

MINUTES
of the
Mental Health Planning Advisory Council
Quarterly Meeting
meeting on
Thursday, August 12, 2010
held at
Division of Child and Family Services (DCFS)
6171 W. Charleston Blvd., Bldg 8 Conference Room
Las Vegas, Nevada

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

Rene called the meeting to order at 9:15 am. A verbal roll call completed. The sign in sheet was passed around.

Members Present:

- Ash, Alisha – Consumer/Youth
- Bousquet, Judy – Consumer
- Daniels, Steve – DOC
- Herrera, Corrie – Family Member
- Jackson, Barbara – Consumer
- Lawrence, Coleen – DCHFP
- Norris, Rene – Family Member, Chair
- Parra, Debra – Housing
- Peterman, Patricia – Family Member
- Phinney, Cody – MHDS
- Pinder, Denice – Family Member
- Polakowski, Ann – DCFS
- Snead, Lydia – Family Member
- Thomas, Alyce – Consumer
- Wilhelm, Layne – SAPTA
- Willingham, Bryce - Consumer

Members Absent:

- Castle, Howard – DETR
- Cooley, Judge W. - Consumer

Staff and guests:

- Benitez, Tanya – MHDS/MHPAC Admin. Asst.
- Ford, Lisa – DOE
- Mowbray, Roger – Grant Writer
- Resnick, Britanie – Guest

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 4/6/2010

Rene asked for changes and/or corrections. Last page should be “When Medicine got it wrong.”

Lydia motioned to accept minutes with corrections. Corrie seconded the motion

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. PRESENTATION “THE WAR WITHIN” DVD

Rene turned the floor to Roger. Roger said the rural monitoring committee recently visited Mesquite and they saw this presentation. It was a very compelling and impressive presentation. Roger turned the floor to Britanie.

Britanie thanked the Council for the invitation to speak. She gave a summary of her background. She said father has been very supportive. She is the oldest of seven. She was adopted and her younger brother was adopted. She really doesn't know much about her history. From what she does know of her birth mother she may have had mental issues.

All her life she has been depressed and did not know why. She has been told to let it go. Her parents have done all they could. She has tried just about every medicine out there until she was diagnosed with Bipolar Disorder and put on the right medicine. She has a great family, three children. Even on medicine she is still unable to figure out why she is having certain feelings. She had explained the situation to her parents and her mother had a very hard time understand. Her father has worked with someone for 30 years with bipolar. She wanted to be able to explain what she feels when going through a bipolar episode. She wanted to make people understand what she is feeling. She created the DVD with pictures and music. She put what she was feeling and her emotions on the DVD. What she feels and what she does not feel when she is having a Bipolar episode. This is not how she feels all the time, just when she is going through an episode. Some have wondered why she would make something with such ugly feelings. Some have said it was beautiful.

The video played.

Lydia said that it was beautiful. She thought she understood a lot about Bipolar but this opened an entire door for her to understand how her daughter is feeling. Her daughter was just recently diagnosed as Bipolar. Now she can understand what she is feeling when she is high and low. Patricia said her son was diagnosed when he was 17 and this means so much. Britanie said that she never thought this would help so many. She just wanted to make people understand what she is

feeling. Lydia asked if she would be able to get a copy of the DVD to ask and see if that is how her daughter feels. Britanie said that for 30 years she has not been able to tell anyone how she feels. She said she would be willing to share with those who would like a copy. Patricia said that she sees what her son is going through. Britanie said when someone feels that way, and they say that they don't care anymore they truly mean it. Today she feels great and she is on top of the world. When she feels bad, she truly doesn't care, there is no tomorrow, and just wants the pain to end. She believes that is why so many have suicidal thoughts because they just want it to be over.

There is one side of her that just wants to give up and then there is the other side that says just one more second. There are times that she has had to sit on her hands and cry to keep from hurting herself. She watches the DVD often to remind herself that she has done something good. Lydia said that Britanie just opened her eyes to what her daughter feels and she hopes she can help her daughter. She asked if Britanie will continue to make DVD's like this one. Britanie said at first she was afraid of speaking in regard to the DVD and she never expected it to get this big. She would like to make more. Lydia said this has made an impact on her that she will remember for the rest of her life. Barbara said that this message needs to get out to everyone. This speaks for the people who can not speak for themselves. She thanked her and said she is a very courageous person. Britanie said she is just a person with Bipolar trying to tell people how she feels. Rene mentioned "the Storm within" her daughter has a hard time explaining their feelings. Britanie said that if they were able to explain, they would be in a better place. Rene invited her to put in an application for the council. Roger will send her an application. The Council heartily thanked Britanie for taking the time to share the DVD and speak with them.

4. TRAVEL/CONFERENCE UPDATES

Rene asked Cody to start. Cody said several of them attended the Block Grant Conference and Data Improvement Grant (DIG) Conference. They were combined this year in regard to reducing the cost of travel due to the economy. Both Laxmi and Cody were able to attend the DIG portion and get additional information about the DIG grant, which they are expecting to hear about in September as to whether they will receive the allocation monies. Rene asked if DIG is just for MHDS or does it include DCFS. Susan said that the SIG grant is different from DIG. Cody said the grant would be used to improve their ability to collect part of the consumer services data. The emphasis with SAMHSA is to move to client level reporting. The survey they currently collect is not considered client level data because the survey is completely anonymous. They are unable to link responses to individual clients. They do it this way to encourage responses. They only have the information provided on the survey. Some of the indicators that they would like to have at the client level would be added to the electronic medical record, improving the ability to report the data in a more meaningful way.

