COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, MAY 18, 2001 9:00 AM

MEETING LOCATION: DRC

PHONE ACCESS AVAILABLE AT SRC

MINUTES

PRESENT: Frances Brown, MSN, MSEd, RN, Chair

David Ward, Vice Chair Dr. Eric Albers, Ph.D. Rena Nora, M.D. John Brailsford, Ph.D. Elizabeth Richitt, Ph.D.

ABSENT: Joseph Toth, M.D.

STAFF Carlos Brandenburg, Ph.D., MHDS PRESENT: Debbie Hosselkus, LSW, MHDS

Mike Torvinen, ASO IV, MHDS Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC

Marcia Bennett, Ph.D., RRC Stan Dodd, LCSW, DRC Harold Cook, Ph.D., NMHI David Rosin, M.D., SNAMHS

Don Jackson, Ph.D., Respite Behavior Support Laurie Moore, Sr. Mental Health Outreach

Rosie Melarkey, CTC, MHDS Dave Luke, Ph.D., SRC

Betsy Neighbors, Ph.D.

Dr. Christa Peterson, DCFS

Susanne Sliwa, DAG Cindy Pyzel, Sr. DAG Peter Steinmann, SRC Bruce Alder, DCFS

ALSO Misty Allen, Crisis Call Center PRESENT: Maria Canfield, Chief, BADA

Mr. Mike Howie, Mojave

Ms. Santa Perez, Southern Nevada Advisory Board

Mr. Stuart Gordon, Northern Nevada Advisory Board & Family Counseling of N. NV

Ron Lawrence, Community Counseling, Las Vegas

Mr. Jim Vilt, NDALC Mr. Bill Heaivilin, NDALC

Mr. Curtis Lockhart, Public Comment

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 2 of 15

CALL TO ORDER

Chair Fran Brown called the meeting to order.

APPROVAL OF MINUTES

Dr. John Brailsford made a motion to accept the minutes of March 15, 2001. Dr. Rena Nora seconded. Motion carried.

Dr. Eric Albers made a motion to accept minutes of March 16, 2001. Dr. Nora seconded. Motion carried.

Dr. Elizabeth Richitt made a motion to accept the revised minutes of November 17, 2000 and January 18 and 19, 2001. Dr. Nora seconded. Motion carried.

BUREAU OF ALCOHOL AND DRUG ABUSE (BADA)

Ms. Maria Canfield introduced Mr. Stuart Gordon and Mr. Ron Lawrence. She distributed an informational packet, as well as BADA's strategic plan to the Commissioners, giving a brief overview of BADA and their \$16 million budget. She explained that the majority of funds were federal dollars from the Substance Abuse and Prevention Block Grant. Ms. Canfield also discussed the National Substance Abuse Treatment Plan "Changing the Conversation;" and welcomed calls from the Commissioners to obtain a copy. She stated it contained a great deal of information regarding dual diagnosis.

Dr. Nora inquired whether or not there was a plan in the future to include gambling problems in dual diagnoses.

Ms. Canfield replied that gambling addictions were not part of the federal mandate, as it is geared toward substance abuse.

Dr. Carlos Brandenburg stated that Nevada, through the Department of Human Resources (DHR) has funds and planning for gambling addictions.

ACTION: Dr. Brandenburg will ask Jonathan Andrews to present to the Commission regarding pathological gambling as it interfaces with mental health at the next meeting.

Dr. Brailsford asked about sexual addictions as well.

Mr. David Ward asked how BADA deals with a client with dual diagnosis that needs medication.

Mr. Stuart Gordon, representing Family Counseling, stated that BADA does not deal with medications. He reported that most substance abuse women have been sexually abused (85%) and suffer from post-traumatic stress disorder. BADA gets them clean and sober for 28 days, and then moves them on to mental health. He stated that BADA must treat them during the window of opportunity, addressing all the issues. LCSW and MFTs are licensed and can treat both disorders. It is tough to find someone who loves to work with addicts. If we split the person, we miss the opportunity to treat them. These people need long-term help, as well as taking medications. Substance abuse is a cause of already being sexually abused or being mentally ill. BADA has

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 3 of 15

developed groups for only women who have been sexually abused. They are going after the money to fund that. However, there are no funds for psychiatrists or medications.

