

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

MAY 20, 2011

MINUTES

VIDEO TELECONFERENCE MEETING LOCATIONS:
NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES,
2655 ENTERPRISE ROAD, RENO, NV

AND

MHDS CENTRAL OFFICE, 4126 TECHNOLOGY WAY, 2ND FLOOR CONFERENCE
ROOM, CARSON CITY, NV

AND

DESERT REGIONAL CENTER, 1391 SOUTH JONES BOULEVARD,
TRAINING ROOM, LAS VEGAS, NV

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Kevin Quint, Chair
Pamela Johnson
Barbara Jackson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Julie Beasley, Ph.D. – left the meeting at 9:15 A.M. – excused
Marcia Cohen
Valerie Kinnikin
TJ Rosenberg

COMMISSIONER ABSENT:

Alistar Barron, Vice Chair – excused

CALL TO ORDER

Chair Quint called the meeting to order at 8:40 A.M. Roll call is reflected above; it was determined that a quorum was present.

CONSENT AGENDA

APPROVAL OF THE MARCH 18, 2011 MINUTES
AGENCY DIRECTOR'S REPORTS

MOTION: Commissioner Beasley moved to approve the Consent Agenda, seconded by Commissioner Johnson. The motion passed unanimously.

STATUS REPORT AND UPDATE OF CHILDREN'S MENTAL HEALTH SUBCOMMITTEE AND THE LEGISLATIVE SUBCOMMITTEE

Commissioner Beasley reported that the bill draft related to the Children's Mental Health State Plan, submitted by DCFS, was withdrawn. Commissioner Beasley reported that she requested input, via a letter; from the Consortia and to date she has not received any additional input from the Consortia.

Commissioner Beasley requested to schedule a Subcommittee meeting, prior to the July Commission meeting, in order for the Subcommittee to re-establish and set goals for the next year.

Chair Quint reiterated that even though the Children's Mental Health Bill is dead; there are ongoing efforts reviewing options with the DCFS Administration.

Commissioner Rosenberg stated, on behalf of the Clark County Consortia, that they continued to be interested in working on the Children's Mental Health Plan and the Commission.

ACTION: The Children's Mental Health Subcommittee and the Legislative Subcommittee scheduled a teleconference meeting for June 17, 2011 at 7:30 A.M.

DISCUSSION AND POSSIBLE APPROVAL OF ALTERNATIVES FOR THE PROCESSING OF SECLUSION/RESTRAINT AND DENIAL OF RIGHT PACKETS PURSUANT TO NRS 433.534(4) AND NRS 241.030

Chair Quint stated that the Commission has been discussing this issue for quite some time and currently there is not a consensus of the Commission on how to make this process a meaningful review.

Chair Quint submitted a proposal for a system to review trend data to better understand what is happening in the different facilities. Some Commissioners felt that the physical review of forms should continue. Chair Quint stated, that following a consultation with Deputy Attorney General, statute indicates that the Commission is charged with receiving the reports; but there is no indication of what the Commission is to do with the reports once they are received.

Chair Quint strongly encouraged the Commission to consider a more meaningful review process of the forms and opened the discussion to Commissioners.

Commissioner Beasley stated that she appreciates the ongoing discussion and feels that the reason to review the forms is to protect a client's rights and quality of care; this is not just a review of reports but a process to ensure the quality of care.

Commissioner Rosenberg agreed with Commissioner Beasley and expressed a need to keep the client as a focus of this review and not just review numbers in a report. Commissioner Rosenberg questioned the intent of this review process and if there was any indication of why was this put into law; and how is the Commissioner's feedback relayed to the facility.

Commissioner Beasley suggested performing a random review of a sample of forms; there is a need to review aggregate data in order to see the whole picture.

Commissioner Kinnikin expressed concern regarding the training of the technicians and nurses that complete these forms, as there appears to be cookie cutter dialogue and treatment plans written on these forms and in the client's file. Commissioner Kinnikin would like to see individualized responses to the questions on the forms. Commissioner Kinnikin stated that she closely reviews the age of the client and the dosage of medications prescribed, especially for children.