Roger said the overriding theme they heard was they will get back to them due to the unknown effects of the health care reform act. The people who were presenting were waiting for decisions on what the health care reform impact will be on the block grant. SAMHSA went over the 10 strategic initiatives. The initiatives are: 1. prevention of substance abuse and mental illness, 2. trauma and justice, 3. military family – active guard, reserve, and veterans, 4. health insurance reform limitation, 5. housing and homelessness, 6. jobs and economy, 7. health information technology for behavioral health providers, 8. behavioral health workforce in primary and secular care settings, 9. data quality and outcomes, and 10. public awareness. Roger will send a link of this list to Tanya to send out to the Council. They will be reviewing the current block grant pending the focus on recovery and support services that will not be paid for through Medicaid or commercial insurance.

The Block grant funding is likely to be reduced in 2012, which would be effective October 1 of 2011 for that Federal Fiscal Year. They were very vague and general about the amount and what sort of changes to the purpose of the spending will be made. They did say that block grant funding will move toward community based prevention services, wellness, and support services not covered by insurance.

Some key issues for future block grant plans that will need to be addressed are good and modern treatment services, workforce development, transformation of mental health, and return on investment,

Roger said John Morrell, with CMHS over the block grant gave several points. National Health Reform providing expanded or universal health care coverage would not diminish the need for the Mental Health Block Grant (MHBG); most needs of people with mental illness home and community based services will not be covered. Roger said he will double check this one because he may not have captured it correctly. MHBG dollars may be targeted for more specific purposes such as evidenced base practices, prevention/early intervention, physical health wellness, and consumer/family member help. They may be asking them to focus the state plans on these. CMHS will be under additional scrutiny to show improved documentation and presentation of positive outcomes through data and performance measures.

Cody emphasized it would be good for them to link any priority they identify. She would be very surprised if funding isn't emphasized on those areas. They need to start planning for that. The Commissioner has received a letter from the Secretary of Health and Human Services encouraging the state to begin planning for the Block Grant in a different manner, particularly to emphasize planning to use the monies for items that Medicaid will not be covering in the future, as Medicaid's role changes with Health Care Reform. They are having these discussions now. Return on investment. It was very clear in the meeting that they will be looking at much more specific reporting in the future about what the

money is spent on and what the community is getting for this. This is keeping with the transparency and accountability initiatives that people are hearing this administration talk about. They did have a document about a good and modern behavioral health care system and what that will look like and how to move toward that. There is a lot of emphasis on integrating into a behavioral health care system including substance abuse and mental health across the life span. Cody asked for questions. Rene said they are moving toward a universal country wide health record. Cody said it is a different aspect of health care reform. Rene said from the consumer and parent perspective getting a child's records from one Dr to another, you end up waiting for a long period of time. Cody said health information is definitely a major issue and they will definitely see things changing in this regard in the next few years. Judy asked when health care reform will set in. Cody said there are many specific dates across the bill. It is a very large act over 2000 pages. Some of the aspects have already gone into effect; a few of them are retroactive. Then there are others that will not go into effect until 2014 and possibly beyond. Coleen said some started in January of this year and some will start in 2015. Coleen asked for a copy of the letter Dr. Cook received. Rene said they have a drive with the handouts they received during the conference. Roger said they created the flash drive before the conference. They can send a link to the website where the presentations are located.

Rene said she attended a session on suicide prevention. She attended one for MHPAC and the focus of health care reform and what it will mean for mental health. They plan on having Block Grant money; they said there will be competition for the money because they want to put mental health in with physical health. Alyce said she is afraid that mental health is going to get pushed aside and the money that was to be used for mental health will not be used for mental health. Rene said no one really knows what health care reform will look like. Alyce said it is worrisome because they do not hear what mental health is saying and they are going to get cumbersome and mental health will get pushed aside.

Roger said the travel/conference update is a standing agenda item. This was when they had funding for travel. The only items budgeted for travel, were for the annual Block Grant Conference and the Annual Review. This year the review will be via video conference. They are attempting to get all of the statewide participants in one location. Due to the issues from the last meeting with the multiple sites, the video conferencing breaks down after it gets to certain number of sites. They will save some considerable money on travel instead of having to go out-of-state for the review. Cody said the date is November 3, 2010.

Corrie said they have sites and is it possible for them to link into the states site. Cody said she will check with Caroline if they can provide her the IP address. Cody said the reason for the Review being conference in one location is there are limitations to the technology linking them to the system that the Federal

Government is using and they have to go through the Health Division in Carson City to do this. Cody will check to see if the NDLC sites can link with the state.

Randy said they were not close enough to the audio equipment to hear. Cody said when they attempted to combine the video conferencing with the audio conferencing; it did not go well at all.

5. CMHS BLOCK GRANT REVIEW JUNE 8-10, 2010

Rene gave the floor to Cody. Cody said the Block Grant Reviewer were here June eighth through the tenth. They met with MHDS, DCFS, NNAMHS, NNCAS, MHPAC, and NV PEP. They spoke with a lot of people. The preliminary result of the review is they left with no findings. They did give assistance with their MOE calculations and Cody is currently following up with Pat about some technical assistance requests. They asked for help with about seven items. Including getting public feedback on the block grant and planning for what seems like a new era in behavioral health care. Pat is looking for consultants who can help the Division with plans for increasing their use of privately operated mental health services. Rene said she was thankful that Patricia was in Reno and Carson City and she was able to meet with them. Rene said Mike Hammond has been here before. He asked why the Council was not doing the RFP's they had done in the past. The reviewers said they really liked that about Nevada. Roger said since he has been writing the block grant, there is a section on strengths and weaknesses. The Block Grant has always sited the last Federal Review, which was in 2006. He took out the 2006 review since it is out of date. They will not be able to use the review that just happened in June because they have not received the formal report. He will say that they are waiting for the formal report in the Block Grant Application. NAMI did not do their report card this year. He believes they do theirs every other year, so he will be referencing the one from last year. They gave Nevada a D-, and they gave the entire country a D. Cody said the highest grade for any state was B- and she is not sure which state.