Dr. Brailsford commented on 12-step programs, stating he felt they look at substance abuse, but do not look at the underlying disorders. He stated he felt there was a need to create 12-step programs specifically designed to help dually diagnosed disorders.

Dr. Nora stated that quality of care was commendable, however, continuum of care is necessary too. She stressed her worries that the two treatment planning groups do not speak to each other.

Ms. Canfield agreed with Dr. Nora. She stated that what BADA has is not what BADA needs. She does not understand how someone trying to enter the system does it, as it is not geared to success. There are many underlying conditions.

Dr. David Rosin reported that the Surgeon General's Report stresses co-occurring disorders. He also stated he didn't know how that would filter down for funding.

Dr. Brandenburg stated key policy makers did not accept it at local levels. He reported that when Governor Guinn appointed him to the Drug Commission, that during the first meeting he attended, he was asked by the Chairman why he was there. The Governor appointed Dr. Brandenburg as the mental health representative to try to break down those barriers, which seem to state that mental health and substance abuse should not intermingle. Dr. Brandenburg stated that he and Ms. Canfield have been working on these very issues and will continue to do so.

Mr. Ron Lawrence stated they have treated 5,328 in his southern facility, facilitating 72 support groups/week. Many are Axis 1: other than substance abuse. We fight for them to get the care they need. Don't know what we would do without PES. Some disorders we see in clients are depressive and anxiety disorders, as well as post-traumatic stress disorders. We attempt to bargain with the health care provider. Clients need authorization through their doctor, so there is a three week wait. He also stated that the state needed to take another look at managed health care. He stressed his need for an onsite psychiatrist and some sort of assistance for medications.

As an example, Mr. Lawrence also described a profile of a nurse that was a gambling addict. The nurse has skills, but no resources or insurance, and is living in her car. Amidst dealing with her addiction, she is suicidal as well. There are no resources for these types of people. Nevada is dealing with a huge crisis out there. He asked the Commission for their help in dealing with these crises.

Dr. Albers thanked Ms. Canfield, Mr. Gordon and Mr. Lawrence for coming to the Commission to address these issues. He felt there were other entities beside BADA and mental health. He stressed the need for a statewide strategy that we have not yet taken on to bring all players together.

Ms. Canfield stated that she and Dr. Brandenburg have talked during the past year dealing with this very issue. She reported it was on hold for a request for an interim study to develop a statewide strategy. There is a need to establish some kind of a vision for what this should look like. Federal Government is doing a good job in leading the way. Let's identify the gaps and begin filling them in.

She reviewed ACR 22, for a Commission of legislative study to deal with these issues.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 4 of 15

ACTION: Dr. Albers asked the Commissioners to email their legislators to ask them to support ACR 22.

Dr. Brailsford asked whether or not psychiatrists were in tune with co-occurring disorders.

Dr. Rosin stated that there is training and boards available. Ms. Canfield also mentioned that she just attended a three-day conference on co-occurring disorders.

Dr. Brandenburg stated that Ms. Canfield has been an excellent partner, reporting that she is sensitive to co-occurring disorders. We have modeled our relationship with Rural Clinics. We are using that model to generalize NMHI and SNAMHS.

ACTION: During the October annual meeting, the Commission will really look at some things they can do to help.

Ms. Canfield offered her help to the Commission at any time.

MHDS ADVISORY BOARDS

Northern Advisory Board

Mr. Stuart Gordon stated that the north is looking to increase its membership, as a few members have left the advisory board. He stated they look at themselves as a channel for the public forum to bring issues to the Commission that they feel are the gaps in the State of Nevada. He noted two issues being addressed now are the gap in VA (to be heard in June) and the Medicaid issue, especially in the rural areas with the kids waiting so long due to waiting lists (to be heard in July).

Mr. Ward commended the advisory board for its vision.

Dr. Albers stated that he and Mr. Ward attended an advisory board meeting a few months ago. He stated he was unsure as to how much the advisory boards wanted the Commission to be involved.