Commissioner Cohen agreed with the concerns previously stated and feels that the forms should contain a specific review of an incident: 1) with injury (to staff or other clients); 2) a client on medication; and/or 3) restraints within a certain time period. Commissioner Cohen wants to ensure that the feedback/concerns/suggestions provided by Commissioners are relayed back to the facility.

Cody Phinney stated that currently the Division provides a listing of all of the seclusion/restraints and denial of right for all agencies for review by Commissioners. Ms. Phinney suggested replacing that list with a Listing of Aggregate Trend Data. This Listing would include the following areas: 1) length of time of episode; 2) type of restraint; 3) injury episodes; 4) gender of client; and 5) age of client.

ACTION: The Commission agreed to replace the current list with the Listing of Aggregate Trend Data.

Commissioner Johnson also expressed concern with the cookie cutter responses and suggested that the Commission continue to review clients with multiple events; as sometimes the information, on the same patient, is different on different forms. There is a benefit to be able to see a trend on an individual patient with multiple events in order to determine if there needs to be a change in the treatment plan.

There was discussion on feedback and follow up with private providers. Dr. Crowe suggested inviting the private facilities to participate in Commission meetings with the review and feedback on the forms.

Commissioner Kinnikin offered that the Local Governing Boards (LGB) meetings might be a more effective avenue to discuss the results of the reports and provide feedback to the facilities. Chair Quint agreed with Commissioner Kinnikin.

(Dr. Beasley left the meeting at 9:15 A.M.)

Dr. Crowe summarized the comments, as the LGB meetings would be the place for scheduled closed sessions with the staff, where individual records could be reviewed; and then at the regular Commission meeting review only trend data from the agencies; and then a closed session to review individual records and trend data from private providers and invite private providers to attend closed session. The Commission agreed with this summary.

Rosalyn Reynolds, NNAMHS invited Commissioners to visit NNAMHS and the NNAMHS LGB meetings. Ms. Reynolds also welcomed feedback on any incident in order to improve the quality of care.

Lynn Bigley, Rights Attorney with the Nevada Disability Advocates and Law Center, based upon the early discussion regarding training suggested training lead by Kevin Hucksborn; she can provide the contact information.

Chair Quint suggested trainings over a one to two period for the Commission as an avenue to provide information on issues for a different perspective.

Commissioner Rosenberg expressed concern regarding the effects of trauma, especially on children, when it comes to seclusion and restraint and suggested that as a training topic.

Patti Merrifield informed that within DCFS the number of incidents has declined dramatically in the last few months and DCFS anticipates having the backlog caught up in the next few months.

MOTION: Commissioner Kinnikin moved for staff to develop a formal proposal to move forward in the review of seclusion/restraint and denial of right forms; to include what forms to review, how training will be accomplished, and to replace the data list with a listing of aggregate data, seconded by Commissioner Johnson. The motion passed unanimously.

LOCAL GOVERNING BOARD (LGB) UPDATES

SNAMHS Local Governing Board – Commissioners Cohen, Kinnikin and Rosenberg attended the last SNAMHS LGB meeting; and recommend using the standard LGB agenda for all LGB meetings.

NNAMHS and Lakes Crossing Local Governing Board – Commissioner Johnson stated that through the LGB the purpose of the Commission is now making sense and now seeing the clear picture of what is happening in the facilities by the reports submitted and ensuing discussions. Commissioner Johnson found the LGB meetings to be extremely helpful in understanding how the agencies operate. Commissioner Jackson stated that at the LGB meeting the reports are excellent and provide additional insight and approves of the standard LGB agenda. Chair Quint stated that the LGB meetings provide good information and have improved communication with staff; as it is an opportunity to see the whole picture of what is going on in the facility and staff concerns.

REVIEW OF VARIOUS MENTAL HEALTH ADVISORY, PLANNING, AND OVERSIGHT GROUPS IN RELATION TO THE COMMISSION'S WORK AND ROLE IN THE STATE OF NEVADA

Chair Quint stated that this items is an effort to collaborate with stakeholders for better communication in an effort for the Commission to do the best job for individuals in the State that access mental health and developmental services.

