COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES
THURSDAY, NOVEMBER 1, 2001

MEETING LOCATION: NNAMHS

PHONE ACCESS AVAILABLE AT SNAMHS

MINUTES

COMMISSIONERS
PRESENT: Frances Brown, MSN, MSEd. RN, Chair
David Ward, Vice Chair
Eric Albers, Ph.D.
John Brailsford, Ph.D.
Elizabeth Richitt, Ph.D.
Rena Nora, M.D.
ABSENT: Johanna Fricke, M.D.

STAFF
PRESENT: David Rosin, M.D., Statewide Medical Director

CALL TO ORDER
Chair Fran Brown called the meeting to order.

COMMISSIONER RESIGNATION
Ms. Brown discussed John Amundson's resignation and expressed her disappointment in losing him before he could begin.

NEVADA PLAN ALGORITHM, A BASIC PRIMER
Dr. David Rosin discussed Nevada's algorithm plan. He explained that MHDS utilized Texas' plan as a model. Dr. Rosin reported that Dr. Steven Shon was invited on two separate occasions to bring light to Texas' plan and inform the test group of the viability of the plan. Nevada began lobbying for dollars for the newer generation medications (NGM). MDHS informed legislature that by offering the NGMs, hospital stay costs would dramatically decrease. Nevada has now adopted an algorithm for schizophrenia, which depends on measurable symptoms that impact client life. Treatment is based upon both positive and negative symptoms. Prior to the algorithm, there were as many treatment plans and medication preferences as there were psychiatrists. There was no standardized treatment plan. This algorithm takes all schizophrenia clients and stages them to begin where they are in exposure to the medications. It is built on the belief that the NGMs are the best medications with fewer side effects. Stages are as follows: Stage 1 – never exposed; Stage 2 – failure of one, try a second; Stage 3 – failure of two, try a third one; Stage 4 – move to an old typical; Stage 5 – move to Clozaril. Doses and duration of treatment are based upon outcomes, which are indicated in the algorithm.

Dr. Rena Nora stated that many states were researched prior to choosing a plan. Colorado used an algorithm that they geared to just their needs and with much less money. Nevada is using a practical plan, rather than a research model.

Mr. David Ward expressed his approval of the concept. He felt that sometimes when a client takes two medications, it is not always understood which drug is necessary. He asked if there was clinical evidence of whether or not clients do better on two drugs.

Dr. Rosin stated that the evidence was there and that there was a systematic way to get there. The algorithm is based upon a model that allows for differentiation as long as there is a trail of how you got there.

Evidence is clear that the earlier you can involve a client in good modern treatment, the less chances of the client becoming dependent on a hospital. There is much more likelihood of a healthy life. It also ensures that the client will take their medications, and with less side effects, they are much more compliant. We can get a better profile on negative side effects as well. One of the things about this algorithm is that is has a wonderful patient education piece, with material that has been designed by clients. It teaches expectations. It should encourage client/psychiatrist interaction.

Mr. Ward asked how many clients might not be benefited by one or two of the newer medications. Dr. Rosin stated perhaps only 10% – 15 % who make it to Clozaril and then on to shock therapy.

Dr. John Brailsford asked if any client's have made it to the Clozaril stage in Nevada. Dr. Rosin said yes.

Dr. Eric Albers asked if we were having the data analyzed. Dr. Rosin said that Dr. Crowe's staff would be taking care of that. Dr. Albers also asked if schizophrenia was chosen due to the larger populations and higher costs. Dr. Rosin said yes.

Dr. Rosin gave a slide presentation indicating the algorithm would enable a client that moved from the north to the south and still remain in the same algorithm.

Dr. Albers referred to Dr. Rosin's statement that this is a practical rather than research point of view. If not research, how do we measure outcomes? Dr. Rosin stated that it may be a springboard for papers, etc. He stated that MHDS would gather data and would be outcome driven. Thus, there will be a practical tool for research outcomes.

Dr. Rosin went on to state that the rural areas are using private doctors on contract. It may be a little difficult to get them on board, however, as we succeed in the north and south, they should follow. Dr. Rosin stated he would be visiting each and every rural doctor. Once the algorithm for schizophrenia is successful, other algorithms should follow much more easily.

Texas experienced growing pains, however, we can utilize all they have weeded out. Texas has software and is now in the process of automating it.

Dr. Rosin stated that Nevada now uses an AIMS system to automate. However, AIMS is now out of business and has been bought by a group with the best automated medical records information available. We now will be able to integrate our old pieces with the new software. This will include comprehensive evaluation and record keeping processes that hook to billing so that when a clinician enters something, it must be compatible with the treatment plan.

