

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

THURSDAY, JANUARY 18, 2001

MEETING LOCATION:
SNAMHS

CONFERENCE PHONE MEETING ACCESS AVAILABLE THROUGH:
SRC – 775/688-1930

MINUTES

PRESENT: Eric C. Albers, Ph.D.
Frances Brown, MSN, MEd, RN
David Ward
Rena Nora, M.D.
Elizabeth Richitt, Ph.D.
John Brailsford, Ph.D.

ABSENT: Joseph Toth, M.D.

STAFF Cindy Pyzel, Sr. DAG

PRESENT:

ALSO

PRESENT: Kris Hill, LV Sun, Reporter

CALL TO ORDER

Ms. Fran Brown called the meeting to order.

Ms. Brown stated that the agenda was purposely general to accommodate all topics of discussion.

Dr. Eric Albers asked that the agenda include a discussion regarding Dr. Joseph Toth.

OPEN MEETING LAW

Ms. Cindy Pyzel reviewed the open meeting law highlights. She stated that, as an advisory body, the Commission was covered by the open meeting law. Agendas must be posted according to the rules, and minutes kept as well. The Commission is an entity attached to government, therefore must be under public scrutiny. Five Commissioners constitute a quorum.

Mr. David Ward stated that the City of Reno had been accused of violating the open meeting law. It was the ongoing practice of the council to be advised about issues by city staff, in groups of 2 or 3 at a time, prior to the meetings. He stated that the council felt individual meetings did not fall within the interpretation of group meetings. However, Judge Hardesty made a decision that it violated the open meeting law.

Ms Pyzel stated that, as an advisory body, the Commission must be sensitive to the public's right to hear the Commission's deliberation.

Dr. Eric Albers asked about the use of email. Ms. Pyzel stated she had not yet looked into that issue, but felt there may be issues in that evolving area. Ms. Brown stated that today many people did conduct meetings through chat rooms on the net. Dr. Albers stated that he had exchanged email with other Commissioners. Mr. Ward felt Internet communication techniques should be encouraged from a functional standpoint.

It was agreed that if any exchange of information might be suspected of falling under the open meeting law, it would be referred to Ms. Pyzel first. She stated that it was not meant to be a hindrance, but rather to be open to the general public.

COMMISSION FUNCTIONS

Ms. Brown distributed a copy of the Department of Human Resources' (DHR) Organizational Chart.

Dr. Albers noted that the Department of Prisons (DOP) does not fall under DHR. He asked what the Commission's role was in dealing with those agencies outside of DHR and what purview they had over DOP. He felt the Commission had a larger role than MHDS and DCFS.

ACTION: The Commission would like to include reports by BADA, including NASAC, at the Commission meetings.

Ms. Pyzel referred to the statutes, stating that the Commission is specifically authorized to provide guidance to MHDS and DCFS. There are some gray areas regarding client's rights in Title 39, NRS 433, 433A, 433B, and 435. Denial of Rights in Chapter 433 includes all facilities. With respect to DOP, she stated she would be more than happy to research that. The broad language may include mentally retarded and related illnesses.

Dr. Rena Nora stated that some things go by courtesy and some things go by procedure; therefore the Commission should not always follow the flowchart.

Mr. David Ward stated that in reality, the Commission has much more interaction with Dr. Carlos Brandenburg. He stated that flow charts were just flowcharts, and that the Commission should go by their statutory duties.

Dr. John Brailsford would like an indication of which boxes on the organization chart fall under the Commission's purview. He wondered how much of a role the Commission had in some of the boxes.

Mr. Ward felt it was within the Commission's purview to make policy regarding such agencies as DOP. In regards to the criminal justice system, the Commission needs reports from DOP. They also questioned psychologists not being licensed to practice in the prison system. Also, many DCFS children with mental illness have a parent in the prison system. Their needs are not being dealt with regarding loss and separation.

ACTION: The Commission requested that Director Charlotte Crawford conduct a presentation of all the agencies and how they tie together at the March meeting.

ACTION: The Commission asked Ike to send updated organization chart when it was completed.

In order to stay abreast of issues, the Commission requested copies of Policy Manuals for MHDS and DCFS. Ms. Pyzel felt the Commissioners should get copies of the policy manual, and requested that they be added to the distribution list for new/revised policies.

ACTION: Ike was asked to provide copies of the policy manual to the Commissioners.

ACTION: DCFS was also requested to send copies of their policy manual, as well as any changes, for approval by the Commission.

STATUTORY DUTIES AND PREROGATIVES

Dr. Brailsford had questions concerning his appointment by the Governor prior to the change in the law. He felt the Board of Marriage and Family Therapists should be apprised of the nature of his appointment and the length of his term. He stated that he could understand the frustration of the Board of Marriage and Family Therapists in their wish to nominate three MFTs for consideration on the Commission. Ms. Pyzel commended the Commission for their willingness to approach the Governor and the Board of Marriage and Family Therapists. Mr. Ward recommended that Dr. Brailsford become an active member of the Board and to offer reports to them.