Dr. Crowe provided the history of the Oversight Groups and the groups currently working with the Commission for better collaboration and communication include the Local Governing Boards; Co-Occurring Disorders Committee; Child State Plan Subcommittee; Child Behavioral Health Consortia, and Mental Health Planning and Advisory Council (MHPAC). Dr. Crowe stated that it was discovered that there are also Local Advisory Boards in both the north and the south. If the Commission decides to identify the Local Advisory Boards as a partner; then the Commissioners would have responsibility to attend and participate in the meetings. The Local Advisory Boards are not statutorily required, but were authorized via 1995 correspondence, by Bruce Adams; and portrayed a very active involvement of the Commission in the Local Advisory Boards to include staffing and operation by the MHDS Agencies.

Dr. Hulbert provided history of the Local Advisory Boards. In the 1970's there was a Statewide Advisory Board and two Regional Advisory Boards; when the Commission was created in 1985, the Statewide Advisory Board dissolved and the two Regional Advisory Boards continued. The original plan was that Commissioners would attend the Regional Advisory Board meetings and members of the Regional Advisory Boards would attend Commission meetings. Dr. Hulbert stated that the Southern Nevada Advisory Board continues to meet with the primary role to hear from the Agency Administrators, both adult and children's mental health. Dr. Hulbert stated that per the Local Advisory Board Bylaws, it states that the MHDS Commission appoints the members of the Local Advisory Board to serve at the pleasure of the Commission. It was further discussed that the Local Advisory Boards were authorized via correspondence dated 1995.

Dr. Hulbert stated that the question at the moment would be what role, if any, the Southern/Northern Nevada Advisory Boards serve for the Commission.

Dr. Ghertner stated, from the perspective of an Agency Director, there is already a Local Governing Board and he is unsure of the role of the Local Advisory Board. Dr. Ghertner questioned how many advisory boards/groups the Commission wants as there are a number of advisory groups that have been established. Dr. Ghertner stated that if there is a group that is designated by the Commission, then the Commission has a responsibility to become more involved in that group in the operation, bylaws, membership, input mechanism, etc.

Dr. Cook stated that the Local Advisory Board's function and involvement with the Commission has changed and evolved over the years. Dr. Cook advised that the Governor's Office has established a Commission, to review all Executive Branch Boards and Commissions to determine what Boards/Commissions should remain and if there is board/commission redundancy to improve state government efficiency. Dr. Cook stated that there is currently a bill in the Legislature requiring a review of all legislatively constituted Boards and Commissions.

Dr. Ghertner questioned the difference between the Local Governing Boards and the Local Advisory Boards and their purpose and value to the Commission and the Division.

Ms. Reynolds stated that the Northern Local Advisory Boards advises the leadership of the Agency, provides the communication link between the client/public and the Agency, and helps keep the community informed. Ms. Reynolds stated that the Local Advisory Boards are mostly consumer driven and emphasized the need for structure for these boards.

Commissioner Kinnikin suggested that the Advisory Boards could be folded into the Local Governing Boards to gather consumer input. Ms. Gruner responded that the Local Governing Boards do not include Developmental Services input/discussions in their meetings, but the Local Advisory Boards do.

Dr. Ghertner stated that the Southern and Northern Local Advisory Boards appear to be performing different duties.

Chair Quint stated that there appears to be a need to define the function of the Local Governing Boards and the Local Advisory Boards and the function of Staff to these Boards.

Chair Quint suggested the following action plan: 1) obtain additional information to determine the function of these Boards and develop a plan; 2) develop a work plan for these Boards with the new Federal Block Grant requirement to include information

gathering from the public from these groups; and 3) determine the role of the Commission within the Local Advisory Boards.

Dr. Hulbert stated that he feels that the Local Advisory Boards are a consumer and provider driven group and believes that the Local Advisory Boards belong to the Commission.

Dr. Ghertner supports a consumer advisory board as an additional mechanism along with the Local Governing Boards to advise the Agencies.

MOTION: Commissioner Johnson moved to request the following information: 1) obtain additional information to determine the function of these Boards and develop a plan; 2) develop a work plan for these Boards with the new Federal Block Grant requirement to include information gathering from the public; and 3) determine the role of the Commission within the Local Advisory Boards, seconded by Commissioner Kinnikin. The motion passed unanimously. Chair Quint, Commissioner Johnson, Ms. Phinney and Ms. Gruner will work on this project.