Mr. Gordon asked them to attend every meeting, thereby opening channels all the way around.

Southern Advisory Board

Ms. Santa Perez reported that the south was currently recruiting for two consumer positions and referred the Commissioners to their packets. Those being considered were Mark Inouye and Cathy Koscisa. She further reported that the advisory board was in support of the death penalty bill for people with mental retardation. They also wrote a letter of support for the Governor's Executive Budget for MHDS. Board elections were held with the following results: President – Janyce Benson; Vice Chair – Russ Hurlburt; and Second Vice Chair – Lila Holdsworth.

MOTION: Mr. Ward made a motion to approve the two new applicants for membership on the Southern Advisory Board. Dr. Albers seconded. Motion carried.

PUBLIC COMMENT

Mr. Curtis Lockhart addressed the Commission stating he still had not gotten a case manager, as indicated in the January, 2001 meeting.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 5 of 15

Mr. Ward apologized and stated he would look into it and assured Mr. Lockhart that the Commission would make sure he got a case manager.

After much discussion regarding legal issues, Dr. Brandenburg stated that the Commission could not help Mr. Lockhart with his legal issues.

Dr. Brailsford asked Mr. Lockhart to attend the local governing board meeting at SNAMHS (June 13 at 7:00 PM), if he did not have a case manager by then.

MENTAL HEALTH OUTCOMES REPORT

Dr. Kevin Crowe presented the Mental Health Outcomes Report to the Commission. He also discussed the quarterly and monthly reports.

Dr. Albers asked what defined program outcomes.

Dr. Crowe replied that it was measures on effectiveness of the program (program impact). He further stated that MHDS was collecting inpatient and outpatient feedback, and that DCFS would also be included in the quarterly reports. He reported that budget indicators would be a part of the reporting process as well.

Dr. Brailsford asked what the response rate for surveys was.

Dr. Crowe stated it was a 17% rate. He reported that there was a huge return rate on the mailing, as there were so many old addresses.

Dr. Brandenburg stated that he has talked with Mojave and SNAMHS and will try to conduct a survey on a level closer to home.

Dr. Albers asked if there were staff available to help input the data.

Dr. Crowe replied that they had some help in the form of a contracted assistant. He stated existing staff is short, and it takes time to input and analyze large quantities of data.

Dr. Albers stated that Dr. Crowe should attempt to use UNR social work students to do the research and analyze the data.

Dr. Crowe stated that part of his work performance standards is to develop an intern program. He thanked Dr. Albers for the suggestion.

Dr. Brandenburg stated that he has directed Dr. Crowe and Mr. Troy Williams to streamline the amount of data we have been collecting. He reported to the Commissioners that what they had before them in the report was a result of that effort. Programs will be built and maintained with this in mind. We will concentrate on core data elements. It is now manageable, and we will continue to refine it.

Dr. Crowe reported that the consumer survey information would be ready for the next meeting.

Dr. Crowe also distributed a proposed schedule for Program Evaluation Reports.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 6 of 15

ACTION: Dr. Crowe was asked to send the February monthly report to the Commission.

ACTION: Dr. Crowe will provide the Commission with a calendar of all report print dates.

Dr. Albers noted the reports were based on percent rather than percept. As an example, he stated that if you have 10 people and 50%; then it moves to 75%, it seems a huge increase, however, in terms of numbers, it is very small.

ACTION: Dr. Crowe will include the total numbers involved for each and every percentage.

Dr. Brandenburg stated he wanted to give the agency directors the ability to analyze the data, so they can ask how they can increase their effectiveness and use in their day-to-day management of their programs as well.

Dr. Nora stated it could create a report card as compared to other agencies.

Dr. Albers asked how much of the budget was earmarked for Program Evaluation.

Dr. Crowe replied that \$300,000 was set aside for MSIP.

Dr. Albers commended Dr. Crowe on the great direction. He felt, though, that the Commission is being inundated with too much information. He was not sure how to utilize it on his part. He did see how MHDS managers and directors can use all of this information, however, he felt it was just paperwork for the Commission. Dr. Albers stated he didn't see himself using a report of this magnitude very much.

Drs. Brailsford and Richitt agreed.

