MINUTES

of the

Mental Health Planning Advisory Council
Rural Monitoring Committee

meeting on

Monday, April 25, 2011

held at

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

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

Alyce called the meeting to order at 9:40 am. Roger completed verbal roll call. Tanya completed the sign-in sheet.

Members Present:

- Phinney, Cody – MHDS
- Polakowski, Ann – DCFS (via teleconference in Las Vegas)
- Thomas, Alyce – Consumer/Family Member (via teleconference in Henderson)
- Willingham, Bryce – Consumer (via teleconference in Laughlin)

Members Absent:

- Norris, Rene – Family Member
- Peterman, Patricia – Family Member

Staff and guests:

- Benitez, Tanya – MHDS/MHPAC Admin. Asst.
- Mowbray, Roger – Grant Writer

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC RURAL MONITORING COMMITTEE MEETING ON 4/6/11

Alyce asked for comments and/or changes to the minutes. Cody motioned to accept the minutes as written. Bryce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. REVIEW AND MODIFY/FINALIZE DRAFT REPORT OF THE LAUGHLIN RURAL MONITORING VISIT

Alyce gave Roger the floor. Roger directed everyone to page four and went through the five success: 1)There have been significant improvements in the timeliness of the distribution of medications to clients and the processing of lab orders in recent months; 2) The reorganization of the Rural Clinics Agency in which the clinics in Southern Nevada were reassigned to the Southern Nevada Adult Mental Health Services has resulted in numerous improvements to service delivery and staff morale at the Laughlin Clinic; 3) The staff at the Laughlin Clinic are respected and appreciated by their clients, stakeholders, and supervisors; 4) The Laughlin Town Advisory Board's Social Services Committee is actively involved in identifying problems and seeking practical solutions to those problems; and 5) A Service Coordinator was recently assigned to the Laughlin Clinic. Roger asked for other successes.

The Challenges: 1) There is a shortage of mental health resources in the area complicated by the different rules and restrictions for public assistance in the three states in the area; 2) The distance to the Las Vegas area coupled with the lack of affordable and direct transportation out of Laughlin makes it difficult for many clients to receive the services they need; and 3) The economic downturn and resulting shortfall in general fund revenue in Nevada has reduced the availability of mental health support services statewide. The Town of Laughlin is also experiencing the effects of the downturn through increased unemployment and greater demand for public assistance programs with fewer resources to meet that demand.

Unmet needs: 1) The lack of a mental health care professional licensed to prescribe medications to children and adolescents in Laughlin places a great burden on families needing this service; 2) Transportation to mental health service providers in Las Vegas is limited and time consuming. The daily bus service leaves Laughlin at 7:00 a.m. and returns at 5:30 p.m. so clients must spend an entire day to be served. This is particularly difficult on children and their families; 3) Many of the clients as well as some of the stakeholders said that information about the services available at Laughlin Clinic is not readily accessible. In particular, the Laughlin Clinic is listed as "Rural Clinics" in the business white pages of the local phone book distributed by Century Link. It should be noted that when searching for "mental health in Laughlin NV" on Google.com, a link to the MHDS website for the Laughlin Clinic is displayed on the first page. However, staff and stakeholders commented that many clients do not have ready access to the internet; 4) The Clinic has virtually no psychological testing materials for children and a limited number of play therapy items. Clinic staff suggested that the most useful items they lack are a doll house, a sand tray

and anatomically correct dolls; and 5) Although the local chapter of the National Alliance on Mental Illness sponsors a small group that meets regularly, more peer-to-peer groups that do not require Clinic staff participation are needed.

Bryce said they have received the sand tray. The combined support groups are in the process of building a dollhouse for the Clinic. Cody said because they changed the management structure, they need to be careful how it is worded, if the Council is able to help support these kinds of acquisitions, so they can receive monies too. Roger said they will keep this in mind as they work on the next fiscal budget.

Recommendations: 1) Arrangements should be made to provide psychiatric services for children and adolescents via tele-medicine in Laughlin and other Rural Clinics so that medications can be prescribed locally as needed; 2) Research conducted after the monitoring visit determined that the Laughlin clinic's phone system is provided by Century Link and the production of the local phone book is contracted out to a publishing company named "dexknows. It was also determined that the deadline for submitting changes for the next edition of the phone book was going to be April 22 so the Clinical Program Manager who supervises the Laughlin Clinic was provided contact information for both Century Link and dexknows in order to change the listing name to Laughlin Mental Health Clinic and to list the Clinic under Mental Health Services in the Yellow Pages; 3) Explore one-time funding opportunities to purchase psychological testing material and play therapy items. Roger asked for other recommendations. Ann suggested they attend trainings for children's mental health and early childhood and infant mental health. There are always trainings in Las Vegas.

Roger asked for other comments. He will insert the pictures. He said Elaine sent information regard AED's. She had requested the purchase of them. He asked how the Committee feels. Bryce said the staff at Laughlin Mental Health Clinic is trained for these. Roger asked if this is something they will have to do anyway. Cody said as they move toward accreditation, they will have to purchase them or face penalty. Cody asked if the Committee objects to having this put in the report. There was no objection.

Roger said they generally seek a response from the Clinic Director. The quarterly meeting is approaching. He would like to submit the report to the Clinic Director and Dr. Stuart Ghertner for their comments. He would like to ask that they receive them back within two weeks and then the Committee schedule a meeting just before the May 17th meeting, for the Committees approval, so they can submit it at the May 17th meeting.

Ann motioned to have Roger submit the report to Dr. Ghertner. Bryce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

4. FINALIZE PAHRUMP FOLLOW-UP VISIT

Roger said they had discussed a three person team doing the follow-up visit to Pahrump. Roger, a child representative and an adult consumer or Roger, an adult representative, and a family member. Alyce is both a consumer and family member. Ann, Roger, and Alyce will visit Pahrump to follow up on the visit two years ago. Roger will arrive in Las Vegas on June 6th, and pick up Alyce. They will arrive in Pahrump on June 6, 2011. Ann will drive up the morning of June 7, 2011. They will conduct the follow-up visit and return the evening of the 7th.

Ann motioned to have Alyce, Roger, and Ann do the follow-up visit in Pahrump on June 7, 2011. Bryce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

5. PUBLIC COMMENT

No public comment

6. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

Tanya will send out dates for the next meeting.

7. ADJOURNMENT

Ann motioned to adjourn. Bryce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 10:05 a.m.