Tom Smith, DRC, stated that he is involved and supports the Local Advisory Boards as they provide support for DRC and input on how to improve services. Dr. Smith recommended continuing with the Local Advisory Boards.

APPROVAL OF THE APPLICATION FOR KATHERINE STANSBERRY FOR THE MEMBERSHIP TO THE SOUTHERN NEVADA MHDS ADVISORY BOARD

The Commission held discussion on how to proceed with this item; as some Commissioners remain uncomfortable with their knowledge of the Local Advisory Boards and to make an informed decision on this item.

Commissioner Cohen expressed support to move forward with the appointment in order for the Local Advisory Boards to be able to function.

Commissioner Jackson expressed that she was uncomfortable with approving an application based upon the lack of knowledge of the Local Advisory Boards and the Commission's responsibility to the Local Advisory Boards.

Dr. Hulbert requested that the Commission move forward with the appointment, as it is difficult for the Local Advisory Board to meet when faced with a lack of a quorum.

MOTION: Commissioner Cohen moved to approve the application for Katherine Stansberry for membership to the Southern Nevada MHDS Local Advisory Boards, seconded by Commissioner Kinnikin. The motion passed with four yes votes;

Commissioner Rosenberg abstaining, due to her employment at Nevada PEP, and Commissioner Jackson in opposition.

A break was granted at 10:10 A.M.
The meeting reconvened at 10:20 A.M.

MHDS BUDGET UPDATE

Dr. Cook updated that the Legislature completed the closing of the MHDS budget on May 19, 2011; although the process is not complete. Dr. Cook reviewed the following budget issues to date:

- Reinstated one-third of the funding for triage centers both north and south;
- Eliminated the Senior Mental Health Outreach Program;
- Pharmacy reductions at SNAMHS and Rural Clinics (a result of savings by efficiencies in managing the pharmacy);
- Reinstated psychosocial rehabilitation across the Division;
- Reinstated out-patient counseling reduction across the Division;
- Eliminated TANF funding for rural Nevada;
- Reinstated SLA funding; and
- Reinstated the funding for mental health courts.

Dr. Cook reviewed the following budget issues per Agency:

SNAMHS

- Reinstated the PAC Team;
- Approved the reorganization of Rural Mental Health (five southern clinics) to SNAMHS;
- Approved the outsourcing of internal medicine services and eliminated the state physician positions at Rawson-Neal Hospital.

RURAL CLINICS

- Approved substantial position reductions as submitted in the Governor's Recommended Budget.

NNAMHS

- Reinstated the Mobile Out Reach Safety Team.

LAKES CROSSING

- Approved the reduction of beds from 70 to 66.

SAPTA

- Approved the elimination of 6 ½ positions;
- Governor Recommended Budget to restore funding;
- Wait list treatment; and
- Co-Occurring treatment.

Dr. Cook provided a summary of budget issues on the developmental services side:

- Approved transfer of all children services to county funding as of July 1st;
- Restored all funding for autism services to Aging Services;
- Reinstated emergency staff and services; and
- Reinstated self-directed family support services for 230 families.

Dr. Cook stated that in all \$20 million was reinstated to the MHDS budget; the question is where that funding is going to come from. The Legislative Session is scheduled to end on June 6, 2011.

Dr. Cook reviewed the impact to state employee benefits, as employees will be negatively fiscally impacted with a total of 4.8% reduction in salary and a combination of 2 ½% pay reduction and six furlough days; there will be an increase of 1% from the employee in the retirement contribution; an increase in insurance premiums; and a decrease in benefits. There is also the removal of the 1½ time for holiday pay and a change, effective July 1, 2011, to change the accrual increments in annual and sick leave.

