

MINUTES
of the
Mental Health Planning Advisory Council's
Quarterly Meeting
meeting on
Thursday, April 26, 2012

Video Teleconference Meeting Locations:

held at

Sierra Regional Center (SRC)
605 South 21st Street, Sparks, Nevada

AND

Desert Regional Center (DRC)
1391 S. Jones Blvd., Las Vegas, Nevada

**1. CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS –
CORRIE HERRERA, CHAIR**

Corrie called the meeting to order at 9:10 a.m. Roll call was taken and a quorum was present. Diane completed the sign-in sheet.

MEMBERS PRESENT AT THE SPARKS LOCATION:

Corrie Herrera – Family Member, Chair
Dave Caloiaro – MHDS
Barbara Jackson – Consumer
Jeannie Smith – Family Member
Sharon Wilson – DOC

MEMBERS PRESENT AT THE LAS VEGAS LOCATION:

Rene Norris – Family Member, Past Chair
Susan Maunder – Consumer
Alyce Thomas – Consumer/Family Member

MEMBERS PRESENT VIA TELECONFERENCE:

Judy Bousquet – Consumer
Lisa Ford – DOE, excused
Coleen Lawrence – DHCFP
Mechelle Merrill – DETR
Ann Polakowski – DCFS

MEMBERS ABSENT:

Alisha Ash – Consumer/Youth, Vice Chair (excused)
Debra Parra – Housing (excused)
Denice Pinder – Family Member (excused)
Layne Wilhelm – SAPTA (excused)

STAFF AND GUESTS:

Tami Jo McKnight – MHDS
Diane Dempsey – MHDS

2. PUBLIC COMMENT

There was no public comment

3. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON JANUARY 12, 2012 (Action Item)

Dave motioned to accept the Minutes as written. Judy seconded. The motion passed unanimously.

4. NEVADA COMMISSION ON MHDS UPDATE – BARBARA JACKSON

On Kevin Quint's behalf, Barbara reported that the Commission is working on the letters sent every year to the Governor and the Commission will continue to advocate for children and the mental health plan, as well as work on developing a health care reform plan.

5. REPORT ON NEEDS ASSESSMENT – TAMI JO MCKNIGHT

Tami stated that she has been working on the Needs Assessment for 2012 since October 2011. Information on the Olmstead Act will be added, specifically about bringing children in from other states that have aged out of foster care and have been in out-of-state placement. The Needs Assessment for 2012 will be posted to the website once it is finalized.

Corrie asked when the Needs Assessment for 2012 would be finalized. Tami said the target is for May 1, 2012, since May is Mental Health Month.

Susan in Las Vegas asked if the Needs Assessment would also be posted to the website by May 1. Tami thought it would be posted closer to the end of May, and will send an e-mail to everyone with a link to the website where the Needs Assessment could be found.

6. ADVOCACY ORGANIZATIONS' REPORT(S) – JUDY BOUSQUET

Judy advised that Hope House of Nevada is applying for two new grants. They may also be joining SNAMHS and the Mental Health Court for a barbeque in May for Mental Health Awareness Month. Hope House is having their second annual Fifty-one versus Reno Acers baseball game fundraiser at Cashman Field on July 20, 2012. Tickets are \$12.00, which includes a free hat and fireworks after the game. For the second year in a row, they are doing a Justin Timberlake Golf Tournament fundraiser the first week of October. Tickets are \$40.00 each and can be used for any day's admission. They are in discussion with entertainer Earl Turner about doing a fundraiser event in September, and they are looking for a property opportunity for the Drop-In Center.

Corrie said it sounds like Hope House has a lot of fun things coming up. Judy agreed and added that they still do not have their non-profit paperwork but they hope to have it by the next meeting.