Rene asked for questions. Alyce said she did the Block Grant in Oklahoma and they are awesome. The things that they use the Block Grant money for is great. She said their consumer program is awesome. Alyce said they go in the community and mentor consumers and get to their Dr appointments. They trouble shoot. They have a thrift shop that is run by consumers and they are trained on how to bring in merchandize, inventory, sales, stock the shelves, etc. Now they have prisoners who have been released who are peer to peer specialists. It's awesome because maybe the person can not work a normal 8 to 5 job but they can work different hours.

Coleen said Medicaid will most likely not be able to fund peer to peer groups in the future. They can build the peer support into the block grant funding. This next legislative session is going to be one of the toughest sessions she has been

through. They are going to be putting up services to be cut that are the medical services. She is looking at trying to preserve the health care services, physical therapy services, non vocational therapy services, therapy service for health care. The peer services will be the first ones to go because psychologists can do prescriptions and medication management. It is a ladder of services. It is a pyramid. What services to they want to cut first. Unfortunately peer support groups will be the first group she will have to cut. She has to decide to keep medication management or peer support. Barbara said they can have those services if they start doing peer delivery services. They can get and keep the services. Coleen said not through Medicaid. She understands the importance of peer service. She has a level of licensure and tiering of services. It is not a matter of what service is more important; it comes down to licensing standards etc. If she cuts divisions, she also cuts 13,000 jobs in the state. If she cuts 13,000 jobs in the state, she just sent unemployment for 13,000 homes. Alyce said to provide peer services there has to be a medical Dr to provide services. Coleen said they have a pyramid that is affected all the way up and it is also about how long the services have been in effect. It is also about how to contract. Physician services are required services; she can not touch that as long as she has a Medicaid Program. Peer support and occupational services that are non-licensed are optional. Optional services will be the first services to be cut out of the Medicaid Program. Barbara said that they are already cut out because they have never been in there. Alyce said they are there. Cody said the reason the state CSA's do not bill for peer services is because they are already federally funded. Barbara said there are two numbers they can bill under for the state of Nevada. The one peers can use, they do not bill under the number. When looking at the states that are doing well, they are billing under the number and they are bringing in millions of dollars and not losing these services because they are supportive of their state. Coleen said they do not have the general fund or the revenue on the Medicaid side to support this. Medicaid would have to have more revenue first. If they are look at ways to build the grant money, this is one are that Medicaid is not going to be expanding in to far because right now she is doing everything possible to preserve the funding she can in her services now. With the health care reform, they will be holding on to as much as they can. Rene said when they talked about the grant review conference, John said they want the money to be used for evidence based practice, prevention, early prevention, physical health wellness, and consumer family involvement. Alyce said in Oklahoma almost half of their block grant is for peer services. They use the block grant money to train peers. They get billed on another piece. They use the block grant money to start these services and then they find other funding. They employ over a 100 peers throughout the state of Oklahoma, which is amazing. Nevada is struggling with the 14 they have. Rene asked if the drop in centers in Oklahoma were for adults or did they have something like that for children and parents. Alyce said they have teens that are doing it. They get class credit and they receive stipends. Rene asked Alyce if she would share this information with Judy.

Barbara said when discussing peer support services and CAP program, the CAP program and the peer support specialist is not trying to be a burden on the state. They are attempting to become self sufficient and independent and all they are asking for is to have the money put there and then they can become independent and provide a service to the state. Alyce said if they are able to use the money, use it while they can because the money is going to be going away soon. Patricia said they need to think outside of the box to provide the support and other sources of funding for the items that Medicaid is no longer able to provide. Now they start looking for non profitable organizations that may have money to do some of these programs that have to do with getting consumers to help other consumers with similar issues. Alyce said hospitals are giving grants. Coleen said Sean said don't let funding driving the policy. Funding will drive what the programs do. As the federal rules change drastically, the programs attempt to change along with it. Set what they want for a program and for a policy, then find the funding and diversify the funding. Peer support is going to have large changes in the legislative session.

Cody said the Council is being told to plan the block grant for things that will not be supported by Medicaid. She is hearing Coleen say this is a program that will not be supported by Medicaid in the future so it would be a good idea to make a recommendation that if this is a program they want to support, how can the block grant support that. Traditionally in this state, that has been done by direct state employees. In the future they will move to a different system for doing that, more like the rest of the country has where they have contract services that are privately operated through the state. Rene said they have been told to plan for the dollars to pay for what Medicaid will not, now they need to think ahead and get ideas so that as a Council they can go to MHDS and say these are our recommendations. They do not have to take the recommendations but if they have the information to back it up they can do this. Alyce said look at what DCFS has done with NV PEP. Rene said a drop in center can be for adults, children, and families. Barbara asked for clarification. Alyce said the monies can be used for a number of support services. They use the model that DCFS is using. They can do drop-in centers, clubhouse, peer support, etc. Judy said the clubhouse develops around the needs of the community.

Rene said if someone sees something they think will work, give it to Tanya on an agenda request so they can discuss it and get recommendations for the block grant. Alyce said she has stuff from many states. They have no issues with sending their formats.

6. CMHS BLOCK GRANT APPLICATION PRESENTATION

Rene gave the floor to Roger. Roger brought webbgas up on the projector so the members of the Council can see how the block grant application is entered. He will send the log in information to everyone. This is a multi purpose application. The Council has the CMHS submission and review. The review is for people

assigned to review the block grant application. CMHS submission is for the block grant. People will have to use the Nevada Citizen log-in.

Roger went through the table of contents. He went to public comment on the state plan. They are attempting to find ways to get the public to comment on the block grant. He went to section two. Roger went over last years' state plan. The state received a "D" from NAMI. They did compliment Nevada on the biennial needs assessments.