LEGISLATIVE UPDATE

- Children's Mental Health Plan Bill – died.
- AB 48 – Revises provisions governing children's mental health consortia – died.
- AB 94 – Authorizes the involuntary court-ordered admission of certain persons with mental illness to programs of community-based or outpatient services under certain circumstances – died.
- AB 181 – Provides for evaluation by the Advisory Commission on the Administration of Justice of the policies and practices relating to the involuntary civil commitment of sexually dangerous persons – amended to perform a study over the next two years.
- AB 240 – Revises provisions governing contracts for services entered into by certain public employers – has been amended and hearing scheduled for May 20th.
- AB 315 – Establishes the Autism Treatment Assistance Program – approved.
- AB 316 – Establishes provisions relating to persons with autism – amended to remove MHDS Division.
- SB 28 – Revises certain provisions relating to the psychological or psychiatric examinations used in determining the competence of a defendant – died.
- SB 44 – Requires the Division of Mental Health and Developmental Services of the Department of Health and Human Services to adopt certain regulations – amended and passed out of Committee; anticipated to be signed into law.
- SB 187 – Revises provisions governing parole – amended

- SB 437 – Revises provisions governing assistance to parents and relatives caring for certain person with mental retardation and related conditions – in process; anticipated to be signed into law.
- SB 349 – Provides for the establishment of a community court pilot project to provide an alternative to sentencing for misdemeanor offenders – currently held in Senate Finance.
- SB 469 – Revises provisions relating to programs for the treatment of mental illness or mental retardation – if this bill does not pass then the mental health court dies in Senate Finance.

APPROVAL OF MHDS POLICIES:

- **SP-2.1 – MENTAL HEALTH RESIDENTIAL SERVICES** – brings into compliance and adds, “develop, implement and maintain procedures that ensure client’s earnings for work performed to be considered when determining benefits and contracts.”
- **HR-1.3 #5.030 – CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS** - updates requested by Human Resources to update the written policy with current costs and individuals who actually conduct this procedures. Backgrounds checks are required by Nevada Revised Statutes.
- **IMRT – BREACH NOTIFICATION** – This is a new policy and updates policies in accordance with the requirements in the High Tech Act to notify under certain circumstances of “breach” of protected health information.
- **CRR 1.5 – MANAGEMENT OF ELOPEMENT EPISODES** – Client’s rights and responsibilities; updates the language and terms to be consistent in the industry and updates the procedures to be followed for reporting an event that a consumer elopes from one of the services where they are expected to be accounted for at all times.
- **HR 2.5 – CONFLICT PREVENTION AND RESPONSE TRAINING (CPART) CERTIFICATION REQUIREMENTS** – This describes how staff are trained in the system and how the Division ensures that staff have the training and that the oversight of the certification is consistent throughout the Division. This policy establishes a Committee that oversees this function.
- **CRR 1.3 (2.005) RESTRAINT/SECLUSION OF CONSUMERS** – requested to be tabled until the next Commission meeting, as additional revisions are necessary before this policy can be submitted for approval.

Ms. Phinney reviewed the above referenced policies and requested that Policy CRR 1.3 – Restraint/Seclusion of Consumers be tabled until the next meeting.

MOTION: Commissioner Johnson moved to approve Policies SP-2.1, HR-1 #5.030, IMRT, CRR 1.5, and HR 2.5 with the exception of CRR 1.3 to be tabled until the next meeting, seconded by Commissioner Kinnikin. The motion passed unanimously.

DISCUSSION OF HEALTH CARE REFORM

Chair Quint stated that this item was placed on the agenda to begin the discussion and consider what is happening within health care reform, what the Division is doing, and what issues are upcoming; to include providers, Medicaid, and the Division.

Dr. Cook stated that last year, in response to the passage of the bill, the Department of Health and Human Services established a task force with Medicaid taking the lead. The following were some of the immediate issues that needed to be addressed: 1) Whether or not Nevada would create its own health care exchange organization; 2) The issue of Medicaid eligibility; because in 2014 there will be a large number of individuals Medicaid eligible by virtue of low income. This will require the State to change its Medicaid eligibility system; and 4) The issue of setting health insurance programs.

Dr. Cook stated that there is very little that is specific within the health care reform related to mental health behavior; although by 2014 health insurance will be required to provide some behavioral health services, however early indications are that there will continue to be concessions, for example psychosocial rehabilitation will not be a mandatory covered service.

