

MINUTES
of the
Mental Health Planning Advisory Council
Rural Monitoring Committee
meeting on
Tuesday, February 23, 2010

held at
Nevada Substance Abuse Prevention & Treatment Agency (SAPTA)
4126 Technology Way, Second Floor SAPTA Conference Room
Carson City, Nevada 89706

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

Alyce called the meeting to order at 1:04 pm. Roger did a verbal roll call and completed the sign in sheet.

Members present:

- Bousquet, Judy – proxy for Bryce Willingham
- Norris, Rene – Family Member (via teleconference)
- Peterman, Patricia – Family Member
- Phinney, Cody – MHDS
- Thomas, Alyce –Consumer, Chair (via teleconference)
- Willingham, Bryce –Consumer (via proxy by Judy Bousquet)

Members absent:

- Polakowski, Ann – DCFS

Staff and guests:

- Mowbray, Roger – Grant Consultant

**2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC
RURAL MONITORING COMMITTEE MEETING ON 2/2/2010**

Alyce asked for comments on the minutes.

Rene motioned to accept the minutes as written. Cody seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. FINALIZE FALLON/SILVER SPRINGS RURAL MONITORING REPORT

Roger went over the document that had been sent out. He said he kept the track changes on the report, so that all can see the changes he made.

Roger went through the successes. Roger added to the successes section “Although not without problems, telemedicine provides clients with access to services that would otherwise not be available, and the Fallon and Silver Springs Clinics have an average adolescent caseload of 20 and 14 respectively and an average child caseload of 12 at each location which indicates they have been successful in serving these populations.” Roger asked for any other successes that they would like to see added. None were made.

Roger went through the challenges. He added one more challenge “Treating children and adolescents requires a disproportional effort that is not necessarily reflected in the caseload standards for clinicians.” Roger asked for any other challenges that have not been captured. No comments made.

Roger went through the unmet needs and asked for comments. No comments made.

Roger went through the recommendations. The first recommendation was the only one that he had in the first draft. Seven more recommendations came out of the last meeting. Roger went through each recommendation individually.

In regard to recommendation four Roger contacted Sean Couch from Oklahoma, whom Rene and Patricia met at a conference last fall. Sean provided Roger contact information for the financial aid from Tanberg. Tanberg is a vendor for telemedicine systems. Tanberg directed Roger to the United States Department of Agriculture. The Department of Agriculture has a grant program on Distance Learning and Telemedicine (DLT). They provide funding for this very thing. Roger spoke with the manager of the program. He said they are very strict about the systems being used in rural areas. They want to make sure that the funding is used to purchase equipment for rural areas. Roger said they favor populations under 5000. Last year the grant application was due in March, however because of the stimulus money, there has been a delay in getting the announcement out. There is usually a 60 day window from when they announce it to when it is due. This should be coming out in the next month. If they feel this is a good direction to go for putting together the grant. Roger said the challenge he sees is they like as big a match as possible, but they require at least 15%, which even that will be problematic if there isn't any money. Cody asked if Roger knows details about what the match can be. Roger said they do not like the in kind match of salaries. They want it to be for example: purchasing one monitor. Roger said he did ask about staffing. Roger said by the time he was done explaining what the grant

would be for and the purpose of the purchases, the gentleman seemed favorable. He looked up the history, and Nevada has not received a grant from this grant since 2005, and that was one of the school districts. Rene asked Roger if this is something that the Council can use the block grant for. Roger said probably not because they can not use federal money from one program to match federal money in another program. It would have to be the states money. Roger printed the application guide from last year. He said there is a two page summary that he will include in the rural monitoring report. In the past, they have offered loan programs.

In regard to recommendation five, Roger forwarded a document from Sean that had several attachments in regard to the use of telemedicine policy and industry best practices. He read some of the policy/best practices. These are some of the standards that they have. He is not sure that the rural areas have any, and from what they heard there were issues with some of the clients on how the sessions were actually run.

Recommendation six. Review the procedures associated with the Patient Assistance Program (PAP) to determine if the process can be streamlined and the turn-around time for clients to receive their medications is reduced. Roger said in the last meeting Cody had commented that this may not be something they can control. He did not do any research to see who establishes the protocol that they have to meet. The PAP provides free medications for clients through pharmaceutical companies. There are a lot of requirements for hard copy prescriptions and signatures. When this is done through telemedicine, there is a lot of back and forth in the mail that can not take place by fax, phone call, or email. He believes they heard that it can take up to 8 weeks from the time of the visit to the client receiving the medication. Cody said the policy on how this is done within the Division was revised within the last several weeks. She is not sure how helpful it will be with this particular issue. There were some regulatory issues with the way it had been done that were being cleared up. It may be that the revision will also assist with whatever they are in control of.

In regard to recommendation seven, Roger made note of the additional information provided on page 22 of the draft regarding training opportunities. They have attempted to keep the report general and avoid signaling out the specific clinics. He said this is an issue that was discussed at the last meeting. Roger asked for comments on the observation that he added on page 22. Cody asked if they want to go as far as to express concern that they don't consider themselves as providing a service to 0-3. Roger said he left Ann a voicemail requesting her observation in this. He would suggest deferring to Ann on this.

Roger asked for comments or other recommendations that the Committee would like to make to rural clinics in regard to their visit. No comments made.

Roger went over the remaining changes in the report. He will finalize after he speaks with Ann and send it to the Director of Rural Clinics and ask for their response. Once he receives the response, it will be posted and distributed as widely as possible.