There are five sections for adults and five for children. Item two is unmet needs and item three is plans to address the unmet needs. Corrie asked if they can go in and post comments. Roger said they would go to submit feedback and send it and it will go to Cody will receive an email. Alyce said that most of the time they get it in advance and they are able to discuss it. They also get feedback time. It is very important that they use the opportunity to discuss it. Rene said at each meeting they will have a different section to review so that it is not all done at the end of the year. Denice asked if it is due in two weeks, are they going to be able to review it. Roger said they will be able to review and give feedback in webbgas. Corrie verified that until Roger submits the grant at the end of the month, they have the opportunity to review and make comments. Roger said he spoke with Judy and she said when there is nothing to review, just review last years plan. Corrie asked if it will remain the same. Roger said there are some changes. His frustration is the Council has not had the opportunity to comment on the plan for this year. He wants to start working on the next years plan for a few reasons. They did not have a legislative session; they did have the special session, so they will have a legislative update with a few changes to the budget. The plan that gets submitted for even number years that follow a legislative session usually have greater change than plans that get submitted in odd number years. This year is a bit of an exception due to the budget changes. Secondly, the health care reform. Susan said on the children's portion, their 2011 application is very different than 2010. She suggested looking at the vision and unmet needs. Roger said that is in section two, under child, and plans to address unmet needs. Roger can have it in webbgas tomorrow. Rene said over the weekend the members can go in review and make comments.

Roger said in regard to goals, targets, and action plans. These are populated with last year's data. Each item has to be viewed separately. He passed out two handouts. Roger went through handouts. They did not believe with the budget cuts there would be as many people served as in the previous years. They were wrong. They served 1000 more than they served in 2009. Cody said the target of 24630 was based on the resource cuts they were expecting at the time the target was determined. They applied that to the historical numbers. This is the number of adults who are served by State operated mental health services. Anyone who is getting mental health services that are not State operated; are not counted in this number. Judy verified that if they are being paid by Medicaid they would not be included in this number. Rene asked if the increase in the number would be due

to the number of unemployed people who no longer have insurance and they have to get services through the State. Cody said that explains how more people are eligible and the increase in demand for the services. The target explains why they are able to do that with fewer resources, is that over the course of the last year to 18 months, MHDS has done a lot of reorganizing aimed at increasing capacity and efficiency with fewer resources. Reorganizing Rural Services and having the five clinics in the south go under SNAMHS. Reorganizing how Rural Services clients get into the system and eliminating the requirement that they have to have a Therapist, so they can have medication clinic only service. That was a change in policy. Rene said if they are on a waiting list for a Therapist they can go to the medication clinic and have a case manager. Cody said there is not a waiting list. They can have another service instead of waiting. And other sorts of reorganization like that about how people get into the service and whether their policies create barriers to getting any service. Alyce said when Coleen was speaking to how policy rules dollars, this is what she meant. Rene said this would explain the decrease to the admissions in the hospitals because they are able to get medications or some kind of help to keep them ok until they can get into see the Dr. Cody said the theory for this year is that these kinds of reorganization activities where they were able to increase capacity without increasing staff and other resource intensive items has been done and there is not a lot of reorganization left to bring additional efficiency out of the system. Additional cuts will have more of an impact upon the capacity than they have seen so far. Corrie asked since the reorganization is there and increase in the case load. Cody said the standards did not change. The actual may have changed a little.

Roger said this is what they said would happen. He directed the Council back to the handout. They have to have a plan for meeting these goals. Roger said these are the items that have to be answered for in the implementation report.

Roger asked the Council which of the areas are of particular interest or importance. He asked what the Council would like to focus on. A comment was made in regard to medication treatment. Patricia said she is interested in adults receiving services. Rene asked if there is a reason item 3.3 decreased. Cody said this item comes from the consumer survey. There are a number of tables that they take from consumer survey data, populate the tables, and then from the tables they get this information. This is a very complex item on the consumer survey. Due to the structure there is a lot of difficulty to the answer and then to get it off the survey and into the table they have to populate. Then to get it to add up correctly is extremely complicated. They do have a projection available, but staff is still working on this item. This is one of the items they would like to add to the electronic medical records, so staff can ask clients to provide this information on an ongoing basis. Rene asked who makes up the survey. The consumer survey was developed by the mental health statistical improvement process several years ago. Rene asked if that was just here in Nevada. Cody said it was a national project. There are several versions of this particular tool. Generally across the states, everyone is using a version of that. They use a computer program.

Corrie asked about adults who are receiving services in the rural areas. Cody said the projected is what their initial numbers from the data system say at this point without having been fully cleaned. The target is what they thought it was going to be last year when they estimated based on how much they expected to be cut. The other issue with budget cuts is they prepare a budget with an estimation of budget cuts. They will not know until the legislature closes and the budget is finalized what the exact cuts will be. They make a recommendation and an estimate, but they will not have the information until long after the application is finished.

Rene asked what would be a big change. Cody said the adults receiving mental health services for the actual of 2009 was 4753 and their projected right now is 4812. This is pretty close to flat. Rene asked about the rate at a 180 day admissions and if that is because of the reorganization. Cody said item 1.1 the readmission rate at 180 days is the people who are readmitted to the hospital within 180 days. That changed from 32.72%. The target was 34%; however, with limited resources, they will see a slight increase which is not the direction they want to go with this rate. The projected for this year is 42.8% which is higher than 2009's actual. This is a result in the change in the definition of the data and a change in how this number is calculated. It has to do with a change in the number of admissions used. This is moving from a definition that Nevada has had previously and reviewed the actual in 2008 and 2009. They have moved it to the definition that the federal government has. They are not seeing a lot of change in this number, but due to the change in the definition it looks like a change.

Rene asked about 2.2 percentage of adults with SMI went from the target of 7.32 to 10.76. Cody said the target number is a projection they made in the general office last year. Rene asked if they will have to explain between what was projected and what happened. Roger said they can turn this into a good. They anticipated budget cuts adversely affecting the services, but with the reorganization they were able to be more efficient and they have been able to do more with less. Patricia said at Rawson-Neal they cut beds they were not using, but that also seems that it would impact the number of admissions because if the beds are not there anymore, they can not put someone in.

Rene asked how they come up with 3.4% homeless. Cody said this is captured in the electronic medical record. They are asked as part of the assessment. Rene verified this is only from people who receive services.

