

- Continuum of care
- Suicide prevention
- Strengthening families
- Tele medicine
- Shared services (collaborating with government/private services on service providers)

Roger said the federal mandates are at the top of the list. Rene said rural monitoring is one of the mandates and so it should be taken off the board. Roger said the three federal mandates are: Review of the state plan; Advocate for adults, children, and families; and monitoring, which the Council does with rural monitoring.

Cody asked if they can establish the standing items that the Council will be keeping.

Rene said the ongoing items are:

Rural monitoring

- tele medicine

Nominating committee

Review of state plan

Advocate for adults, children, and families

Mental Health Awareness Month Committee – partial year

#### The top three choices are:

- 1) Child/adolescent services
- 2) Clubhouse
- 3) Certified specialist

Corrie asked about child/adolescent services and how the Council will work on items like the Medicaid waiver. Rene said they will look at getting a waiver through Medicaid. There are a lot of parents that do not know what services are available or that their children even need services. Corrie said this is a huge issue in the rural areas because they do not have services for children aside from school counselors. Rene said the tele medicine in the rural areas will make it so children can receive services. Cody asked when they talk about the access to child and adolescent services are they primarily talking about the Council advocating for increased access including the Medicaid waiver. Ann said that she believes the committee needs to come up with the plan because the issue is much larger. Corrie asked if a person could collaborate with family resource centers and parenting classes to educate the families. Corrie asked as individuals can they

still advocate on items. Ann said she believes they should be able to do two committees.

Ann motioned to start access to child/adolescent services and the clubhouse committees. Bryce seconded the motion.

### UNANIMOUS VOICE VOTE: MOTION CARRIED

The members for Access to child/adolescent services are Rene, Layne, Ann, and Patricia. Patricia will chair the committee

The members for Clubhouse are Judy, Corrie, Barbara, Steve, and Howard. Judy will chair the committee.

Barbara motioned to accept the committees and chairs. Steve seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

#### 6. LUNCH

Meeting adjourned at 11:55 am. Meeting reconvened at 1:37 pm.

#### 7. BYLAWS

Rene asked Roger to go through the bylaws. Roger used track changes in word for the bylaws so all can see what was changed. He created a separate summary of the proposed changes. The changes were proposed by the Executive Committee at their meeting on December 16, 2009. Roger went through the proposed changes.

In Article I, section 2: Things are slightly rearranged to align the mission of the Council with the federal requirements and the executive order from the Governor to establish the Council in 1989.

In section 3, Proxies: A member may designate another member of the Council to be their proxy to vote on a Council agenda item for them at any meeting of the Council. Previously they needed to be from the same membership category, which limited the options for Council members to appoint someone. In order to be represented at the meetings the Executive committee wanted to allow for the proxy.

Section 5, Reappointments: The bylaws indicated a new Council member must attend Council member orientation within one year of appointment and every two years thereafter. It did not address the consequences of not attending orientation. Failure to attend orientation within one year of appointment or any two year period may constitute grounds for the Council recommending to the Governor the

members removal from the Council. Roger reminded everyone that it is the governor who appoints and removes members to the Council.

Vacancy: Previously the bylaws addressed absences from regularly scheduled Council meetings and used a calendar year as the measure. The Executive committee wants to encourage more membership. They suggest it be changed to a rolling year instead of a calendar year. Then it elaborates on Council members sending notice no less than two business days prior to the meeting for an excused absence.

Section 3: Reworked because there are different processes for members of the Council who are state representatives and consumers, family members, and/or providers. When a new member receives their certificate, please send a copy of the certificate to the administrative assistant for the Council. This section reiterates the consequences of not attending the new member orientation.

Section 4: Is all new. It is different appointing members who are representatives of various state agencies.

Section 5: A resignation can be submitted via email.

Article 5, section 4: changed some punctuation and being consistent with calling the committees, committees, as opposed to sub-committees.

Article 6: There is an elimination of references to the immediate past vice chair. Historically it came about where the past vice chair resigned and they needed to fill it. The Council shall elect a chair and vice chair and the immediate past chair will be a part of the Executive committee.

Section 2: The officers will serve until the installation of the successors.

Previously the Executive committee consisted of the chair, past chair, and vice chair. This is a very small number to ensure a quorum is present at the meetings. The Executive committee requests that the representatives of MHDS and DCFS be members of the Executive committee.

Section 6, Duties of the chair: In consultation with the Executive committee, the chair will determine the agenda for Council meetings.

Section 8: Added. The past chair shall preside at the Council meeting in the absence of the chair and vice chair.

