

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

SEPTEMBER 19, 2008

VIDEO TELECONFERENCE MEETING LOCATIONS

SIERRA REGIONAL CENTER, 605 SOUTH 21ST STREET, ROOM 122, SPARKS, NV
AND
DESERT REGIONAL CENTER, 1391 SOUTH JONES BOULEVARD,
TRAINING ROOM, LAS VEGAS, NV

MINUTES

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Gretchen Greiner, Ed.D, Chair
Eric Albers, Ph.D.
Julie Beasley, Ph.D.
Johanna Fricke, M.D.
Barbara Jackson, Consumer
Joan McCraw, MSN, APN, Registered Nurse
Kevin Quint, SAPTA
Toni Richard, Consumer

COMMISSIONERS ABSENT:

Lee Derbyshire, Marriage and Family Therapist – excused
Alistar Barron, M.D. – excused

CALL TO ORDER

Chair Greiner called the meeting to order at 9:05 A.M. Chair Greiner determined that a quorum of the Commission was present.

CONSENT AGENDA

Chair Greiner tabled the Autism Task Force Report until the November meeting and stated that this will be a regular agenda item.

The following items were removed from the Consent Agenda, as the following reports were not received: Items B, C, E, F, G, and H.

MOTION: Commissioner McCraw moved to accept Items #A – May 30, 2008 Minutes and #D – Agency Directors' Reports, seconded by Dr. Fricke. The motion passed unanimously.

Dr. Albers questioned why there were no reports from the Consumer Service Assistance Program, Statewide Suicide Prevention Plan, State Medical Director's Report, Traumatic Brain Injury Council, and Advisory Committee on Problem Gambling. It was discussed that there currently is no State Medical Director and thus no report – but the position will be filled in the near future; and the Autism Task Force will be presenting at the November meeting. As for the other reports, there was no reason

provided that the reports were not submitted in a timely manner for placement into the agenda packet.

ACTION: Dr. Cook stated that he will contact the individuals responsible for providing the missing reports to ensure that they are submitted in a timely fashion and included in the agenda packet.

APPROVAL OF DR. CRADDOCK'S APPLICATION FOR THE SOUTHERN NEVADA ADVISORY BOARD

Dr. Cook briefly reviewed Dr. Craddock's credentials, and stated that Dr. Craddock is very interested in working with the Southern Nevada Mental Health/Retardation Advisory Board. Dr. Cook recommended approval of Dr. Craddock's application.

MOTION: Dr. Albers moved to approve Dr. Craddock's application for the Southern Nevada Mental Health Advisory Board, seconded by Commissioner Jackson. The motion passed unanimously.

APPROVAL OF ANNUAL RECERTIFICATION OF COMMUNITY TRAINING CENTERS

Rosemary Melarkey stated that this is the annual certification for the Community Training Centers (CTC's) to receive a Certificate of Qualifications. The Division collects and reviews the basic documentation to ensure compliance and that documents are update to date.

The following organizations were recommended for approval: 1) Alpha Production Technology; 2) Easter Seals Nevada; 3) Easter Seals Southern Nevada; 4) Fallon Industries; 5) High Sierra Industries; 6) Opportunity Village; 7) Ormsby ARC; 8) Progressive Choices; 9) Ruby Mountain Resource Center; 10) Sonoma Industries; 11) Trinity Services; 12) Transitional Services; 13) Washoe ARC; 14) White Pine; 15) Green Willow; and 16) West View Services.

Ms. Melarkey stated that there are no new additions or deletions of Community Training Centers from the previous year.

MOTION: Commissioner Richard moved to approve the Community Training Centers as recommended by Ms. Melarkey, seconded by Dr. Beasley. Following discussion, the motion passed unanimously.

Upon questioning by Dr. Albers, it was stated that this approval process if the Community Training Centers is a statutory duty of the Commission.

Ms. Melarkey stated that the Division has proposed a bill draft to align the certification process so that every community provider is being handled in the same way. Ms. Melarkey stated that they do perform site visits, and she was able to secure a grant through the DD Council, in connection with the State Leadership Employment Network, to begin working on systemic changes for integrative employment. Ms. Melarkey stated that the goal is move more individuals into community and work environments.