AGENDAS

Agendas will be developed by Ms. Brown; with suggestions from Dr. Brandenburg. Each agenda item will be allotted a time.

Agency Reports

In order to accommodate the Agency Director's busy schedules, it was recommended that this item be moved to the top of the agenda, and that their reports should be in writing on the form provided.

The Commission discussed their request for uniform agency reports. Each report should include:

- Staffing - positions filled, vacancies, difficulties in filling vacancies
- Caseloads and waiting lists for all categories
- New Programs, Program changes (include changes, discards, additions or deletions to services offered)
- Separate report for PES and POU (under each agency)
- Service needs/recommendations
- Agency concerns/issues (be prepared to elaborate at meeting)

The Commission would like to invite a consumer or staff member from a different service each meeting. They would like to hear from staff and consumers regarding their perception of services provided.

There was some discussion regarding placing a certain emphasis on each meeting. Perhaps child mental health issues could be highlighted.

It was agreed that public comments should be limited to five (5) minutes.

NDALC will be allotted 15 minutes.

The training report should be distributed to the Commission only once every six months. If there are areas of concern regarding the training at any particular agency, those concerns should be listed on the agency director's report.

It was suggested that Dr. Peterson would be a good liaison between DCFS and the Commission.

Agreed to keep the advisory boards on the agenda. Guidelines will be given to them as to what the Commission wants included in their reports. Would like to see consumers, family members, staff and professionals be a part of the advisory boards.

ACTION: The Consumer Subcommittee will be responsible for developing a form for the advisory boards.

ACTION: Ike was asked to create two logs for the Denial Packets, one by number and one by category.

Dr. Albers recommended monthly meetings or more 2-day meetings. He also recommended more time be allotted for children's mental health issues.

Would like to schedule tours of the outlying clinics.

Communication between Commissioners is vital. A mechanism to share vital information must be developed, as the Commission may need to act quickly on some issue.

ACTION: Vital information should be emailed to Ms. Brown at Fran.Brown@ccsn.nevada.edu or faxed to 702/651-5877 for dissemination.

In discussing Dr. Toth, Mr. Ward recommended that Ms. Brown send him a letter asking him to endeavor to make two of the remaining three meetings. If he is unable to attend, he will be asked to resign.

REVISION OF BYLAWS

The Commission will revise the bylaws. Ms. Pyzel pointed out the language of "may" and "shall," stating that duties were listed as shall and powers were listed as "may."

Regarding attendance, the bylaws will incorporate that a Commissioner must participate, attending four out of six of the scheduled meetings. The intent of the Commission is to fulfill their duty, and members are expected to be active participants. If a Commissioner is unable to make 2/3 of the scheduled meetings, the Commission will request a resignation and may consider it to be functionally vacant and may follow the procedure to fill the vacancy.

ARTICLE III – POWERS

Each number was discussed and changes were agreed upon as follows:

1. The Commission will continue to collect and disseminate information through regularly scheduled Commission meetings and advisory committee meetings. Will share information between members as well.
2. No change this year, however, must be ready for next session. Will get an agenda and develop a mechanism to testify.

3. Felt this was covered by the denial of rights. Learn about procedures involved in each individual case, taking each complaint on a case-by-case basis. Should develop a protocol to deal with individuals making a complaint. Clients generally should be directed to facility for resolution. NDALC also offers investigations. This power ties in with #6 regarding employee training. It was recommended that employees be invited to attend an executive session. Ms. Brown felt there must be a certain amount of trust in these matters. There are whistle blower safety issues in place. Legislature has set up checks and balances. The Commission can conduct investigations if they chose, keeping in mind protocol and procedures and that they are delicate issues. May speak to employees confidentially. Will deal with the issue rather than the person.
5. No change.
6. No change.
7. Need a statewide plan. The Commission felt agency directors do not talk to other agency directors, due to turf issues around their own budgets. The group stressed the importance of Director, Charlotte Crawford attending the meeting in March in Carson City.
8. Discussed possibilities of having a Governor's Conference on Mental Health for the State of Nevada. Would be nice to hold during national mental health week. Perhaps one on Developmental Services as well. Recommended putting together a conference and then asking the Governor for his buy-in. This would create an up-to-date scorecard. It could be scheduled every other year in the fall prior to the session. Money for the conference could be generated through tuition. There should be some monies set aside for consumers to attend for free. NMHI may pay for some scholarships. Perhaps the advisory boards could help with that too.
9. The Commission is interested in a report on the most recent research regarding mental health treatment. There is much to be learned from research on how to cut costs. The Clinical Subcommittee will take the lead and be a part of the conference. Dr. Nora stated that state statistics were always one year behind.
10. The Commission's resolution regarding Olmstead tried to do just this. Must develop a long-range program to fund these needs, including the use of medications. Early and effective treatment prevents clients from being institutionalized. Must make it clear to the legislature that this must be established.
11. Report on the annual report.
12. Offer support for specific programs, becoming active advocates.