Rene asked if there were any others on the data sheet they had not discussed. Cody said 1.2, 1.3, and 1.4 are all from the survey and the perception of care type measures.

Roger uploaded a document and showed the Council how they will view it. Rene said over the next couple of weeks Roger will be putting all of the information in

webbgas. Continue to go in review the information and make comments. Roger has the results of the 2010 point in time (PIT) survey.

7. CONSUMER SURVEY REPORT

Rene turned the floor to Cody. Cody said the consumer survey for the adult side is the MISIP survey. All of the states are using some form of it. They have set a goal to collect it this year. The way they collect it is through the State operated mental health services. It is completely anonymous; however, there is staff present. They collect them in boxes, so the person filling out the survey does not have to give it to a staff person and does not have to discuss it with the staff person unless they want to. It is then entered into a computer program. Once the information comes back to the central office, they have no way of identifying an individual based on the survey. They collected 2259 adult surveys over the course of approximately two months. That did meet the collection goal they set for this year. She has the raw data for the inpatient and outpatient adult surveys. The full report will be done in September. There are six questions that constitute the outcome measures. Approximately 63% that responded indicated a positive response to the outcome indicators. Their target was 63%. Next year she is projecting a target of 65%.

The bias that may be introduced in this is it is a completely self selected group. It is completely voluntary and by convenience. If it is handy for them to fill one at while they are at the clinic, then they are asked to complete. They are not mailed, and there is not an incentive to have these completed. Corrie asked if this can be accessed online. Cody said there was a link on the website during the collection period. Corrie asked what the response was to the online survey. Cody said she would check into it. The vast majority are paper. Cody said they have received feedback both with the paper and the computer, that there are concerns about the anonymity. Cody said she does not have a way to link these back to anyone. Coleen said there is also an issue with compliance. When taking a survey when in the office, the compliance rate drops dramatically. Rene said there will be people who are very mad or very happy about the services. She said she always receives surveys in regard to her daughter and unless she is really impressed, she does not have the time to complete all of the surveys. Cody said one of the pieces of feedback they have received on this survey is that it is very long. There are 46 questions. Every year she receives people asking to have more questions added.

The full report of the 2009 survey is on the MHDS website home page. Once the final report for 2010 is complete, they will post it to the website as well. They do not plan to ask for any action plans for 2010. They have moved away from asking specific agencies to address specific items in the survey. They do use it to benchmark them against the National numbers. This is more of an over time are they making progress toward the goals.

Rene asked for questions. None asked.

8. DIVISION UPDATE

- **MHDS**

Cody said that they are in the process of budget preparation and strategic planning process implemented last year. In the face of the current situation, will be the priorities to be maintained. The goal is to have a solid foundation that remains. They have revised all of the Divisions medication policies. The priority for this was ensuring safety as consumers were receiving medications and meeting the dispensing regulations, so all of the sites are properly following all of the regulations in regard to dispensing the medications. All of the medication regulating policies within the state operated system have been revised and will be sent to the Commission for approval. They are currently working on policies related to client rights. The prohibition of abuse and neglect, the implementation of seclusion and restraint and the limitations on that and how all of those items are reported to the Division. The reporting process is aimed ensuring all of the rules are followed and the states give consumers the priority. Once these are complete, they will also go to the Commission for approval.

The reorganization that the Division has implemented appears to have had some success in bringing efficiency out of the system. This includes the Rural Clinics reorganization and the implementation of pilots of medication clinic only services at rural clinics. There has been some reorganization at SNAMHS about the entry points for services. Mark Stets who was the Hospital Administrator at Rawson-Neal has retired. Dr. Stuart Ghertner is at this point overseeing the entire in patient and out patient services for SNAMHS. The larger areas are working to implement some utilization management for the outpatient services. This is again aimed at getting additional efficiency out of the system.

Cody asked for questions. None asked.

- **DCFS**

Dr. Mears said they have completed their most recent surveys. She suggested looking over the comment section. It has to do with questions about what is the most helpful service your child received, what was most helpful, and comments.

She went through the potential changes for DCFS and Children's Mental Health. A few years ago, DCFS hired a national consultant. They asked her for assistance to conduct a finance assessment in the state of Nevada for children's mental health. The study was conducted with public agencies,

Child Welfare, Juvenile Justice, Children's Mental Health. She combined the information into an aggregated report and included some recommendations.

The report discusses who they are serving, what type of services, and how much services they are receiving. Last September she returned to help them with the report. They asked her to guide them in how they may be able to use this information. She gave an overview of the findings and she showed them how other states structured to be more efficient and effective. At the end of the two days, they developed a recommended Government structure for Children's Mental Health. Around the same time, Senate bill 79 passed. The point of the bill was to see how all of the commissions and boards can be streamlined. This also included some expectations for the Commission on Mental Health and Developmental Services (CMHDS). One of the items they were asked to do is to create a subcommittee to develop a Statewide Strategic Children's Mental Health Plan. In order to accomplish this, they needed to include the Regional Consortia ten year plan. Dr. Gretchen Greiner led the subcommittee that included three other Commissioners and members from the Children's Behavioral Health Consortium and the Statewide Consortium. The subcommittee met for the first time in February to create this plan. They have continued to meet monthly until the June 30, 2010, when the plan is due to Mike Willden, the Director of Health and Human Services.

The first goal is to restructure the states system government. They want to have the ability to operate the statewide and the regional. The second goal is to expand the authority of CMHDS over public and private providers. Currently the CMHDS has authority over public entities and not private. They also want to establish a Child and Adolescent Behavioral Health Policy Board. They would like to establish DCFS as the State's Children Behavioral Health Authority. This tends to surprise people, but currently DCFS has no authority over children's mental health. DCFS only has authority for services at the facilities they provide. Another goal is to identify any additional revisions to the statutes to implement the plan. They will study the Health Care Reform and determine the impact on children's mental health.