Ms. Brown asked that MHDS directors and administration report to the Commission, rather than supplying a copy for them.

Dr. Brandenburg stated that the Commission was supplied with a copy of the report for a variety of reasons. He further reported it was not his intent to give the Commission data that he expected them to make policy from. That is what MHDS directors are asked to do, along with his guidance. He stated his job was to make the Commission aware of the big picture. Then on a case-by-case basis, as issues come up, we will have that data to refer to.

ACTION: We will create and present you with a data calendar, so that if you get a complaint from a group home provider, we can deal with it at that time. As you ask a specific question, we will then bring in that data for you.

Dr. Nora liked the idea of being data driven.

Mr. Ward asked if the reports were being made just for the Commission.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 7 of 15

Dr. Brandenburg replied that they were not being made just for the Commission. He stated that he was pleased to have them available as a resource as needed. He also stated they would be substantially more user friendly.

Dr. Brandenburg publicly commended Dr. Crowe, stating that Dr. Crowe spearheads MHDS data and what we use that data for.

BUDGET UPDATE

Mr. Mike Torvinen stated there were a number of newspaper articles in print regarding MHDS budget closings. He stated that the Legislature has added a few things to our budget. On the mental health side, they supported our request for revenue officers in our three mental health facilities. In the north, they supported the reallocation of resources from the 10-bed reduction. We received an Increase for medications and growth. We were also approved for 117 new residential supports. On the Developmental Services side, the Legislature supported the Governor's recommended budget to fund the waiting list. Recently, Dr. Luke has worked with Medicaid to identify funding in the Medicaid budget to provide provider increases for community-based services, which was successful. Still outstanding are the one shots – equipment and furnishing are still being discussed.

Dr. Brandenburg stated that two pieces of legislation are pending: 1) Mental Health court, which is being proposed by Senator Townsend and Assemblywoman Leslie. If this is funded, it will result in additional resources for NMHI to go along with the family court. 2) A bill by Assemblywoman Tiffany to begin a pilot project for homeless mentally ill in Clark County. There will be additional resources, as well as funding, coming towards MHDS for those services.

Mr. Ward asked about the nature of the homeless program.

Dr. Brandenburg stated it was modeled on a California project that provided funding to providers for outreach services for the homeless mentally ill. It provided intensive case management through contract services. It is allocated by an RFP, where vendors go into the community where the homeless population resides and interface with the community

- Mr. Ward stated it seemed similar to PACT.
- Dr. Albers asked if the outcomes were monitored.
- Dr. Brandenburg stated outcomes were monitored, as well as community tenure, medications and criminal justice involvement.
- Dr. Brailsford asked if MASH shutting down would impact MHDS.

Dr. Brandenburg replied yes, that we do tremendous outreach there, as well as interact with a variety of support agencies involved there.

DCFS BUDGET PRESENTATION

Mr. Bruce Alder reported that DCFS went into the budget cycle under firm instructions to come out with a flat budget. He stated that DCFS has been fortunate, as has MHDS, with the Governor's generosity. Mr. Alder stated there was a dramatic increase in foster care rates, and felt it would stabilize the foster care program in a cost effective manner. DCFS currently spends 2/3 of the

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 8 of 15

placement budget on 1/3 of the kids, due to the misplacement of kids previously. He further reported they received improvements in the Las Vegas area (9 new positions for DWTC - inadequate staff to meet acuity levels - would enable us to fill that facility to capacity). When DCFS brought DWTC aboard, they had no more infrastructure. It taxed us on our administrative, fiscal and accounting staff.

Dr. Christa Peterson reported that DCFS's budget is largely subsidized by Medicaid funds. She stated the glaring need to maximize their billing strategies to bill Medicaid. It was estimated that DCFS could collect more revenue than was needed to staff these positions.

Dr. Albers asked what held DCFS back until now to collect from Medicaid.

Dr. Peterson stated it was a lack of staff. She reported that Medicaid billing requires complex, time-intensive steps.

Dr. Richitt asked what the Commission could do to help.

Dr. Peterson stated that if the paperwork required were less intensive, many other providers would be willing to take the kids that are currently being placed out of state.