Patricia motioned to accept the rural monitoring report for Fallon and Silver Springs as approved and amended by the various things discussed in this meeting. Rene seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

4. IDENTIFY IMPROVEMENTS FOR FUTURE RURAL MONITORING VISITS

Alyce said with the fact that they can not travel at this time, is this something they may need to be put on hold until they can travel again. Cody said she would recommend putting it on hold until the travel ban is lifted. Rene said that she and Roger had discussed the feasibility of doing a visit in the metropolitan areas. Alyce said this is for rural monitoring. Cody said she may be able to set it up, but she would point out that the Division has significantly more resources to monitor those areas. Because they are hospitals, they already receive a lot of monitoring and visits from regulatory bodies. Rene said they are discussing the clinics. Cody said the clinics and hospitals are not separated in Las Vegas and Reno. They are all the same organization. In Reno, the clinic which is on the same grounds as the hospital and the one satellite clinic get all those visits from Joint Commission, CMS, and Licensure, which the rural areas do not get. Alyce said when she worked for the state and the monitoring bodies would visit, they would go to East Las Vegas, North Las Vegas, Downtown Clinic, and everywhere else, so they are always on top of it, where the rural areas are not visited. She said it is her understanding that is why they decided to do just the rural areas. Cody said her thinking is that they will have a much more difficult time at the metropolitan areas in having an impact, because they have had four visits this year by regulatory bodies making suggestions. They also have an onsite staff doing this all the time. The Committee will probably end up having a fairly repetitive endeavor. It can be set up, but the concern is it will not have as much impact as it does in the rural areas. Alyce said she believes they can make some significant changes in the rural areas, where in the metropolitan areas, those changes are already being made because of the other regulatory bodies. Rene said it has been her experience that they do a completely different type of monitoring. They look at client files and things. They are not doing focus groups to find out what really is happening. Anything can be written in files. They can say they have all of these items that they do and no one knows about them. Cody said the Joint Commission does some file review, but primarily they talk with clients and staff about the programs. Patricia said she believes it is best that it is done as a team. She understands about the travel issues, but they don't know what the special session is going to do. She would like someone to motion to table this until the special session is over and

they have an idea of where they are travel restriction wise. Rene said they would still be doing it as a team because they would still have two consumer/family members and still have Roger and Cody who are in the Reno area. Patricia said in her opinion, there is a lot of knowledge that each person brings to the table and she would feel like she would be missing something without Rene, Alyce, and Ann being part of it. Roger said rural clinics put out a request for information for private entities who want to facilitate treatment of health, substance abuse, and mental health issues at the same time. He spoke with a gentleman in Elko who coordinates quite a bit of the telemedicine projects through the university. He believes they are looking for a way to partner with MHDS. It may be something that the Council might want to focus on to improve this asset. Roger said it can be done remotely. He agrees that the Committee has to be put on hold as far as the plans to visit locations, but he believes there might be something they can do to fulfill their obligation, which is to monitor the provision of services. By focusing on how they are provided remotely, then they don't have to travel. Patricia said the Chief of Child and Adolescent Psychiatry at UNR is running a program to test fellowships for young doctors to come here and be psychiatrists. She is wondering if the contact in UNR or the person in Elko would connect with that because they are interested in providing psychiatric service to as many clients as possible, and draw in psychiatry fellows to this area to provide child psychiatry, which this area is extremely in desperate need of. Roger said the gentleman in Elko mentioned that he was working on a project. Apparently the standards require that a psychiatrist who is an intern or in training needs to be supervised in some fashion. He was advocating for a cluster of rooms where one fully licensed psychiatrist could oversee the activity of four to five interns at the same time, practicing through telemedicine at the various locations. He said Sue mentioned that they are having problems with accessibility on the urban end because they have limited office space. They were restricted from providing as many telemedicine services as they would like because they do not have the space or the facilities for it. Rene said with all the budget cuts that are coming, there will not be any type of monitoring and that would be wrong. They need to be able to say to the state, this is what the budget cuts are doing. Alyce asked how the group feels and how they would like to proceed. Patricia asked Cody if she would say in the foreseeable future, between now and the end of the calendar year, that the travel freeze will be removed. Cody said it is not entirely predictable. It is likely that travel will still be restricted. Will it be as restricted as it is right now, perhaps not? There are some mechanisms for exemption on travel. By the end of the calendar year, they might be able to do something. Alyce said until the special session comes they can't even speculate. Alyce asked if it would be possible to table it until the next meeting and schedule a meeting a month from now after the special session and they have more information. Roger suggested tabling the meeting of the committee until after the Council meeting on April 6th where the entire Council can discuss it. He also pointed out that the Council will have the opportunity to comment on the block grant application, which is obviously going to be a huge issue and will need to be addressed when it comes in. The state has to include the comments of the Council's feedback into the

application. There may be the possibility of resources. If it is something the Council is doing now and because the funding is so bad they can no longer do it, there may be the possibility of getting other federal funding to support it because in the block grant defense they have always liked the idea of the rural monitoring and been very supportive of it. Cody asked when they were discussing doing the next rural monitoring visit. Roger said April or May. Cody said she would hate for the Committee to do something in the urban area and lose the opportunity to do something in rural areas if it comes up a little later in the year where they could move ahead. Alyce agreed and said that is why she is asking if they can table this until after the session, that way they can look at other options. Roger said it would be good to get the entire Council's input.

Patricia motioned to table until after the April 6, 2010 Council meeting to determine what the options are in moving forward on monitoring the services for the state. Cody seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

5. DETERMINE DATES AND LOCATIONS OF NEXT RURAL MONITORING VISIT

Item will be discussed at the next meeting due to item four being tabled until after the April 6, 2010 meeting.

- **MESQUITE OR LAUGHLIN**

6. PUBLIC COMMENT

Alyce asked for public comment. No public comment made.

7. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

Date and topics will be determined at a later date.

8. ADJOURNMENT

Cody motioned to adjourn. Patricia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 2:07 pm