Goal three is around workforce development. To look at cultural competency and core competency as well evidenced based practices.

Goal four is to look at and enhance statewide service delivery, which include family involvement, and they want to take a public health approach to children's behavioral health. They are going to look at it as a public health issue that affects everyone.

Goal five is quality improvement. Integrate quality assurance, standards of care, and program evaluation in everything they do.

This is a very ambitious plan. It is a ten year plan with the first two goals to be done with in the next two years.

Dr. Mears asked for questions. Rene on the parent care survey, why is there such an increase from the fall of 2008. What did they do to increase the participation? Dr. Mears said they thought they should be doing the community based survey as well as the residential survey twice a year each. They may have saturated the population too much. Now they do the community based in the spring and the residential in the fall. As a Division they began to work on encouraging families and youths to complete the survey. Ann said that at early childhood, they encouraged the clinicians to give out the surveys. The clinicians had a tracking number and they tracked the clinicians that distributed the surveys and received them back. Patricia said that there was a large stack of surveys at the check in. Lydia said that NV PEP also helped hand out the surveys. She would meet up with them early and give them the survey.

9. LUNCH

Meeting adjourned at 12:25pm. Rene called the meeting to order at 2:08 pm.

10.2011 LEGISLATIVE SESSION

- **MHDS**

Marty verified everyone received the copy of the handout and attachments A-D. He said this is an overview of the session. The session is slated to start on February 7, 2011. They are looking at an early June ending date. Some of the committees have started to submit. The special session began on February 23, 2010 and ended on March 1, 2010. It is not anticipated that there will be another special session between now and when the regular session starts. There is a possibility that there may be a special session after the regular session to deal with some other issues.

There are currently 63 members of the Legislature, 21 in the Senate and 42 in the Assembly. There will be some turnover as they head into the 2011 session. There will be a number of new faces. Legislators affected by the term limit. There is going to be quite an impact by both experience and who will be in control. Ten members are termed out in the Assembly. There are another five members of the Assembly leaving. Total in the Assembly leaving is 15 and nine in the Senate. Many of the veterans of the Legislature will be leaving. This is going to be a particularly difficult time during the budget crisis. The silver lining is that people will have the ability to reach out and get their message across and what issues are important to them.

The Bill Draft Requests (BDR's) have started to be compiled and published. Currently there are approximately 221 requested. No pre-filed bills have been slated yet, so everything is just in BDR format at this time. The Legislative Counsel Bureau (LCB) provides weekly updates on Tuesdays. He maintains a listing of the BDR's that come out for the division. He sent Roger a copy as well so that he can keep the Council advised. The full text of BDR's is not available at this time, unless the person is able to approach the author to see if they will let them see the text. MHDS has submitted two BDR's. They are still being evaluated.

A majority of states, including Nevada, authorize the pre-filing of bills. Pre-filing allows drafted bills and joint resolutions, upon the approval of the primary sponsor, to be numbered, printed, and made available for public review, and scheduled for hearing before the start of the session. On the first day of the session, these bills will be formally introduced and referred to a committee. They are the first assigned and heard on the floor and they have more time to go through the process. As of July 27, 2010 there have been no pre-filed bills requested.

Drafting BDR's is a time consuming process. Request for drafting can only come from State Agencies, Legislators, Governor, Legislative Committees, and Local Governments. A private citizen would need to contact their Legislator. The bills are submitted by individual legislator or standing committee of the legislation. Once they are introduced, they are read for the first time, numbered in their house of origin, and assigned to a committee.

As of May 3, 2010 all Executive Branch departments and agencies are to have their BDR requests submitted to the Department of Administration, so they can be evaluated for submission. By September 1, 2010 all requests for BDR's from the Executive Branch have to be received by LCB. By November 1, 2010, the LCB is required to give full priority to the preparation of legislation requested by members of the Legislature and the legislators themselves. They are permitted to submit a certain amount of BDR's by September 1, 2010. They have a limited number of the amount they can submit during the session. The point of the information is to let people know that the window is not closed yet to get their voices heard and to get legislation heard.

He went over the calendar for the session. Key dates: the 8th day of session all Legislators' have to have their BDR requests into the LCB. By the 19th day all committees have to have their BDR requests in. By the 50th day of session all committees have to have their bill introductions in. By the 68th day of session all bills have to be passed out of their house origin otherwise they will die. By the 79th day all bills passed out of the next house/assembly or it dies. May 1st is a very critical day of session. The economic forum report is

due. This establishes the amount of money the legislature has to spend. This is very important for the bills that have dollar amounts attached to them.

Key points to consider when submitting testimony. Many are skilled at testimony. He referred everyone to the handout for submitting testimony and went over it.

The Division prior to and through the session has staff assigned to monitor the session. He is the primary legislative liaison for MHDS and Marianne Lockyer on the SAPTA and DCFS is Crystal. Contact the liaisons with questions.

Marty went through the Division tracking and analysis materials (attachment D). The service is available to anyone. Go through LCB to sign up. This tracks all bills that are programmed in. They target the ones they are interested in. Are they hitting the deadlines, have they passed out of first house and second house?

Marty asked for questions. Alyce thanked him. Dr Mears asked if he would speak to reapportion. Marty said every ten years the Federal Government does a census of the population. Based on the information that is collected during the census, each state will look at the information and they reapportion the Senators and Assemblymen across the state. Based on population they will move or shift within the various counties. Typically very important for whatever party happens to be in controlling power. There could be concern as to how the districts are drawn. The legislature may decide not to do this during the regular session. With the budget coming up they will need all time to handle the budget.

Rene asked if there were any questions for Marty. No questions asked. Rene thanked Marty and Dr. Mears for coming.