UPDATE ON AB 343

Mr. Alder stated that AB 343 was a major piece of legislation. It dramatically affects DCFS and would change the system that has been in place for years. It would eliminate bifurcation. Under AB 343, the state would divest itself of foster care. He stated he could not yet give the Commission a status report yet, as the major hearing on the bill would be held on Wednesday. He did state there was a lot of support for the bill, however, there were some concerns about cost factors. Committees are recommending a six-month delay for targeted begin date. This would provide a longer time frame for various entities to gear up for the effort. Mr. Alder assumes it will go forward, however, it has been tabled. \$6 million is included in money for children's mental health. Designed to meet what is anticipated for the needs of the child welfare system.

Dr. Peterson further explained the bill came out of the integration of child welfare services. Heard testimony that a large percentage of kids in the child welfare system are in need of mental health services (80% have mental health disorders, 36% have serious emotional disorders). Only 30% are receiving services (300 kids statewide).

Dr. Albers stated it was overlapping with ASFA, and that these kids would end up in our system.

ACTION: Dr. Albers asked that Theresa Anderson be put on the next Commission agenda to discuss ASPHA.

Dr. Albers asked if Dr. Peterson had access to the number of FAS or FAE within the state.

Dr. Peterson stated DCFS could not pinpoint those numbers. However, she did state that 80% of the child welfare cases that come aboard are from substance abuse households.

Mr. Alder also reported that DCFS has been having problems with mold in their buildings in the south. They are finding it in most of their buildings. State Public Works Board is involved as well. In many

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 9 of 15

cases, they have had to move people out of the buildings, as they experiencing upper respiratory problems.

Dr. Peterson stated DCFS has spent large amounts of money due to relocating staff from four buildings. She further stated they have tested all 11 buildings on the West Charleston site.

Dr. Albers asked Mr. Alder why Medicaid wouldn't pay for Social Workers. He felt it would reduce waiting lists.

Mr. Alder reported that DCFS's position is DHR's position, that it was a two-sided coin.

POSITIVE BEHAVIOR SUPPORTS OVERVIEW

Dr. Don Jackson, Director of Psychology Services, SRC, stated that Positive Behavior Support (PBS) provides in-service training to educators, agency staff and families who support individuals with disabilities and challenging behavior problems. He reported they were in the second phase of the development, as part of a national effort. PBS-Nevada's mission is to support individuals with disabilities and challenging behavior in living safely and effectively in the community.

Dr. Nora asked about outcome measures and effectiveness.

Dr. Jackson stated outcome measure would be looked at on an individual basis. This would be augmented with the social validity of the information that is collected. He stated they were still working on getting a more specific evaluation tool.

Dr. Albers asked what their total budget was.

Dr. Jackson stated their budget was \$7,000/month, as well as time volunteered. He stated PBS officered federal funding through a five-year grant, in which we receive technical support from them.

Mr. Ward thanked Dr. Jackson for the important work in this area.

Dr. Nora stated that she was excited with new medications, but that it was also refreshing to know there is much above and beyond just medications.

CRISIS CALL CENTER SUICIDE HOTLINE REPORT

Ms. Misty Allen reported that the suicide hotline had been put on the priority cut list, but felt they were safe at this point in time. She stated it could be a blessing in disguise, as we now have heard from Elko, Gardnerville and Minden. However, she reported there was still no word from Southern Nevada. She reported that Dr. Brandenburg mentioned that Legislature is choosing three interim committees. SCR 3 deals with developing a statewide suicide prevention strategy. We would like to have a statewide plan in place, so we can go after the federal money. It is difficult to show that we are affecting suicide numbers. We are accredited by AAS; however, Southern Nevada is not. We would like them to be brought aboard. We do not have the people power for follow up capabilities.

Dr. Albers asked why Southern Nevada was not coming aboard and whether or not they were a non-profit organization.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 10 of 15

Ms. Allen reported that they do not receive grant money. They serve a great function, but she does not understand why we can't come together as a state. She stated she would be happy to help them become accredited.

Ms. Allen sated she had been reporting statistics to the Commission for the past months. She asked the Commission what they would like her to report on.