ACTION: Following a discussion and questions, Ms. Slabaugh stated that she will research the legislative history of NAC 435 to determine the legislative intent for this statutory requirement. Ms. Slabaugh will report back to the Commission at the November meeting.

Dr. Fricke expressed a concern and would like to see what is being done to ensure that facilities are safe from the standpoint of communicable diseases, how situations are handled, and how the sites are evaluated.

INTRODUCTION OF ROSETTA JOHNSON, CHAIR OF THE SB 2 CO-OCCURRING DISORDER COMMITTEE AND DISCUSSION OF THE WORK OF THE COMMITTEE

Vice Chair Quint introduced Kirby Burgess, Senior Vice President of West Care in charge of the Western Region, on behalf of Rosetta Johnson.

Kirby Burgess stated that Senate Bill 2 was created during a special session in June 2007, for improving the treatment provided to persons with mental illness and substance abuse. A disorder of mental illness and substance abuse occurs among people across the spectrum of society. There is hope; there is help for a normal life of production, happiness, and fulfillment. The Committee of Co-Occurring Disorders is devoted to this belief.

The responsibilities of the Committee include:

- Studying and reviewing issues relating to persons with co-occurring disorders, which is the existence of both mental health and substance abuse disorders in the same person;
- Developing recommendations for improving the treatment provided to such persons; and
- Submitting a biennial report and recommendations for necessary legislation to the Director of the Legislative Counsel Bureau for distribution to the Legislature.

Mr. Burgess reviewed the highlights of SB 2, Section 4, which states that the Committee shall:

- Study and review issues relating to persons with co-occurring disorders.
- Develop a policy statement confirming the commitment of this State to treatment for persons with co-occurring disorders and the expectations of this State concerning such treatment.
- Review and recommend strategies for improving the treatment provided to persons with co-occurring disorders, including without limitation, reducing administrative barriers to such treatment and supporting the provision of coordinated and integrated services relating to mental health, substance abuse and criminal justice to persons with co-occurring disorders.
- Develop recommendations concerning the licensing and certification of treatment programs for persons with co-occurring disorders, including without limitation, the standards that should be required of such programs to increase their effectiveness.
- Develop recommendations concerning the creation of incentives for the development of treatment programs for persons with co-occurring disorders.

- Evaluate the utilization of existing resources in this State for the treatment of persons with co-occurring disorders and develop recommendations concerning innovative funding alternatives to promote and support mental health courts, the prevention of co-occurring disorders and the coordination of integrated services in the mental health, substance abuse and criminal justice systems.
- Identify and recommend practices and procedures to improve the effectiveness and quality of care provided in both the public and private sector to persons with co-occurring disorders.
- Examine and develop recommendations concerning training and technical assistance that are available through the Substance Abuse and Mental Health Services Administration of the United State Department of Health and Human Services and other entities to support the development and implementation of a comprehensive system of care for persons with co-occurring disorders.
- Submit on or before January 31 of each odd-numbered year a report to the Director of the Legislative Counsel Bureau for distribution to the regular session of the Legislature. The report must include, without limitation, a summary of the work of the Committee and recommendations for any necessary legislation concerning issues relating to persons with co-occurring disorders.

Dr. Leslie Dickson, a Member of the SB 2 Co-Occurring Disorder Committee, stated that the Committee is currently working on the draft report that will be submitted to the 2009 Legislature. Dr. Dickson stated that as she is also the President of the Psychiatric Association and working in conjunction to develop bill drafts on improving mental health parity which would include better mental health insurance coverage for both mental illness and substance abuse in an effort to move toward better treatment for clients who have better insurance.

Vice Chair Quint recommended that the Commission consider how the SB 2 Committee and the Commission can work together and share information with regards to co-occurring disorders.

It was discussed to appoint a Commissioner to attend the SB 2 Committee meetings. Dr. Fricke recommended that Dr. Julie Beasley attend the SB 2 Committee meetings. It was agreed that the Commissioner will be appointed under a separate item appointing Commissioners to various committees.

Dr. Dickson stated that the next meeting will be held in Las Vegas on November 7th with an open invitation to all Commissioners to attend.