- **DCFS**

Dr. Mears said DCFS is putting forth a bill draft that will change the governance structure. In the State Children's Mental Health Plan, their first goal is restructuring the governance system. Everyone is in agreement that they need to do business differently and there are some gaps in authority to make sure things are done and services are provided in a quality manner. Currently the CMHDS have authority over public facilities and services. They have authority over the services DCFS provides; they do not have authority over the private facilities. No one does at this point in time. The Commission approves all of the statewide policies. There is also the Children's Behavioral Health Consortia that is not in statute. The bill is purposing to have the Commission set policies for the care and treatment of

children with mental health or co-occurring disorders for any public or private providers or facilities. They will approve policies for everyone.

They are going to put the Children's Behavioral Health Consortia into statute. It will read that the Commission shall appoint a subcommittee. The subcommittee will be called the Children's Behavioral Health Policy and Accountability board. It will recommend to the Commission policies covering public and private provided facilities of behavior health. The board will send policies to the Commission for approval. The board will be constituted a statewide consortia and will a lot of the same members and will have a full compliment of representation across the board.

The division of child services will serves as a children's mental health authority for the state. At this time, they only have authority over their own services and not over any of the private entities and so there has been difficulty providing oversight for quality assurance. If the bill passes some of the responsibilities for DCFS will include: establishing policies and performance standards for public and private providers, establish qualification for public and private providers, conduct quality assurance of public and private providers, develop regulations on children's mental health in consultation with the board. There will be a relationship between Children's Mental Health Authority, DCFS, the Board and the Commission. They will conduct investigations of complaints received by children and families. They will engage in activities to support work force development. It will give DCFS more authority and far more responsibility than they currently have. The Policy Board, Commission and DCFS will work together to provide oversight for public and private facilities.

As they go along and people see how things change it will perhaps make more sense.

Rene asked if they will be requesting money for the Commission in this bill being they are expanding their responsibilities. Right now the Council is for the most part supporting the Commission completely except for approximately \$5,000 per year. Dr. Mears said in the hard economic times, they probably will not ask for money. Rene said in the hard economic times, the Council can continue to support the Commission financially when the money can be used for other things. Barbara asked where there would be any money expended. Comment was made the Council provides \$70,000 or \$80,000 per year. Barbara said she does not see an increase in that. Alyce said they need to increase the money for the board. Rene asked how the Commission is going to carry out their responsibilities. Alyce said the Council provides money to the Commission. The Commission is mandated and they have no money to operate. How is the Commission supposed to operate? Rene said they need to request funds to operate it. Barbara thought they were stating that the additional duties would increase the cost. Rene and

Alyce said they could because they will have more work to do. Alyce said more responsibility means more work. Ann asked if the Commission was on board with the process. Dr. Mears said that the Commission wrote the plan. They have begun implementing the plan already and the first implementation of the plan is this bill draft. Patricia asked if the children's behavioral board is going to be the same people that are already on the other board or is it a new board that will have stipends, etc. If a new board is being created, it will now have to have stipends and a certain amount of administrative assistance. Rene confirmed that the Consortia came out of the SIG grant. Dr. Mears said Consortia money was used for some of the statewide consortia activities. The board will be reconstituted statewide consortium that basically runs with a minimal amount of funds currently. Patricia asked if they are doing away with the consortia. Dr. Mears said yes, but the board will be a replacement for the consortium and will be in statute and will have a body to its authority. They will have specific roles and responsibilities in statute. Rene asked what type of relationship the Consortia and Commission will have. The Council has been working with the Commission and trying to build up a relationship so that they can accomplish goals in the state. The Council is able to make recommendations; however, DCFS and MHDS are not obligated to take the recommendations, so working with the Commission, they are able to make the recommendations to the Commission and they can take it to the next level. Rene asked if this will continue or is the Commission going to be just with the consortia writing policies for them. Dr. Mears said she is not sure that she can answer what the Council's relationship will be with the Commission. She would think it would be similar to what it is now; however, she believes this will enable DCFS to be a policy board and expand the Commission's authority so they will have more say in striving to improvise quality assurance for all children's mental health services.

Lydia asked what the chances of the Commission making their budget around that financial need. Alyce said the Commission doesn't have a budget. They have \$5000 a year besides the amount that the Council provides to them. Cody said it is a travel budget. Roger said he believes they received some additional funding from the Director's Office for a portion of this project to develop this plan.

Rene asked if there are any other legislative items for DCFS. Dr. Mears said they have just begun the preparation for the legislative session. This is the most significant piece of legislation they have put forward to date. Roger asked what the vision of the subcommittee of the Commission as far as transforming DCFS. Is it to privatize some of the services currently provided by DCFS and then move to more of an oversight capacity? Dr. Mears said that is exactly right. It will not happen immediately, it will happen in steps. It would be more comparable to other states where the state is the oversight body and does not necessarily deliver services. It looks like DCFS will still continue to provide services for families that are uninsured or underinsured.

Roger said his opinion is there would be savings generated from this. This would mean because the predominant force of expenditures in state government is for salaries, if they are moving or reducing the positions that provide services then there will be significant savings that can be used to fund these endeavors and additional duties the Commission may have. Dr. Mears agreed that is a very good possibility. Roger said he believes that is the expectation of both the Executive Branch and the Legislative Branch when new proposals like this come forth, that they be cost neutral or preferably that they generate savings. Dr. Mears agreed and said she will keep everyone informed in any changes or new items that may come up.

Rene called for a break so that the members in need of having their oaths of office notarized could have that accomplished.

11.BYLAWS

Roger went over the proposed changes of the bylaws. The significant change is to reduce the Council by two and bring the size to 19. This was discussed at the Executive Committee meeting. Consumers and family members must have more than 50% representation on the Council. They have had difficulty getting quorums and suggested keeping the Council it at a more effective level. Barbara asked for clarification in family members and consumers. Cody said the consumers and family members are listed under one category. This category must not be less than 50%. Alyce said all of the state employees are listed under one category.

Roger said on page two they eliminated reference to the Health Division. On page three they added the oath of office. The only other change is the changing of the date the bylaws are amended.

Rene asked for discussion.