Article 7, Section 1: Only members of the Council are eligible for appointment to Committees. This is consistent with advice provided to the Council by the Attorney Generals Office. Members of the public are welcome to participate in meetings of the Council and meetings of the Committees, however, only members of the Council can be official members of Committees.

Article 8 – Quorum: A proxy can count as someone being in attendance for the sake of determining a quorum.

Article 9 – Voting: A majority of those present or represented by proxy is required to carry a motion.

Article 10 – Grievance; Section 2, Subsection 4: An addition giving a time period in which the grievance shall be concluded.

Rene asked for questions and/or comments.

Cody motioned to accept bylaws as presented. Barbara seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

### 8. COMMITTEE UPDATES

#### AD HOC GRIEVANCE

Patricia said pursuant to the letter dated November 12, 2009; she has not received any notification of an appeal from the aggrieved. Therefore, she would like to ask the Council for a vote on whether to accept the findings of the Ad Hoc Grievance Committee and the recommendations made at the last Council meeting, which could be incorporated into the bylaws. Rene asked Patricia to read the recommendations again. Patricia said there was not a finding of the bylaws being violated; the Committee came up with some recommendations to assist in the operation of the Council. Patricia reread the recommendations. She asked the chair to entertain a motion to accept the recommendations and findings.

Cody motioned to accept the findings of the Ad Hoc Grievance Committee and to consider the work of the Ad Hoc Committee complete. Corrie seconded the motion.

Abstentions: Barbara Jackson

MAJORITY VOICE VOTE: MOTION CARRIED

#### RURAL MONITORING

Rene asked Roger to update. Roger said at the last meeting they had just completed the rural monitoring visit. He sent a draft last week. A meeting is tentatively set for 1/25/10 to review and get the recommendations to the clinics for a response to be included in the report. They will be visiting another clinic between now and June 30, 2010. Roger said they will send the information to Bryce because he has expressed his interest in the committee.

#### CHILD TRANSITION

Rene asked Roger to update. Roger said one of their goals was to develop fact sheets for the different regions. He verified the documents were included in the meeting packet. Roger passed out the printing estimates based on the saddle stitching style. The committee felt that it would be prudent to make this available online, and to have hard copies available. The cost is approximately \$2,160.00. This amount exceeds the line item of the Councils budget for printing, however; there is some latitude and discretion that the Council has in completing this task and allocating money from other purposes to this purpose. In the same sub category, there is \$11,600 for out of state travel that could be reallocated for this. There is also the possibility that instate travel can be used. There is a few thousand available in this sub category. He was asked to present this to the Council and ask the Council:

- A) is the proposed production of these fact sheets an appropriate number, and an appropriate distribution to the various offices and
- B) is that something the Council is willing to allocate money from other activities such as out of state or in state travel to complete the work of the Child Transition Committee.

Steve asked about letting people use the computer rather than printing the fact sheets and distributing them. Rene said that they are sending a minimal amount to each site and there will be a link for people to use. Patricia said those who are family members or not within the state agency, may not have computers and/or printers. Corrie said they receive requests for information from a number of people who do not have computers. Rene said this is a one time print and then the clinicians and providers will have to print out copies. Roger said they need to distribute some hard copies so they can be used to make copies. They will also be on the Council's website.

Rene asked for further questions or comments. Barbara said that she believes this is excellent and she uses a lot of the information in the drop in center. Judy said she would be happy to have for her files.

Patricia motioned to reallocate some of the funds to cover the cost to print the fact sheets for the various locations. Steve seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

#### NOMINATING

Rene said they have not heard from the Governor's Office. They are also waiting to hear from the Department of Education (DOE) to replace Janell.

#### INTERVENTION/PREVENTION

Rene said at the last meeting there was a discussion that this group was not a committee. The Council asked the group to report back what the scope of their committee would be so the Council could vote. A letter was sent to Ms. Kosuda asking her to report the information to the Council. Rene read the letter to the Council. As of today, they have received no response to the letter. Roger suggested that based on the earlier agenda item for the prioritization, the Council has determined what priorities will take place this coming year and therefore prevention/intervention will be removed from the agenda. Steve asked if it is removed from the agenda, can she at some other date reintroduce it. Rene said yes, however she would still need to identify what there scope would be and focus on specific items. The Council would also need to know that it is within their boundaries.

#### 9. TRAVEL UPDATES

#### TRAVEL/CONFERENCES ATTENDED

There has been no travel since the last meeting.