Dr. Cook stated that a current provision within health care reform requires employers, with more than 50 employees, to provide health care coverage for employees and if the coverage is not provided then the employer will be fined and will mandatorily contribute to a fund to provide health care coverage. This will affect mental health service providers as it will be an additional cost for those providers.

Dr. Cook advised that in 2014 more individuals will be eligible for Medicaid and those individuals will be seeking behavioral management services. The large health care organizations are gearing up for this large influx of individuals, currently not covered by health insurance, with Medicaid or private insurance coverage; private providers will be providing these services and as such anticipate a large restructuring of behavioral health services delivered in Nevada.

Upon questioning by Chair Quint, Dr. Cook responded that based upon what he has heard from the large health care organizations, he expects there to be increase in the number of large health care organizations coming into the State of Nevada providing alternative services for the large number of new insurance covered eligible individuals and this may have an impact on behavioral services within the State.

ACTION: Dr. Cook suggested that the Commission may want to begin the process of developing a strategic plan for the Division to adapt and increase the State's flexibility and meet this changing environment.

Ms. Gruner stated that the greatest impact for Developmental Services will be the home community based waivers, which are services above the state plan services. This will not go into effect with the home community based waivers for an additional year, but the biggest issue will be whether States will be allowed to have a wait list for the waiver.

Ms. Reynolds encouraged the Commission to focus the strategic planning on the continuity and respect of programs.

Chair Quint stated that the current system will need to integrate with the primary home health care system and this will also drive changes within the Block Grant.

Dr. Cook stated that there will also be a change in emphasis that SAMSA will be demanding from State Mental Health Systems to focus more efforts on mental illness prevention.

Dr. Cook suggested selecting a specific health care reform topic to discuss at Commission meetings, as it is too complicated to discuss the whole health care reform issue.

ACTION: The Commission discussed inviting individuals to discuss and provide information regarding health care reform and what other states are doing with health care reform for future meetings.

PRESENTATION AND DISCUSSION WITH REGARD TO DEVELOPMENTAL SERVICES AND HOW THE COMMISSION CAN COLLABORATE WITH DEVELOPMENTAL SERVICES

Jane Gruner, Deputy Administrator and Statewide Coordination of Developmental Services, stated that this agenda item is a continued plan to improve communication with Developmental Services. The current biggest focus will be on what happens with the budget and it will change the landscape of Developmental Services across the State. The major issue is the children's services being transferred to individual counties and each county will be deciding how and what services to provide. Each county will have to decide whether they will chose to purchase State services or develop their own programs and deliver the service within their own county, by their own county employees. At this point, Washoe County will use their own service; Clark County will study this for one year and purchase the service from the State; and all of the other counties have not yet made a decision. The problem is that this will create an uneven system of services and will affect children and their families.

ACTION: At future Commission meetings, the Developmental Directors will be making a presentation regarding specific areas of Developmental Services and discuss trending issues.

Dr. Cook stated that in 2013 there will be a bill draft request for Commission oversight for Children's Developmental Services.

ACTION: Chair Quint would like to the Commission to have a more robust discussion, at a future meeting, regarding Health Care Reform and the affect on the whole system to include developmental services.

COMMISSION BYLAW REVIEW AND NEW MEMBER ORIENTATION REVIEW

Dr. Crowe reviewed the physical changes to the New Member Orientation to include: 1) a larger binder for information and documents; 2) the MHDS Commission brochure; 3) self-addressed envelopes/labels for both MHDS and DCFS for correspondence; and 4) a CD copy of the information and document storage also in an e-mail format. The content changes include: 1) meeting attendance to address quorum issues; 2) Local Governing Boards; 3) Local Advisory Boards; 4) Bylaws; 5) Update Contact List; and 6) Organizational Structure changes. Dr. Crowe indicated that the current New Member Orientation will be available after July 2011.

Dr. Crowe indicated that the Bylaws were last updated on November 19, 2010; strategic planning organizations were added and the two Subcommittees to be staffed and the expectation of the activities of the Local Governing Boards.

Upon questioning by Commissioner Cohen, Dr. Crowe responded he will research and coordinate to obtain ID badges for Commissioners.