7. OLMSTEAD SPENDING PLAN UPDATE – DAVE CALOIARO

Dave reported about the Olmstead Decision in 1999. As a result of Olmstead, under the Olmstead Plan, states need to make an effort to place persons in the community when 24/7 care in an inpatient setting is not required. Nevada contracted for the Nevada Olmstead Report in September 2010, wherein the Report recommended Nevada review the out-of-state residential supports and then develop a plan to provide services within Nevada communities to serve the population. Although Nevada has, over the last number of years, developed several residential programs, historically Nevada has had very few. As a result, children in need of services have had to go out of state, and Medicaid funds the majority of these placements for Nevada children. Nevada recently received \$20,000 of Olmstead grant money and approximately \$5,000 of that money has gone to support the Mental Health Commission. MHDS, through the Department of Health and Human Services, is contracting with the Center for Excellence and Disabilities through UNR, headed by Dr. Steven Rock to lead this project. They will evaluate, research, and target children who are out of state in these residential treatment settings, including those that are close to aging out to adult services. The Board of Examiners meeting, where the contract will be introduced and hopefully approved, is going to be on June 12, 2012. Presuming the contract is approved, it will be in effect for a 90-day period from June 12 through September 10, 2012. Dr. Rock's team will meet in July, with representatives from MHDS, DCFS, Division of Healthcare Financing and Policy, Division of Welfare and Supportive Services, Juvenile Justice, and possibly representatives from the private sector. Following their research, the final product will be a Findings and Recommendations Report for the State of Nevada, due on or before September 10, 2012.

Corrie asked if the \$15,000 remaining will go to the UNR, NCED Program to do a study specifically on the children who are placed out of state and what it will take to bring them back. To answer Corrie, Dave read the scope of work in the contract

Corrie asked Dave if he knew the number of children who are currently placed out of state. Dave did not know and asked Coleen if she had a sense of the number. Coleen said the Division of Healthcare Financing and Policy puts a report on their website every month for residential treatment centers. They do not have those numbers for other levels of care and services not funded by Medicaid.

Corrie asked if high school students and children in foster care that are aging out were included. Dave said yes, and he went on to explain in more detail.

Coleen added that the Medicaid website is dhcfnv.gov. The Residential Treatment Center (RTC) Reports show diagnoses as to why a lot of the children are out of state. At present they have two RTC's that are in the state.

8. CSA PROGRAM AND MHDS UPDATE – DAVE CALOIARO & TAMI JO MCKNIGHT

Dave stated that one of the things MHDS found a number of years ago was the efficacy of peer support and how important that could be. Fortunately, Nevada Medicaid covered peer support services as part of their rehabilitation plan. MHDS studied some of the opportunities for peer support, like having state funded positions that include consumers who would be state employees working with their peers both in an inpatient and outpatient setting. Due to some funding issues approximately 11 years ago, they felt that they could not use the state general fund but could use block grant money. Dave explained the reasons for giving up the Medicaid funding by doing that.

Tami advised that there are Consumer Service Advocates (CSA's) in Northern Nevada Adult Mental Health "NNAMHS", Southern Nevada Adult Mental Health "SNAMHS", one in Pahrump, and one in Carson City. There is an ad on the MHDS website for a Consumer Service Assistant II for SNAMHS. Tami said most of our rural clinics do not have CSA's. Dave added that there are about 12 to 13 CSA's, which most are at NNAMHS and SNAMHS. Dave also said that MHDS is considering having a CSA at Elko, although that may be delayed until the next two-year budget cycle.

9. CAP AT VOCATIONAL REHABILITATION – MECHELLE MERRILL

Mechelle said there are Client Assistance Programs (CAP) nationwide. CAP assists people with disabilities to understand their rights and responsibilities under the Federal Rehabilitation Act and the Employment Section of the American's with

Disabilities Act. The money is granted through the Voc Rehab agency and the Voc Rehab agency sub-grants it to the CAP to support the work that the CAP does. In some states the CAP is housed within the Voc Rehab Agency itself, while other states house CAP in outside entities. The primary function is to provide advocacy, guidance, explanations, and resources to clients who may not understand a process, may need additional information, may not agree with a decision that is made on their case, and who are seeking to use CAP almost as an ombudsman. CAP can help with understanding the laws that the agency is required to follow and advocate for the client back to their counselor or agency. CAP is located in Las Vegas and is active in both southern and northern Nevada.

Barbara asked for the meaning of CAP. Mechelle said CAP stands for Client Assistance Program.