Alyce motioned to accept changes to bylaws. Lydia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

12.COMMITTEE UPDATES

- **ACCESS TO CHILD/ADOLESCENT SERVICES**

Patricia said when a committee is formed, once they set their objectives and goals, they need to the approval of the Council to move forward. The goals are awareness, what services are available, where can children receive them, what are the barriers , defining what substance abuse and mental health problems in the community, resources – determining what resources are available, and having some sort of continuum of care to get the

consumer/family member the support they need to succeed in life. With the three goals, she asked the Council if they would like to accept the proposed goals.

Rene asked for discussion. Judy asked for clarification in mental health and substance abuse. Patricia said any child or adolescent that is faced with something that comes under the umbrella of behavioral health, substance abuse, co-occurring disorder, or a relationship to someone who has it, etc.

Corrie asked what actions they intend to take. Patricia said once they have the goals approved, they will look at what action items will be necessary to get the goals accomplished. Alyce gave an example of the child transition committee.

Lydia motioned to accept the goals and move forward to the action items to achieve their goals. Judy seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

- **CLUBHOUSE**

Judy said they were unable to conduct their last meeting due to lack of quorum. They did have Myra there. She is going to check with the Myra to set another meeting and see if she has any updates.

- **MENTAL HEALTH MONTH**

Alyce said last year they ordered buttons and they are nice. There are approximately four events that are done in the south to celebrate Mental Health Awareness Month. She is not sure how many in the north. They thought it would be good if they can get the Councils name out there. They looked at ordering bags last year, but they were too late. They wanted to attempt to get them early this year, so they have enough time. If they can get others to buy into it, it will cost less for the Council. On one side it would be an agency and the other side would be the Council with locations for others to buy spots. These bags will be around for awhile. Each of the top logos would be \$500 and then the smaller logos would be \$300 each. She believes the bags would be useful.

Rene asked how much it would cost for the Council to do the entire thing. Alyce said there are six spots. Cody said she is not sure how they would move money around to make it happen. Alyce said each spot would be paid for by the individual organization that will have the advertisement on the bag. Roger asked if the vendor is willing to take six different payments. Alyce confirmed the vendor will do six purchase orders. Alyce said the goal is to get MHPAC's name out there on the bags. The consensus is it is a great idea.

Denice said one of the biggest frustrations for her when she was first looking for help for her daughter; is not knowing where to go and who to contact.

Alyce said with 1000 bags, there will be 250 per event.

Randy asked what the time frame is for the other organizations to get involved. Alyce said they have only about a month to a month and a half because they have to be ordered and back by March. Cody said she would need to know how much money they would need. She will check into how they will incorporate money from other agencies. Alyce said the Council would be invoiced \$800. The Division will not have to take any money in.

Barbara motioned to have Cody take the information to MHDS to order the bags for Mental Health Month. Randy seconded the motion.

ABSTENTIONS: Alyce Thomas
Patricia Peterman

MAJORITY VOICE VOTE: MOTION CARRIED

- **NOMINATING**

Rene said due to the change of bylaws at the beginning of the year, where if a member has three unexcused absences from the meeting, that they would be removed from the Council. She said they have this situation now and she would like permission from the Council to send a letter informing the person(s) that the Council will be recommending to the Governor removal from the Council.

Patricia motioned that the Council send letters to the members who have not attended per the bylaws recommending to the Governor for removal. Barbara seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

- **RURAL MONITORING**

Roger said the committee met and reviewed a draft of the report. He is in the process of finalizing the rural monitoring visit report. Roger is awaiting follow-up from management. They will not be able to address the questions until after September 1, 2010. They have a copy of the draft. He is very hopeful that in September they will get the correspondence back so they can finalize and present at the next Council meeting.

13.HEALTH CARE REFORM AND HEALTH HOMES

Cody passed out handouts with websites. The websites have some information. One is a federal website and one is the state website. Health Care Reform expands Medicaid and the result of that will be that most of the people who MHDS currently serves will become Medicaid eligible. That will have a big impact on the state mental health system. The role and structure as a state mental health authority, which is MHDS, will change and the role of Block Grants will change. There is very little in the affordable health care act that is specific about mental health. There is one piece that creates an optional service for Medicaid.

A Health Home is not a place where people go to live. It is a medical provider, like a primary care physician, that becomes your home and coordinates all of your health care to attempt to minimize gaps between physical health care and mental health care or various conditions. There is one place where all of the information exists. Patricia asked if it was similar to case management.

Cody said the administration in the state has identified attempting to develop this in the state as a priority for the division. She committed to provide the Council additional information via email. She said that this is being pursued by the Administrator. Corrie asked how open the health care providers are going to be. Cody said this is where the advocates come in to help encourage providers to be open. Coleen said there are incentives for providers to participate. There is very high level commitment to this. There will be a high level of involvement with non profit in Nevada because there will be accountable care organizations. They are not sure how they will be involved with this. There is a lot of unknown. It is really about integrating primary care with health care from the age of zero to 999.

Cody said some of the medical interventions for psychiatric care have a lot of impact on a person's physical health. There is some real cause to drive this from a health care perspective and keep people healthy all the way around. Cody will send more information. She would like the Council to become very familiar with the model. It is certainly taking on a new focus. Rene said they can have it on the next agenda. Coleen said Government policy does not work quickly so everyone is going to need to be patient. They may not have the answers at this point.

14.PUBLIC COMMENT

After lunch Rene presented Alyce with a plaque on behalf of the Council for her outstanding service as Council Chair. The Council thanked her for her dedicated service and all of the hard work. Alyce started serving on the Council in 1995. Rene said Alyce took her under her wing when she first arrived and showed her the ropes.

Rene asked for public comment. No comments made.

15.CONFIRM NEXT QUARTERLY MEETING

Rene said the next meeting is scheduled for October 5, 2010, via video conference.

16.ADJOURNMENT

Cody motioned to adjourn. Patricia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION

Meeting adjourned