ARTICLE IV

ACTION: Would like to write a letter to all agency employees, stating that the Commission exists and is available for their concerns.

ARTICLE V

ACTION: With the success of the visits to MHDS rural clinics, the Commission will continue with visits to other facilities. Would like to visit Elko, as well as the rural southern offices.

ACTION: Ike was asked to send a list of all rural clinics to the Commissioners.

ARTICLE VI – REGULATIONS

Discussion proceeded regarding anti dumping, with concerns be voiced as to what happens to clients being released from private agencies. Ms. Pyzel suggested a policy would be binding on a private facility. The Commission can do something to change policies for state facilities or they can request or recommend legislation that impacts the entire state and private facilities.

The Commission would like to spend more time concerning Victims of Crime/Domestic Violence Grants. The Commission will ask Steve Shaw to make a presentation and advise the Commission on grant applications. Dr. Albers recommended that Ms. Brown get a copy of subsection 4, review it, disseminate it, then discuss it as a Commission. The Commission will then invite Steve Shaw to present prior to the award. Although DCFS is the final authority, it was felt he would take the Commission's advice seriously.

Must encourage the linkage with other boards and councils. The Commission reviewed the bylaws for the governing board of SNAMHS. Commissioners are required to sit on the board in the area in which they live.

The Commission made a commitment to work more closely with the advisory boards. They require the Commission's advice and it should be communicated both clearly and effectively.

ACTION: Add Commissioners to mailing list for both North and South Governing Boards (LGB). The Commission will make recommendations if they feel the bylaws of these boards should be revised. Dr. Albers will ask Christa Peterson for information on DCFS' governing board.

ACTION: The Commissioners will become more participatory in both the North and South Advisory Boards.

Discussion followed regarding Commission participation on the Mental Health Planning Advisory Council. The Governor appoints the members. Dr. Toth is listed as the member representing the Commission on Mental Health and Developmental Services, however, he is not attending.

ACTION: The Commission will recommend one of its members to be part of MHPAC, as a replacement for Dr. Toth.

ACTION: Andrew Zeiser will be asked to advise all Commissioners of meetings, as well as send them the minutes.

ACTION: Ike was asked to send copies of all NRS Statutes that apply to MHDS and DCFS to the Commissioners. Ms. Pyzel will advise her of which statutes are applicable.

NEW DEPARTMENT PROPOSAL

Ms. Pyzel explained that in order for a new department to be formed, it would require much searching as to which statutes must be changed.

ACTION: Dr. Brandenburg was asked to inform the Commission if there were any changes in the status of this proposal.

ANNUAL REPORT TO THE GOVERNOR

Ms. Brown requested recommendations for the format. Mr. Ward stated he liked bullets. Dr. Brailsford recommended it be brief, stating what is working, what is not and what is needed.

Following are several issues that may be included in the report:

- Report on the rural clinics tour

- Capture rural areas by strongly suggesting that funding for a position, which would be dedicated to grant writing, may produce invaluable funds based on our visit to rural clinics, etc.
- Concerns, highpoints, recommendations and projections
- State awareness of what is being funded and increased, however, list what is necessary
- Link some good points that relate to increased funding
- Flow into proof of performance (should be done by division, not Commission)
- Research hiring of grant writer, or another position, to access grant dollars (mention person in rural)
- List disappointments – legislature trying to fund developmental disabilities, must be disappointed that what they did fund was inadequate. Do comprehensive cross division assessment and analyze assessment tools to come up with more accurate projections.
- Mention CBS received grant money
- With the anticipated growth, Commission wants to address key issues (list top five mental health issues in the state – perhaps five of the following):
 1. Highest suicide rate
 2. Lack of integration
 3. Duplication
 4. Homelessness
 5. Substance Abuse
 6. Bifurcation of mental health services for children and adults
- Bring solutions
- Stress interest in continuing crisis line and community outreach in rurals
- Understaffing and secretarial shortages
- Hit upon solution of getting a board of examiners pre-approved contract for psychiatrists, in order to streamline entire process. Mention that low salaries and contracting out to facilities falls considerably below the average amount of money state providers receive as compared to county providers for the same service (state vs. county)
- One of our visions to proceed toward more preventative measures through public information and education
- Be more proactive, not reactive.

Dr. Brailsford also asked that if the report had to be filtered through MHDS and DHR to reach the Governor. Ms. Pyzel stated that as a practical matter, the Governor had many people reporting to him; therefore, she recommended following the informational flow. It was agreed to follow the flow, however the Commission does not want to give DHR the power to edit their correspondence.

MOTION: Mr. Ward made a motion to adjourn. Dr. Albers seconded. Motion carried.

Respectfully submitted,

Ike Cress
Recording Secretary