Corrie asked if CAP was going to remain with the state agency. Mechelle advised that Nevada is one of the few states that still have CAP within the state agency. It seems to be a national trend to move CAP's outside the agency, primarily because clients have an expectation of protection in that there will be confidentiality. Nevada's CAP is located in a state building but the chain of supervision for the Client Assistance Program is within the Voc Rehab chain. There is consideration to move CAP but that decision has not been made yet. Corrie asked if there had been any complaints. Mechelle did not believe so. Mechelle added that if you go to the nv.gov website, Rehabilitation is one of the top buttons and there is a Client Assistance Program link.

10.RURAL SERVICES' STAFF REDUCTIONS – DAVE CALOIARO

Dave reported that from the information obtained by Barbara Legier, Rural Services Agency Director, Rural Services had 20 total staff reductions that occurred during the last budget cycle, which was approximately 15 percent of their workforce. Dave gave a detailed breakdown of the eliminated positions and locations affected by the reductions.

Corrie asked if there was any discussion about returning those positions within the next budget cycle. Dave said no, not that he was aware of.

A break was called at 9:55 a.m., and the meeting reconvened at 10:05 a.m.

11.MEDICAID AND HEALTH HOMES UNDER THE AFFORDABLE CARE ACT – JOHN WHALEY

John Whaley, Chief of the Business Unit for the Division of Health Care Financing & Policy, gave a detailed report on Medicaid and Health Homes under the Affordable Care Act. The Protection and Affordable Care Act, approved in January 2010, allows a state option to provide coordinated care through Health Homes for Medicaid enrollees with chronic conditions, which modified Title 19 of the Social Security Act.

That modification allows DHCFP to use a state plan amendment to establish these Health Homes. John explained why they chose to go with a waiver instead of a state plan amendment, and stated the health home is the same concept as a medical home but it incorporates additional services, such as behavioral and mental health, long term care transitions, and has some health information technology requirements. Unlike medical homes, health homes have to be certified. The vision of coordinating the care of the Medicaid population was based on a legislatively approved budget to help address rising costs of certain populations and it is initially going to provide management for Nevada's high need chronic conditions' population. Since this is a test, health homes will be evaluated; and, in the future they will settle on state managed care either through the health homes, a separate care management organization, or the managed care organizations they have right now. The Health Homes and Care Management Programs are going to integrate the medical care, behavioral health, and long term care needs of the patient into one coordinated plan of care through a medical team that is focused on the needs of the patient.

Susan in Las Vegas asked if the program was specifically for Medicaid only recipients. John said that it was for Medicaid recipients only.

John continued to report that these programs will utilize national benchmarks to track outcomes, like hospital readmission rates and a number of well child visits. They will likely pay per member, per month dollar amount for the individuals who are assigned to a Health Home or a CMO and providers would be paid extra for improved outcomes and receive a bonus for an increase in regular service rate. Care integration will include obtaining a health medical home and medical disease management for people with mental illness for mental health management for persons with chronic medical conditions, preventive health care screenings, and monitoring by mental health providers, primary care providers, integrated and consolidated mental health and medical services. They will be intervening and checking on medication adherence both for mental health and non-mental health medications, and assist in scheduling and keeping appointments. They will verify health care services are occurring by using data and will look at claims and records to make sure visits have been kept. Health care information will be provided to the recipients and the service providers. A CMO will complete the integrated care management, develop a cost effective infrastructure to help small medical practices meet the requirements of a health home. CMO's will have the health care information exchange where they can get medical records and do data analysis and performance measurements to see if the activities are actually improving the health outcomes. Checks will be done in three months and monthly thereafter.

John concluded that they will initially exclude people who are receiving targeted case management, long term care waivers, the HCBW services that are in the state or the county child welfare and juvenile justice systems, because they have their care coordinated in another manner. Once the results of the initial program are determined and it is found to be successful, then a long term plan will be created. Phase Two of the 1115 waiver allows the ability to continue using and expand upon these

innovative care delivery and payment models to further tailor some of the programs to specific populations, age groups, or geographic areas and to mandatorily enroll or exclude some other groups as is appropriate. They may also have meaningful benefit design changes so they can cap a benefit unless someone is actively participating in their own care management, limiting the number of occupational therapy visits. There are about 66,000 people a year who would fit the definition of falling into care management; however, 23,000 to 25,000 people in any given month could be involved in this.