Vice Chair Quint stated that the services need to be more systematic with the integration of services at the street level, with the hope that the collaboration of the Commission and the SB 2 Committee can be of some help in this effort.

UPDATE OF COMMISSION CONCERNS WITH THE POSSIBLE PRIVATIZING OF MENTAL HEALTH HOSPITALS; RECENT BUDGET CUTS; AND POSSIBLE FUTURE BUDGET CUTS

Dr. Cook stated, in reference to budget cuts, since the end of 2007 **most** budget cuts were made within the growth portion of the budget, not to existing services, except for

the closure of two rural clinics in Fernley and Dayton. By the end of FY 2009 or beginning of FY 2010, the budget cuts will be more significant with a budget of \$271 million for FY 2009; and a **base** budget of \$241 million in FY 2010, which is a \$30 million cut in the budget; and a proposed budget of \$241 million in FY 2011. Dr. Cook stated that with cuts in state funding also translates to a cut in federal funding. The proposed cuts are within the general fund account and eliminate the growth in the budget in addition to cuts to existing services. Dr. Cook stated that due to the budget cuts, Rural Clinics will be closing additional clinics. There will be the elimination of approximately 230 full time positions, with a majority of those positions currently vacant and a total of approximately 100 current staff losing their job if the cuts were made today. The Division has stopped all recruiting for staff outside of the Division and will be looking at all vulnerable positions to determine if a staff could be moved to an open position. Dr. Cook stated that the Division will work diligently to keep the number of staff being laid off to a minimum.

In discussion regarding the hospital staff cutbacks, Dr. Cook stated that the State of Nevada has a staff bed ratio of 2.4 staff to 1 bed and this is considered excessive. Typically in the private sector, the staff bed ratio is 1.4 to approximately 2 beds. The proposed cuts in staff will not lower the ratio any lower than a 2 to 1 ratio. Nevada has, compared to other state systems and private systems, a very rich staffing ratio. The reason for the rich staffing ratio is that MHDS cannot refuse services to anyone, but it is also difficult to argue that there is a need for the current level of staffing.

Commissioner McCraw expressed concern with regard to front line clinicians and the impact that the budget cuts will have on those staff.

Dr. Cook reported that the Division in consolidating clinics is revamping the business plan and looking at cutting services, but will continue to provide some level of service to clients.

Vice Chair Quint questioned if MHDS is still looking at the hub clinic model for rural communities and stated that the rural communities want to have a voice in the remodel business plan for their communities. Dr. Cook responded that MHDS is developing a coordinated plan for each rural community. MHDS will also be partnering with the community health system and nurses to provide services in areas where there are service vacancies, and putting funds in rural clinics budget for contracts with primary care providers to provide services for clients. Dr. Cook advised that the tele-psychiatry program is a robust and growing program.

Upon questioning by Commissioner Jackson, Dr. Cook responded that in reference to the state generating funds, this is a political issue; but the MHDS system is anticipating doing a significantly better job at billing the federal government for services rendered and at providing better documentation for clean billing.

Dr. Albers expressed a concern that these budget cuts will put pressure on non-profit organizations, emergency rooms, the welfare system, the health care system, and food kitchens.

ACTION: The Commission discussed and agreed to draft a letter, to review for possible approval at the November meeting, to the Governor and Legislature with a strong advocacy for mental health and developmental service issues.

Dr. Fricke expressed that the public should be able to participate in the budget cut process. Dr. Cook stated that currently the budget developing and budget cutting process in an internal process within State agencies.

Dr. Cook stated that in regards to the privatization issue, he has met a couple of times with Mr. Willden and discussed that a few entities have contacted Nevada with regards to privatizing mental health and providing services. Most of the interest is located in Clark County, but there has been no direction, with regard to privatization, from the Governor's office.

Dr. Cook stated that there is an impediment to privatize large sections of the mental health system in Nevada, as it is expensive to lay off state employees who are retirement eligible. Under the current law if a staff member is retirement eligible, that individual can choose to have the State purchase up to five years of retirement; thus if large numbers of staff are laid off, this could cost the State a lot of money.