Mr. Ward asked if the algorithm could be integrated into the database. Dr. Rosin felt that that could probably be done. Dr. Nora felt that it could, because this company was being used in Texas as well.

Mr. Ward expressed his thanks and his excitement of the positive efforts of the state.

STATE COORDINATION OF PROGRAMS/SERVICES

Ms. Brown stated that the left hand is still not aware of what the right hand is doing, and asked for recommendations from the Commissioners. The Commission wants to promote their stand on coordination. Dinner this evening with Mr. Mike Willden, Director, DHR, will greatly enhance our efforts in letting him know what we expect and how we would like the state to go forward. Dr. Albers recommended pulling from the plans that are in placed and developing a statewide plan from DHR. Encourage legislative and administrative action to implement that coordination.
The following are points to discuss with Mr. Willden:

The Commission wants a comprehensive state mental health plan
Coordination of treatment for clients
Eliminate paperwork redundancy
More client-centered services
Algorithm-begin treatment at the stage a client is at rather than beginning again each time

The Commission discussed the mandated Strategic Health Care Plan (AB 513). The Task Forces are:

Disability Task Force
Provider Rates Task Force
Rural Health Task Force
Senior Services Task Force

Each Task Force has been assigned coordinators and chairpersons:

Disability – Co-Coordinators: Janelle Mulvenon and Donny Loux; Chair: Brian Lahren
Provider Rates - Co-Coordinators: Chuck Duarte and Dave Luke; Chair: Ed Guthrie
Senior Services – Coordinator: Mary Liveratti; Chair: Susan Robinson
Rural Health - Co-Coordinators: Alex Haartz and Richard Whitley; Chair: Robin Keith

Chairs will develop subcommittees and consultants are being hired. Each committee will help develop RFPs. The expected timeframe is to hire contractors in November.

AB 513 will make it appropriate for DHR to develop a long-term strategic plan concerning the health care needs/issues for Nevadans who are disabled.

The web site enables full communication: http://silver.state.nv.us. Then click on State Agencies; click on Human Resources, Dept. of; click on Strategic Health Care Plan. This site will give minutes of all meetings, as well as postings of agendas.

Dr. Albers asked how much the Commission should speak to legislators as a body or as an individual. It was encouraged to do either, as long as it is reflective of Commissions' views.

It was expressed that a better working relationship would ensue with DHR's new Director.

Dr. Albers stated an ongoing concern was the determination of where the different professions stand on mental health issues. He recommended each Commissioner attend specific professional group meetings. He stated that when he discusses the overlap and duplication of services, he speaks from his profession, rather than as a Commissioner.

Dr. Nora stated that there is a coalition of professional providers. She suggested that was the place to share information. Meetings are held monthly or every two months and all professions are included. She will pass along the information regarding these meetings to the Commission.

Ms. Brown stated that there has been criticism concerning the Commission lacking effectiveness. She encouraged the Commission to discuss this.

Mr. Stuart Gordon stated that the Commission and the advisory boards are the best-kept secrets in Nevada. Speaking as a member of an advisory board, he stated that he didn't know how effective they were to the community. He didn't know if coalitions had the ability to feed into the board or into the Commission. He felt the need to reach the Governor, but would not be able to through the state agencies. There is a need for public education about the Commission. Boards need more representation from the community. He further discussed that the Commission rarely, if ever, turns down someone who is willing to serve on the advisory boards. The boards should let the Commission know what needs to be addressed.

Dr. Elizabeth Richitt expressed that she felt that the Commission meetings take a significant amount of time and a lot of mental effort and she would like to have some measure that they are accomplishing something. Perhaps it is the lack of enough attention being given to what is going on. We listen to all the department heads, pat them on the back for a good job, but that is not enough from her viewpoint. In determining what the Commission's duties are, Dr. Albers suggested that they go back to their mission as our guiding point. He stated that from the beginning, he expressed his insistence that DCFS report to the Commission. We are still not receiving DCFS's information in our reports. The Commission is still receiving only a limited amount of information, orchestrated by the agenda. We don't talk to consumers or the rural workers.

The Commission discussed accomplishments:

- Streamlining reports
- Opening the dialog between agencies and their reporting to the Commission

Mr. Ward stated that he feels the statutes dictate the Commission's job. How can the Commission be more effective in fulfilling our mission?

What is needed to make the Commission more effective:

- A booklet that tells what goes on in the state now and who does what
- Active subcommittees
- Assign specific duties to each Commissioner
- A message board on the web
- Support existing legislative efforts (the Commission doesn't have to do all the leg work)
- Meet with families and the direct-line workers (the Commission is not receiving any information from these people)
- Get feedback outside of meetings
- Develop a way to use information in a positive way as a Commission

Dr. Nora stated she attended a NAMI conference and was asked to report on the fact that mental health patients go to the hospital for treatment, but end up in jail. She further stated that

criminalization of the mentally ill is a problem statewide. Elko General Hospital does not accept mental health patients. She suggested utilization of advisory board groups (that way we will hear from consumers).