Corrie thanked John for presenting this important topic and for rearranging his schedule.

12.REPORT ON DUALY DIAGNOSED SERVICES WITHIN MHDS AND SAPTA – TAMI JO MCKNIGHT

In Layne's absence, Tami presented on the Substance Abuse Prevention and Treatment Agency's (SAPTA) Co-occurring Disorder Treatment Program, a pilot program that was implemented in 2007. There are five programs operating in the State of Nevada, two in Clark County and three in Washoe County for youth or adults that have been diagnosed with a co-occurring disorder. SAPTA made some changes to these programs to improve efficacy. They provide programs with technical assistance to improve treatment curriculum by having staff trainings with respect to implementing evidence based treatment for co-occurring disorders and have identified other programs that can treat COD clients to better serve the population. Community Counseling in Las Vegas operates sites in the Las Vegas area and in Laughlin, Pahrump, and Mequite. They are currently treating 90 clients and they have 12 individuals who are receiving services at the main treatment location on Sahara. Bridge Counseling, also located in Las Vegas, is known for treating children and adolescents with co-occurring disorders. In Northern Nevada, Quest Counseling in Washoe County is a youth focused counseling center for ages 13 to 18, with 24 adolescents in their COD program. Family Counseling Services in Reno treats adults and they have 49 clients in the COD Program, and Bristlecone Family Resources is currently treating 35 clients. This program has been effective in reaching individuals with co-occurring disorders. The future objective is to focus on keeping the evidence based treatment curriculums that address issues for the population specifically being treated; i.e., adults, children, and adolescents. They are also trying to improve communication between the community providers and these programs in order to do some outreach and improve clientele services. They are looking to develop a competent workforce to implement these strategies. They are also attempting to forge a relationship with Juvenile Probation and work with staff there on early intervention and treatment continuum of care implementation. In the future, the federal government is moving forward in identifying specific populations that may not necessarily be receiving the attention they need, which would include the military, Native Americans, criminal justice clientele, the lesbian, gay and bisexual population, and moving those clients into these co-occurring treatment programs.

Corrie asked if people seem to be embracing this pilot program. Tami said yes, it's been in place since 2007, and it does show they are embracing the program by the number of clients being treated and the continued growth. Corrie asked about this program in the rural areas. Tami appreciated Corrie's interest in the rural areas and will follow up with her about a program in her area.

Susan asked for the meaning of SAPTA. Tami said it stood for Substance Abuse Prevention and Treatment Agency. Corrie will send Susan a list of acronyms. Tami also added that a list of acronyms will also be included in the Needs Assessment.

13. TRAVEL/CONFERENCE UPDATES – DAVE CALOIARO

The Substance Abuse and Mental Health Services Administration (SAMHSA) is having a conference this year that will involve the Mental Health Planning Advisory Council and the block grant. The Mental Health Block Grant and the Data Infrastructure Grant (DIG) Conference was held at the same time for a number of years. The DIG Grant allows us to purchase computers and upgrade our data systems. The week of Monday, July 30, through Thursday, August 2, will be a three prong conference in Baltimore, Maryland. It will be the joint block grant conference/joint meeting and is the first time MHDS and SAPTA will submit a joint block grant. Unlike the other block grants which are due by September 1st of every year, this one will be due on April 1, 2013. Two days of the conference will be devoted to the block grant; another day will be devoted to the Mental Health Planning Advisory Council's (MHPAC) technical assistance and how to recruit and retain members; and one day will be devoted to Olmstead. SAMHSA will send formal conference invitation letters to the 50 state mental health directors. We have not yet received that formal letter. Historically, the Federal Government paid for the Adult Planner, the Child Planner, and the Mental Health Planning Advisory Council Chair to attend. We are waiting to see who is invited and what funding is available. Those who attend the conference will submit a report or make a formal presentation at the Council meeting following the conference. Dave advised that this information is very preliminary, and he will notify the Council when they have more information.