Dr. Nora stated she would like to hear more about vision and focus, just as she reported today.

Mr. Ward asked her to take a look at the agency directors' reports. He requested she use that form, modifying it slightly.

ACTION: Ike was asked to email the agency directors' report form to Ms. Allen.

ACTION: As Dr. Larry Buel was unavailable; the next agenda will incorporate AB 343 as it affects Rural Clinics and Caseload Data.

AGENCY DIRECTORS' REPORTS

NMHI

Dr. Harold Cook was asked about the walk-in homeless shelter's possible closing on 6/30/01. He replied that closing a program by itself was not bad, but without a replacement, it had repercussions. He reported that the walk-in homeless shelter was a city-run walk-in program. Its closing will affect NMHI's ability to discharge clients, stating it was a loss of 100 beds. He stated it was a men's homeless shelter (Center Street Mission), and that they were having difficulties with the building; staff and clients are contracting TB. There are violations of city building codes. It is under funded by 65%, and the provider is pulling out. As a result, the length of stay will increase in our hospital. Both the Cities of Reno and Sparks, as well as Washoe County are working frantically to find an alternative.

DRC

Mr. Ward asked if the waiting list of 193 for respite services was strictly families looking for subsidy, or whether the list was caused by lack of qualified respite care workers.

Mr. Stan Dodd stated that DRC was in the process of contacting the entire list to offer services between now and the end of the fiscal year.

Mr. Ward asked if the waiting list was signed up, but waiting to hear from DRC.

Mr. Dodd replied yes. He stated there were no funds for it yet; however, there were a number of families on the waiting list who have not used their stipend for the fiscal year, so money is being returned and it is being reallocated to the waiting list.

Mr. Ward stated that the caseload was currently 264, and 193 are on the waiting list. The annual allocation for respite care funds is \$500,000. He asked if that was an increase.

Mr. Dodd replied that it was not an increase, that it was approximately two weeks per family per year.

Dr. Richitt asked if there was a plan for the lack of rate increase.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 11 of 15

Mr. Dodd replied that they may not be able to make an initial placement, even with a 4% increase. He reported he was currently meeting with other providers to discuss the rate increase and possible placements.

MOJAVE

Mr. Mike Howie reported on the new program in Reno. He further reported on the legislature's recent initiative to track Mojave monies through MHDS. He stated that they were now a part of SOM as well as MHDS.

Mr. Ward commented on Mojave's not experiencing any difficultly in filling or retaining positions.

Mr. Howie stated working conditions were great and morale was high. He stated Mojave started doing this stuff for free.

Dr. Albers stated that salary savings was a big issue with the state (large number of vacant positions), but the problem is clients not being served due to waiting lists. He asked what was happening to our waiting lists.

Mr. Torvinen stated that the budget office contends that we fill our vacancies. For certain classes, it has been very difficult to fill. There is a hiring process in place, but we do have problems recruiting some of these positions.

ACTION: Ike is to email agency directors' report form to Mr. Howie.

ACTION: Move up agency directors' reports on the agenda to an earlier time.

ROUNDTABLE BY CHAIR FRAN BROWN ONLY

Ms. Brown stated the Governor's report and the Legislative report were sent. She shared a letter from Assemblyman Joe Dini expressing his thanks for the report. Fran: Governor's report and Legislature Report. Fran shared her letter from Dini expressing his thanks for the report. Assemblywoman Barbara Cegavske sent her thanks as well.

Ms. Brown announced Dr. Joseph Toth's letter of resignation from the Commission.

MOTION: Dr. Richitt made a motion to accept Dr. Toth's resignation. Dr. Nora seconded. Motion carried.

ACTION: Dr. Brandenburg was asked to proceed with getting nominations for Dr. Toth's position on the Commission.

ACTION: Ms. Brown will send letters of thanks for their service to Drs. Marv Glovinski, Robert Horne and Joseph Toth, as well as Ms. Marcheta Scott.

Dr. Brailsford recommend the legislative subcommittee write to the Governor, as well as Assemblywoman Leslie and Senator Townsend expressing our appreciation for their efforts during this legislative session.