### • UPCOMING TRAVEL/CONFERENCES

Roger went over upcoming travel/conferences.

A webinar on Shared Decision Making in Mental Health, Panel on consumer prospective and experiences – January 21<sup>st</sup>

Depression and Bipolar Support Alliance 2010 National Conference – April 29<sup>th</sup> – May 2<sup>nd</sup> in Chicago

Mental Health America – June 10<sup>th</sup> -13<sup>th</sup> – Washington, DC

Looking into the next fiscal year NAMI Annual Convention – June 30<sup>th</sup> – July 3<sup>rd</sup> – Washington, DC National Association of Peer Specialists – August – Chicago CMHS Annual Conference – Annual Block Grant Conference

Roger reminded everyone there is an expectation from the Council and MHDS that value be demonstrated by Council member attendance at any of the conferences.

Cody said a lot of attention is paid to how many people are going to a conference, so if there is more than two going there needs to be a solid reason as to why they are doing it that way, and to be presented to administration to get the funds approved.

Rene said if anyone sees conferences not mentioned here, send the information to the administrative assistant (Tanya) so everyone can hear about them. Corrie said sometimes a conference will benefit both her work and the Council, would splitting costs be an option. Roger said the state has done that in some situations.

# 10.NEVADCA COMMISSION ON MENTAL HEALTH & DEVELOPMENTAL SERVICES

Rene turned the floor to Roger and Dr. Kevin Crowe. Roger said the report is on the interaction between the Mental Health Planning & Advisory Council and the Nevada Commission on Mental Health & Developmental Services. The Council decided a year and a half ago to allocate some of the block grant funds to support the work of the Commission. The Commission has different responsibilities and powers that the Council does not. There is some overlap between the two entities but the Commission has responsibility of regulatory issues and several items that the Council does not work on. The Commission is looked to more for legislative input and changes in statutes. The Council is advisory. The Council has some restrictions on what can be done. They can not allocate money to lobby for anything at a federal or local level. The Council can express their opinion as to what they feel would be good public policy and possible legislative changes. When discussing the implementation report there was approximately \$70,000 allocated to the Commission. One item is research and technical assistance for the Commission because they are made up of ten members appointed by the Governor representing various facets of mental health and have responsibilities to follow up on numerous items like seclusion and restraint issues. Dr. Kevin Crowe is the liaison and the technical assistant for the Commission in charge of following up on requests for information that the Commission may have.

Dr. Kevin Crowe said Kevin Quint sends greetings. There has been a slow start up partly because the Commission had to do some basic organization. They can not meet more than twelve times per year. They are currently meeting six times a year. Three of the meetings are DCFS and three are MHDS. They are in the process of bylaw revision as part of this work. When they began, they found that the bylaws were greatly out of date. His goal is to bring the Commission and Council closer together. The bylaw revision agreed to include specifying the Council as one of the primary planning bodies in the bylaws. By doing this, they hope that it will institutionalize this interaction for years to come. They are also adopting a strategic planning process. They are looking at identifying the Council as one of their primary sources of collaboration. The Commission has asked Dr. Crowe to align their strategic planning activities with the Council as well as two other groups. There have been a number of changes to the Commission related to children's mental health. This is a major initiative through SB 79 to generate the state children's mental health plan. It may have some implications for adults if the model works well. SB131 requires the Department of Human Resources to go back to the Commission in October and go over anything that has been excluded in their budgets. He has never seen legislation where the agency is required to go back and identify what was included and excluded.

The Commission has gone from not knowing about the Council to being very appreciative of this group. They have identified formal stakeholders in the planning process. There are three primary planning partners. He was happy to hear the legislative initiatives the Council has, so he can take them back. He will be meeting with Mr. Quint to determine how they can move forward.

The work that went on this morning was very good and he would like to take the information to the Commission. The Council has more specificity. There is a marked increase in the activities because of the newly mandated Commission responsibility for children's state mental health plan. The process is identified in SB79. Dr. Gretchen Greiner has been assigned as the subcommittee chair. The first meeting will be in January. Real legislative advocacy begins in the fall. Roger said in regard to the planning efforts to the Commission, the block grant application that MHDS submits every year, the expectation from the fed's is it addresses the entire state system of care for mental health, not just how the 3.6 million dollars of the block grant is spent. He believes getting this level of involvement from the Commission on the children's mental health plan is going to be significant and a tremendous addition to the plan. Roger's job is to take the information from a number of different sources, he believes if there is this source of children's plan that already has the involvement of DCFS. Dr. Crowe said this process is identified pretty clearly in SB131. For children's mental health there are already three regional consortiums that have generated statewide plans. In February they are going to consolidate them into a state plan. They have to have the support and participation of the Council. Some of the challenges is some measures used to attempt to track the performance of this project shows a lot of fluctuation. There are a large number of unexpended funds. There are a variety of reasons for this; one is a slow start up. Originally they asked for a half time person. This project started in July. They have three performance measures; the number of open formal meetings – they have had 18 of those; the number of Commission or stakeholder presentations – they have had four of those; and documents produced – they have had 16 of those. There has been quite a bit of activity in the three areas. The measures are not stabilized and it shows with the amount of start up activity.