14. COMMITTEE UPDATES (Action Item)

Consumer and Family Member Advocacy Committee – Alyce Thomas

Alyce advised that the next meeting was set for May 3, 2012, from 9:00 a.m. to 10:00 a.m. Rene will chair this meeting in her absence.

Behavioral Health Promotion Committee – Alyce Thomas

Alyce said that at their last meeting they discussed starting earlier in the year to make plans for Mental Health Awareness Month so there is more community involvement, as well as involving persons from Spring Mountain Treatment Center, Desert

Behavioral Health, and other agencies. Alyce then turned the floor to Dave to talk about the Mental Health Month events happening in the north.

Dave said the National Alliance for the Mentally Ill (NAMI) will have their Walk, which includes activities, festivities, and guest speakers at the Idlewild Park in the Snowflake Pavilion in Reno, Nevada, on May 19, 2012, from 11:00 a.m. to 4:00 p.m. We will share a booth with West Hills Hospital and hand out information on mental health and on the Council. Dave asked Tami to discuss the newspaper articles she has been working on in celebration of Mental Health Awareness Month.

Tami reported that an eight page insert will go in the Reno News & Review on May 10, 2012. The Reno News & Review is a free newspaper. The three individuals interviewed were Dr. Spogen (on depression and anxiety); Bungee Tyler, President of Northern NAMI (on NAMI as an organization, the support groups that are offered, advocacy education, and the NAMI Walk); and Joe Tyler, President of Nevada NAMI (on the stigma of mental illness). Tami said she wrote three things for this article, one of them is a page called Mental Health 101, listing the classification of disorders, and a Resource page that includes State of Nevada resources and other resources in the northern, rural, and southern communities. Dave added that next year's plans are to have a 16 page insert. Tami concluded by stating that the time limitations to work on this year's insert left out some populations, although the general readership could identify with depression and anxiety.

Corrie said she tried to get something together for the rural community in Elko but it is not happening. She will plan for Mental Health Awareness Month earlier next year.

Nominating Committee – Rene Norris

Rene said all the pending Council members received the Governor's approval and are now active members on the Mental Health Planning Advisory Council. There was discussion about the one Consumer vacancy with a second possible vacancy, also a Consumer. Rene asked that we have applications available and encourage anyone who is given an application to send it in. Dave agreed and thought we could again utilize recruitment opportunities during May Mental Health Awareness at the various activities.

Following discussion, Diane will send Alyce and Corrie an MHPAC application form and members will have applications on hand when they are attending activities during Mental Health Month.

Rural Monitoring Committee

Dave asked who chaired this committee and what the future plans might be. Rene said Alyce was the chair and, in the past, the Governor allowed them to travel for rural monitoring but the problem arose with losing Roger and using the money for the

grant fee. Alyce added that the Committee is on hold for the rest of this year until they can look at the new budget. The next rural monitoring will be scheduled in the north, because last year they toured the clinics in Pahrump and Mesquite.

Corrie asked Alyce when rural monitoring was last done in northeastern Nevada. Alyce and Rene would have to refer back to the report but they believe one was done in Fallon a couple of years ago.

15. PUBLIC COMMENT

There was no public comment.

16. SET DATE AND TOPICS FOR FOLLOW-UP MEETING (ACTION ITEM)

The next meeting was set for July 12, 2012. There was some discussion about the timing format on the agenda.

The following topics will be on the agenda for the July 12, 2012, meeting:

- Revisiting the list of priorities and changed committee names – Dave
- Technical Assistance for MHPAC – Tami / Bruce Emery
- Explore ideas for orientation – Dave
- Updates on the joint block grant planning preparation – Dave/Tami
- Update on the conference – Dave
- Olmstead Plan Update – Dave
- Legislative bills review – MHDS/DCFS
- Appropriate Advocacy Efforts for Council Members – Rene & Alyce

Corrie asked the members to submit any other agenda item requests to Diane on the Agenda Item Request form in advance of the next meeting.

Barbara motioned to accept the date and topics for the next MHPAC Quarterly Meeting. Sharon seconded. The motion passed unanimously.

17. ADJOURNMENT

Rene motioned to adjourn. Alyce seconded. The motion passed unanimously.

Meeting adjourned at 11:26 a.m.

Diane Dempsey
Recording Secretary