Mr. Ward agreed, however he recommended it be put on hold until after the June meeting.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 12 of 15

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Dr. Crowe presented for Ms. Alyce Thrash, stating the Council released its grant announcement and RFP on May 11 to award \$50,000 for consumer-focused programs. These funds will be awarded to individuals, non-profits and government agencies targeting the following:

- 1. Community-based services that benefit consumers directly
- 2. Consumer education and training
- 3. Professional education and training on mental health issues.

Proposals are due 6/8/01 and will be evaluated at the Council's next meeting scheduled for mid-July.

Work has begun on the draft of the FY 2002-2004 CMHS Block Grant Application, which will be reviewed at the mid-July meeting and is due to CMHS on 9/1/01. The total 2001 CMHS Block grant award for Nevada is \$2,756,629.

The Council is planning its second annual public reception to honor the achievements of Council members and create public awareness of its efforts. This year staff from CMHS will be invited to attend. The reception will coincide with the next meeting in July.

NEVADA DISABILITY ADVOCACY LAW CENTER

No report.

MHDS POLICIES

Mr. Torvinen reviewed policies #3.004, #3.013, #3.014, #3.015 and #3.016

MOTION: Dr. Albers made a motion to approve all policies. Dr. Brailsford seconded. Motion carried.

RISK ASSESSMENT TOOL

Dr. Rosin stated, following the last Commission meeting, they had developed a risk assessment tool. However, it became apparent that one size does not fit all. QPR is an available product, and after reflection, it will use in rural areas on a trial basis. It is community-based and will increase community awareness. In the urban areas of the north and south, we have a different piece. Dr. Rosin distributed drafts to the Commissioners; however, he stated they had not yet been approved. He reported the first page was a composite form, which would enable a clinician to earmark thoughts, as well as behavior, that brought the clinician to his thoughts and reasoning as to why or why not the client should get an appointment. It will create conclusion and rationale on a case by case basis. In order to keep this as a high profile throughout the years, we are putting together a training proposal to be presented each month. This will keep the issue alive in all of our minds.

Dr. Albers stated that clinicians were going to use this tool in a similar fashion. He asked if there was any plan to use this tool in training to see if the trainees come out with the same conclusions as the clinicians.

Dr. Nora stated she was happy to see this form, enabling a clinician to see a snapshot of the case, as it is only two pages.

Dr. Albers stated there was no tool out there on a national level. He reported that the Suicide Prevention Research Center (SPRC) was trying to grapple with just how to have an assessment tool that can be used and applied.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 13 of 15

Dr. Rosin reported that a lot would depend on what we do with the training. It will require broadbased training over a period of time. It will require awareness, as well as filling out a form at every single life change or stress change that occurs.

Mr. Ward stated that quantitative tests prior to and then after the training would be required. He felt it would give an excellent evaluation of how well the training was received as well as the continuity of the training.

Dr. Rosin reported that every suicide we see, we have an in-depth view because we conduct a death review. He stated he would teach to that divergence with those that are studied.

Dr. Richitt felt it would increase the reliability of any form by using positive protective factors.

Dr. George Flamer, Coordinator, Clinic Services for Northern Nevada, Rural Clinics distributed information regarding suicide statistics. He reported that Nevada consistently has the highest suicide rate in the nation. Rural Nevada has higher suicide rates than either Washoe or Clark Counties. To prevent suicides, Rural Clinics must channel people contemplating suicide into treatment early on. This is complicated due to lack of public and professional knowledge. It is a national problem, but is especially acute in rural Nevada. He further discussed the Surgeon General's call to action recommending three approaches to begin reducing suicide: Awareness, Intervention and Methodology. Rural Clinics is evaluating an approach developed by Dr. Paul Quinnett in Spokane, Washing called QPRT (Question, Persuade, Refer and Treat). One of the elements we feel will be useful in rural Nevada is the Gatekeeper program, in which community stakeholders, (e.g., teachers, physicians, nurses, law enforcement personnel and other service providers) are taught to identify and refer persons at risk to commit suicide. We will also utilize Suicide Risk Detection, Risk Assessment and Risk Management course for our clinical staff and the postvention course for survivors of suicide.