The Commission is also now formally responsible for Co-Occurring Disorders with SAPTA and is another key area for the Council. There have been a lot of internal activities to get the Commission going. They spend a lot of time going through individual client care records in a closed session; they look at instances of seclusion and restraint. They are attempting to find a middle ground to streamline this process.

The Commission has asked Dr. Crowe to explore the use of local governing boards. He is having difficulty in locating a list of local governing boards, and who is in charge of them. This process is much more in place in the children's side as opposed to the adult's side. Cody asked for clarification. She thought the local governing board and local advisory body are two different things. She asked which they were discussing. The local governing body is a subset of the Commission. Kevin said he would like to meet with her in regard to this because

he is having a difficult time. They are attempting to build consensus and some organization in the structures.

Stakeholder involvement increased from one to three. Dr. Crowe will be inviting Roger, Rene, and Cody to the next meeting of strategic planning. Roger said that the Commission has put the Council as a standing item on their agendas. Dr. Crowe said they are looking to build a list for follow up. They are working on the annual letter to the Governor. This has to go to the Governor in June. The Commission is required to interact with the Governor's Office. He hopes to talk with the Commission Chair about taking some of the items from the Council and putting it in the letter. He would like to share the Governor's letter with the Council prior to sending out. They are not sure how much impact they have had.

The Commission has only a couple of subcommittees. Children's mental health is one and Co-Occurring Disorders is the other. He said SB2 was the bill for Co-Occurring Disorder that Rosetta Johnson was leading and it will continue. Dr. Leslie Dixon in Las Vegas is the chair for Co-Occurring Disorders.

The review of DHHS budget inclusions and exclusions will occur in October or November. The Commission is required to meet with DHHS. DHHS will have to go over the items included and excluded in the budget. Cody asked if it is the whole budget. Dr. Crowe said DHHS has to explain to the Commission everything that was requested and was not included in the budget and why it was excluded.

They are attempting to bring a new member orientation and he has to compliment the Council because they are using a lot of the work that was done early on with the new member orientation. They are trying to bring structure to the internal operation of the Commission, so when Commission members are appointed they can start and not be caught up in all of the housekeeping activities.

Dr. Crowe asked for questions. Patricia asked about the number of documents produced and what documents. Dr. Crowe went over the documents that were produced. Rene asked how this would work between the two groups. Dr. Crowe said the interest in the children and adolescent services ties into their mandated requirement to report and provide a statewide plan. He will discuss the Council having formal involvement with Kevin Quint. The Commission doesn't generally advocate for specific program activities but they would like to. People are saying they want to salvage basic services, strengthen the family and home and that they need more improvements from Medicaid authorized providers.

Rene asked if there were any questions for Dr. Crowe. No other questions asked.

#### 11.PUBLIC COMMENT

Ann asked about the mental health awareness month committee. Tanya has emailed Alyce asking for dates to meet and at this time has not received a response. She will contact Alyce again. Ann said the 25<sup>th</sup> of January the

Children's Consortium will be discussing mental health month. She will send an update after the meeting. The Consortium will probably focus on children's day. Dr. Crowe said the dates for the upcoming Commission meetings are: January 21<sup>st</sup> – DCFS Commission meeting; March 18 & 19 Commission meeting; and May

#### 12.SET 2010 MEETING DATES

April 6, 2010 – 9 am – 4 pm Las Vegas August 10, 2010 – 9 am – 4 pm Reno October 5, 2010 – 9 am – 4 pm Las Vegas

Tanya will contact Judy Stange in regard to the member orientation and when she is available. The Council would like information on effective advocacy.

Corrie asked if people typically travel to the different locations. Rene said the Executive Committee, grant writer, and administrative assistant travel to the different locations. Once a year, the Council attempts to get everyone in a face to face meeting.

#### 13.ADJOURNMENT

Patricia motioned to adjourn the meeting. Barbara seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 3:15 pm.