REVIEW AND APPROVE THE ANNUAL MEETING CALENDAR FOR THE UPCOMING YEAR 2011-2012

MOTION: Following a review and discussion, Commissioner Kinnikin moved to approve the following meeting schedule, seconded by Commissioner Cohen. The motion passed unanimously.

September 15, 2011	with DCFS via video conference
September 16, 2011	with MHDS via video conference
November 18, 2011	with MHDS via video conference
January 20, 2012	with DCFS via video conference
March 15, 2012	with DCFS via video conference
March 16, 2012	with MHDS via video conference
May 18, 2012	with MHDS via video conference
July 13, 2012	with DCFS via video conference

UPDATE OF STATUS OF COMMISSION VACANCIES

Mrs. Harper stated that to date there has been no notification of any appointments. We are currently waiting for the physician appointment; and the Governor's office is awaiting three nominations from the Marriage and Family Therapy Association as required by statute.

Dr. Crowe stated that he has been in contact, numerous times, with the Marriage and Family Therapy Association with regard to the requirement for them to submit three names and to date they have not submitted those nominations.

UPDATE OF MENTAL HEALTH PLANNING AND ADVISORY COUNCIL (MHPAC) COLLABORATION

Roger Mowbray, support staff for the Council, stated that the Council met on May 17, 2011 and approved the proposed Block Grant budget, which includes technical and administrative support to the Commission.

Mr. Mowbray stated that the Council's Advocacy Committee has submitted position statement/letters with regard to proposed legislation. Mr. Mowbray stated that, most recently, the Council took a position opposing the shift of funding of the mental health courts to the counties.

Mr. Mowbray stated that a preparation change in the Block Grant will take pressure off the Division and the Council in preparing the Block Grant Application due on September 1st. The purpose of the Block Grant states, "States will use the Block Grant Program for prevention, recovery supports, and other services that will supplement services covered by Medicaid, Medicare, and private insurers. SAMSA Block Grant funds will be directed towards four purposes: to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; to fund those priority treatments and support services not covered by Medicaid or private insurance for low income individuals; to fund primary prevention for activities and services for persons not identified as needing treatment; and collecting data and outcome information to track the effectiveness of the activities being funded.

Chair Quint would like to involve the Council in the Commission's discussion regarding health care reform.

DISCUSS CURRENT MAY MENTAL HEALTH MONTH ACTIVITIES AND POSSIBLE ACTIVITIES FOR MAY MENTAL HEALTH MONTH 2012

It was discussed that May 3rd was designated as Children's Mental Health Day and activities were held at the Nevada Legislature.

For May Mental Health Month, NNAMHS held a consumer luncheon; NAMI sponsored a walk; Rural Mental Health hosted a bar-be-que in Carson City; Southern Nevada Consortium sponsored a video contest at the junior high level to promote mental health awareness with the winner awarded a luncheon with the Governor; and there was a luncheon organized by Pam Becker, Chair of the Washoe County Children's Consortium; sponsored and paid for by the First Lady.

ACTION: The Commission will discuss activities for the 2012 May Mental Health Month that the Commission could support on the next agenda.

Chair Quint stated that on the drug and alcohol side, September is "Recovery Month" and there will be activities and radio spots during September.

FUTURE AGENDA ITEMS

The following items were suggested for the September 16, 2011 meeting agenda:

- Update from the Legislative Subcommittee and the Subcommittee for the Statewide Children's Mental Health Plan – Chair Quint and Commissioner Beasley;
- Local Governing Boards Update – Chair Quint;
- Local Advisory Boards Update – Chair Quint;
- Legislative Update – Dr. Harold Cook;
- Update of Budget – David Prather;
- Discussion/Approval of the Seclusion/Restraint and Denial of Rights Review Process – Chair Quint;
- Discussion of May 2012 Mental Health Activities;
- Discussion on Health Care Reform – specific area;
- New Member Appointment Update – Dr. Crowe and Christina Harper
- Approval of MHDS Policies – Dr. Cook;
- MHPAC Council Update – Dr. Crowe; and
- Overview of Developmental Services – DS Directors

PUBLIC COMMENTS

There were no public comments.

MOTION: Commissioner Johnson moved to adjourn the regular meeting at 12:30 P.M.

Respectfully submitted,

Christina Harper
Recording Secretary