Dr. Albers stated that the Yellow Ribbon Group presented to the Commission last time and there was some talk that they would outreach to rural areas. He also stated that 90% of all suicides were completed by handguns, but that was another issue involving firearms.

INFORMATIONAL

Ms. Debbie Hosselkus referred the Commissioners to their packets to review the Ohio Department of Mental Health, "Changing Lives" and Maryland Department of Health and Mental Hygiene, "Broken Boundaries" and "Sexual Exploitation: Strategies for Prevention and Intervention."

Dr. Albers again stated the need for a five-year plan that is coordinated throughout the state. He stated the Commission just heard a five-year plan from BADA and DCFS, and he asked where is a five-year plan for the state.

SENIOR OUTREACH

Ms. Laurie Moore, Director, discussed the Senior Mental Health Outreach Program, which is funded through a grant from the Division of Aging Services. She stated the average age in her program was 81, most with serious mental health issues. They must be homebound. In addition to in-home services, our program provides a mental health component to reduce depression and morbidity. Most importantly, we address the senior suicide rate. She reported a recent call from a 77 year old, bipolar, who had not been on antidepressants for many years. Ms. Moore provides training statewide, as well as her regular job as a case manager. She stated she works with Dr. Nora, on the

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 14 of 15

board of directors for problem gambling and geriatric education center. She reported that to receive a provider certificate in gerontology, you must attend a three-hour hour class and at the end of 14 classes, you receive a certificate.

Senior Outreach is currently using respite care money for Alzheimer's or dementia; \$1000/year/family, but that is flexible.

Dr. Rosin stated co-occurring disorders are now being addressed in the Surgeon General's Report, and that does include dementia as a mental health issue.

Dr. Nora thanked Ms. Moore for all her hard work.

LEGISLATIVE UPDATE

Ms. Hosselkus highlighted bills that MHDS is most involved with:

AB 635, autism, amendment moved MHDS out of bill to commission to DETR.

AB 582, eliminates sanity commission, passed both houses. The floor had a question, which we answered. It is on the secretary's desk.

SB116, definition for forensic facility question. Worked with bill drafter to amend to a workable and clearer wording.

AB 550 was heard this week. It is sponsored by fellow who did a tour through many psychiatric facilities. The bill initially required 48-hour hearings; now it has been amended to provide for involuntary administration of psychotropic medications. It will generalize what the state has been doing, for all psychiatric facilities.

SB 366, amendment to change definition of mentally ill to reflect current definition that is being used by MHDS. Bill still has no appropriation in it. It has been made exempt; no timelines on bill. It will be addressed in committee.

AB 636 was crafted to revise how folks get involuntarily admitted. Up to this time, physicians have been doing the screening. Important for us, as they need a medical exam. It will broaden scope of those who can do the exams. It has been brought up in the past. Another amendment was submitted to list that at least there would be someone on site for consultation/supervision. This will possibly be in violation of COBRA if not changed. No action taken since testimony was presented. Met in a work session and did not vote on it.

SB 540, change name of NMHI to NNAMHS (Northern Nevada Adult Mental Health Services).

Dr. Albers asked what happened to the bill to eliminate our commission and who sponsored it.

Ms. Hosselkus stated that DHR sponsored it but that it was withdrawn.

Mr. Ward reported that the mental health bill to eliminate the death penalty of the mentally retarded did not get a very favorable response on Senate side. Moratorium has been placed on executions for a study. Senator James' bill was killed in the Assembly.

Commission on Mental Health and Developmental Services 5/18/01 Meeting Minutes
Page 15 of 15

ROUNDTABLE

Dr. Richitt, nothing to report.

Dr. Brailsford, nothing to report.

Dr. Nora commended Dr Rosin's training schedule in keeping ideas green.

Dr. Albers stated he was pleased that BADA was working with MHDS. He also commended Dr.

Crowe for bringing in DCFS on the data element of the reports.

Mr. Ward stated that it looked positive that the Division would do well again in this legislative session. He stated that he evaluated many programs in the state. He reported money is determined every two years, and thanked the Commission for being involved and ask that they continue to do so.

Respectfully submitted,

Ike Cress Recording Secretary