Dr. Cook stated that the State cannot continue doing business as is, we have good programs, really good staff, but the State is always in a situation where we are behind the curve and there is a need to take a critical look at how we do business and determine if there is a better way to service clients.

A break was granted at 10:26 A.M.
The meeting reconvened at 10:42 A.M.

PRESENTATION OF THE MHPAC COUNCIL ON THEIR ACTIVITIES AND THE COUNCIL'S PROPOSAL TO FUND COMMISSION SUPPORT PERSONNEL AND TRAVEL

Chair Greiner stated that MHPAC has offered the Commission the opportunity for approximately \$70,000 in funding for a technical assistance consultant, an administrative clerical assistant, and additional funding for travel. The part-time clerical assistant would help with copying of the agenda, support documents, and help Christina in the some of the duties in the operation of the Commission. The technical assistance consultant would perform research at the direction of the Commission and both positions would be on contract paid by the hour. The additional travel funding would provide funding for Commissioners to attend functions such as conferences and the opening of hospitals.

Chair Greiner stated that Alyce Thomas, Chair of the MHPAC Council, would like to see the Commission and the Council work together towards common goals in the area of mental health and developmental services.

MOTION: Dr. Albers moved to accept MHPAC's offer of approximately \$70,000, from the Block Grant, to hire a technical assistance consultant, a clerical assistant, and travel funding assistance, seconded by Commissioner Richard. The motion passed

unanimously. Chair Greiner stated that it is the Council's intent for this funding to be ongoing support within the Block Grant Program.

REVIEW AND APPROVE SPECIFICATIONS FOR THE FOLLOWING SUPPORT POSITIONS FOR THE COMMISSION: ADMINISTRATIVE SERVICES ASSISTANT AND TECHNICAL ASSISTANCE CONSULTANT

Chair Greiner reviewed the written job descriptions for the Technical Assistance Consultant and the Administrative Assistant.

The Technical Assistance Consultant would work an average of 15 hours per week at a rate of up to \$45 per hour. The intended function of the position would be to research best practices for accomplishing the missions of the two Divisions; identify areas and methods for improvement and further development, and to assist the Commission to develop its position on issues. The consultant will need to visit Division worksites and other offices to conduct research, meet with stakeholders, etc.

The Administrative Assistant would work up to 20 hours per week at a rate of up to \$20 per hour. This position will support the Commission and its program consultant by performing a variety of clerical and administrative functions including maintaining records and files; preparing correspondence; exchanging information and coordinating communications between Commission members, staff, and a variety of stakeholders; assisting the program consultant and members with research; and arranging travel and payment of meeting stipends.

The Commission reviewed the job descriptions and stated that they were well written and suggested a minor amendment in the Program Consultant description in the 2nd paragraph to read: "Persons could be qualified".

MOTION: Commissioner McCraw moved to approve the job specifications for the Technical Assistance Consultant and the Administrative Assistant as amended, seconded by Dr. Beasley. The motion passed unanimously.

APPROVAL TO POST ADMINISTRATIVE SERVICE ASSISTANT AND TECHNICAL ASSISTANCE CONSULTANT POSITIONS ON SEPTEMBER 22, 2008

Chair Greiner requested that the Commission approve to post the job announcement on September 22, 2008 and the ad will be posted for a week.

MOTION: Dr. Albers moved to post the job specifications on September 22, 2008 to be posted for one week, seconded by Dr. Fricke. The motion passed unanimously.

APPROVE DELEGATION OF AUTHORITY TO A SINGLE COMMISSIONER TO INTERVIEW, SELECT AND HIRE FOR THE FOLLOWING POSITIONS: ADMINISTRATIVE SERVICES ASSISTANT AND TECHNICAL ASSISTANCE CONSULTANT

Chair Greiner recommended that the Commission approve one Commissioner with the authority to interview and select the Administrative Assistant and the Technical Assistance Consultant.

MOTION: Dr. Fricke moved to approve to delegate the authority to Chair Greiner to interview, select, and hire the Administrative Assistant and the Technical Assistance Consultant, seconded by Vice Chair Quint. The motion passed unanimously.

(Dr. Albers left the meeting at 11:00 A.M.)