MHDS consumer surveys were discussed. The Commission would really like to hear from consumers specifically and one-on-one. They would like to open advisory boards to peer review and the Commissioners would coordinate the team. They discussed the possibility of each Commissioner taking one division for one year and bringing reports back to the Commission. Commissioners would go to consumer groups like NAMI and ask them what they can do to help. As a Commission, we need additional eyes and ears from advisory boards, as well as feedback from state workers.

ACTION: Request Mr. Bob Romer or Mr. Scott MacKenzie from SNEA to report to the Commission at the next meeting.

Commissioners should also go to institutions between meetings. It was suggested this occur within a two week period prior to each meeting, and then specifically share what they have learned from those visits. It was also suggested that they get one report from the Unity Coalition, with a list of priorities of the Coalition, and as a Commission, adopt some of those priorities and take them to the legislature and the Governor. There is a need for the community involved to talk to us. SNAMHS has many patient groups, and it was felt it would be useful for Commissioners to attend a couple of those meetings and make themselves available to those attendees. Each Commissioner should work on each of his or her strengths. Each Commissioner should identify certain agencies and/or people that he/she would like to contact. Dr. Albers and Mr. Ward stated they would take a trip out I-80 to visit the Rurals. They will indicate people/employees that are doing exceptionally good jobs and develop a proclamation of recognition.

Roundtable:
Dr. Brailsford again mentioned stewardship of specific areas/institutions (whereby an individual Commissioner can develop a rapport for information exchange).

Dr. Nora stressed that Nevada is #1 in homicides for domestic violence. Nevada has the biggest rate for female deaths by homicide. She stated that Nevada is still #1 for suicide. The Interim Study Committee regarding SCR 3, the study for suicide prevention has been established. The committee will have it's first hearing on November 9, 2001.

The Commission also needs to focus their attention on mental health agencies regarding the state's national emergency preparedness for disasters. We need to monitor how we are doing with emergency management since the September 11 disaster.

Ms. Brown reminded the Commission of the First Lady's Conference to be held in Las Vegas on November 15 – 17, 2001. In connection with the conference, there will be a legislative breakfast on the 15th, 8:30 – 10:00 AM.

She stressed that the Commission's priorities must be in place prior to next legislative session.

Ms. Brown stated that her term as chair would be completed in June and asked the Commission to give thought to a replacement.

She asked Dr. Nora to a draft letter of support for the Commission to the SCR 3 subcommittee and asked Commissioners to be a visible as a strong support for the plans for suicide prevention at the meeting to be held on November 9, 2001, stating that when the time came for funding, the Commission may be of help.

Ms. Brown stressed the importance of inviting all organizations to discuss overlap, better organization and the delineation of goals. She asked if there was a state employee who could act on the Commission's behalf to try to organize that opportunity, with stated goals in ways to assist one another, avoiding unnecessary duplication.

Dr. Richitt felt the Commission should focus on few selected areas to be proactive for better effect. Regarding the recognition of people who do extraordinary work or give great effort, she felt the Commission should invite nominees for recognition.

Dr. Albers stated the Commission focuses too much on what is wrong than on what is working well. He asked the Commission to imagine what Nevada would look like if it were a healthy state to live in. What would be the factors that make it healthy? He stated that how one focuses is what you will find to be. All along, MHDS seems to again be the focus. We must undertake a broad-based approach to have a buy-in from all other agencies. There is a need to budget and coordinate the dollars coming out of other budgets.

Mr. Ward stated that the Commission could be more effective with its enormous power in the ability to lobby and testify. Not everyone on the Commission is comfortable giving testimony, but it is underutilized. Dr. Albers requested that Mr. Ward provide in-service training for the Commissioners on how to lobby or testify prior to legislature.

The following was listed as items to discuss with Mr. Willden at dinner:

- Isolate steps to be taken for our priorities
- Child and Adolescent Mental Health and Developmental Services
- Domestic Violence
- Suicide

Mr. Ward asked the Commission what they could do as a tangible effort to address suicide. Dr. Albers stated that hotlines could be useful. He further stated that some domestic violence is associated with suicide and that there was a need to bring all of them together.

ACTION: Ms. Brown asked each Commissioner to give thought to goals for the next two years and bring them to the next meeting.

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

Respectfully submitted,

Ike Cress
Recording Secretary