APPROVE SENDING THE TECHNICAL ASSISTANCE CONSULTANT TO ASSIST IN THE DEFENSE OF THE MENTAL HEALTH PAC GRANT APPLICATION IN LATE OCTOBER 2008

Chair Greiner stated that the first potential expenditure out of this budget would be to send the Technical Assistance Consultant to assist in the defense of the Mental Health PAC Grant.

MOTION: Commissioner McCraw moved to approve sending the Technical Assistance Consultant to assist in the defense of the Mental Health PAC Grant application in late October 2008, seconded by Commissioner Richard. The motion passed unanimously.

DISCUSS PROPOSAL TO REVAMP RURAL CLINICS

SueAnn Bawden, Acting Director of Rural Clinics, introduced Mark Costa, ASO for Rural Clinics. Mr. Costa provided a Rural Clinics budget update, and stated that Rural Clinics was able to enhance part of the budget.

Mark Costa, Rural Clinics ASO, stated that there was the initial cut in general funding, but Rural Clinics was able to increase funding in other areas such as Medicaid outpatient and Medicaid case management– as Rural Clinics was able to bill more than was anticipated. Mr. Costa stated that the temporary assistance need families grant was increased; and Rural Clinics has been doing a better job in billing for client services in conjunction with the centralized billing office and an increase in medication billing. There has been a 70% increase in the travel budget due to the closing of select Rural Clinics, as an additional amount was built into the budget for the increase in gasoline and the addition of funding for contracts for services that are needed, thus increasing flexibility in order to be more responsive to the type of services needed in rural areas.

Mr. Costa stated that there has been a 70% increase in the training budget for mental health technicians to be able to perform additional duties in order to provide better services.

Mr. Costa responded to the concern regarding residential support which was not increased, but that budget maintained the same level of expenditures as in FY 2008.

Ms. Bawden stated that Rural Clinics is utilizing tele-medicine with 40% of the psychiatry being administered tele-medicine and the clients have indicated that they are satisfied with this service delivery. Ms. Bawden stated that the reason that Rural Clinics has been able to utilize the tele-medicine is via help from SNMAHS and NNAMHS, who provided space/sites for the tele-medicine. Ms. Bawden stated that they intend to continue enhancing the tele-medicine system.

Ms. Bawden stated that Rural Clinics has consolidated the Fernley and Dayton Center, involving 193 clients. Dayton clients are now being seen in either Carson or Silver Springs and the Fernley clients can be seen either in Silver Springs or Fallon. This consolidation was completed about one month ago, and there have been no complaints and no wait lists, although there continues to be a psychiatric wait list. Ms. Bawden stated that they have received two client concerns, but they understood the reason for the closure and were satisfied to go to another clinic.

Ms. Bawden stated that Rural Clinics will be on a Road Tour beginning the first week in October which will continue throughout the entire month of October. This Road Trip will visit very center site and everyone is invited to provide input into this process, to include all stakeholders, clients, primary care providers, substance abuse providers, hospitals, state/city/county agencies, legislators from each district, and individuals on the ballot opposing current legislators. The Road Tour will concentrate on responding to the concerns expressed on the consumer/stakeholder survey; and will have hold discussions regarding Rural Clinic's budget for 2010-2011 and how to do business in the future in a collaborative effort. The survey is being sent out via e-mail and regular mail, or is available in printed form at any of the centers.

The concerns that have been expressed in the 2007 survey, were that overall there were three specific areas of concern that did not meet satisfaction: 1) not being able to see a psychiatrist when they wanted; 2) not feeling as they are a part of the community; and 3) did not feel as if their symptoms were under control.

Ms. Bawden stated that everyone will have an opportunity to provide input into this process. Information regarding the date, time and place of the Road Tour meetings will be published in all of the local newspapers.

Chair Greiner stated that Rural Clinics has done a comprehensive job and reiterated that the most important piece is involving individuals affected and their communities.

UPDATE ON THE EMERGENCY ROOM AND RURAL TRANSPORTATION ISSUES

Ms. Bawden stated that currently individuals are being transported by family members, if they are not in a severe situation where they are at risk, are being directly admitted to NNAMHS and SNAMHS; there have been no complaints and no further difficulty in transporting clients. Ms. Bawden stated that Clinicians provide follow-up to ensure that the client was admitted to the hospital.

Mark Stets, SNAMHS, stated that the OSCAR Plan was delayed. The plan to have the Community Triage Center on the SNAMHS campus did not work out and they are now looking for a site, possibly the vacant West Care facility. Dr. Stets stated that the OSCAR Plan remains in the planning stage, but the community triage center project is not dead, just delayed.

Dr. Stets that SNAMHS is utilizing all POU beds in an effort to help with the emergency room situation. The community triage center, once up and going, will really make a difference with the emergency room situation.

Upon questioning, Dr. Stets stated that OSCAR is the name of the community triage center and is a joint effort between the community and the state to provide a central triage point for all of the mental health clients in Clark County and would provide a huge relief to emergency rooms. The issue is a space issue and there is a need to find space for the community triage center, as the community triage center is truly a community wide effort.

Stuart Ghertner, SNAMHS – Director of Outpatient and Community Services, stated that he submitted a business plan and budget proposal for SNAMHS to provide emergency services to clear the emergency rooms on a state basis; and thus an additional item was included in the budget, for special consideration, that would address the emergency room problem from a different perspective. SNAMHS would use a model with the focus being West Care's triage center and transforming it into a local alcohol reception center and directing all mental health emergencies through SNAMHS. Dr. Ghertner has proposed a budget plan to use both existing resources and to obtain a small one-third supplement of funding from the legislature, one-third supplement from community resources through community governments and local private hospitals. This has been submitted in the overall budget as an enhancement.

Dr. Cook clarified that this an item for special consideration in the SNAMHS budget, to develop a medical clearance psych/ER program that would operated out of the Rawson-Neal Hospital. It would provide for a place to take individuals on a Legal 2000 for medical clearance needs.

It was discussed that SNAMHS is actively involved in alleviating emergency room crowding and due to this effort there has been a huge improvement in the emergency room situation.

REVIEW AND POSSIBLE APPROVAL OF LETTER TO ASSEMBLYWOMAN SHEILA LESLIE REGARDING ADVANCE DIRECTIVES

Chair Greiner submitted a letter to the Commission for review and possible approval, requesting a bill draft for personal advance directives (PAD) in Nevada.

In a discussion, Dr. Cook stated that there is a policy already in place that allows for a PAD in Nevada, so no additional legislation is necessary.

Dr. Fricke expressed a concern that the Commission had heard one side of the issue and questioned if the Commission should also hear the opposing side. It was discussed that the issue is the patient's competence to sign the directive.

It was discussed that the competence cannot be addressed in statute, but is a clinical observation and determination.

Ms. Slabaugh stated that the issue is whether the PAD could be enforced.

Dr. Cook stated that the question is whether a PAD is legally binding and will a physician, individual, or family member abide by the PAD if an attempt is made to enforce the PAD.

(Commissioner Jackson left the meeting at 11:50 A.M.)

It was discussed that the Commission does not have the authority in this issue.

ACTION: This item was tabled to a future meeting to allow for the Technical Program Consultant to research this issue and provide the pros and cons of this issue and report at the November meeting.

ORAL HEALTH REPORT

Jane Gruner, on behalf of Chris Wood, stated that Oral Health's grant was renewed.

A lunch break was granted at 11:55 A.M.
The meeting reconvened at 1:03 P.M.

(Commissioners Albers and Jackson were present at 1:00 P.M.)

REVIEW AND ASSIGN COMMISSIONERS TO OUTSIDE COMMITTEES AND COUNCILS: LOCAL GOVERNING BOARDS FOR NORTHERN NEVADA MENTAL HEALTH SYSTEM, SOUTHERN NEVADA ADULT MENTAL HEALTH SYSTEM AND LAKES CROSSING; SUICIDE PREVENTION; WORKFORCE ISSUE TASK FORCE; AUTISM COALITION; PROBLEM GAMBLING; TRAUMATIC BRAIN INJURY TASK FORCE

Dr. Albers reminded the Commission that it is a responsibility as a Commissioner to attend outside committees. It was discussed that as part of the Joint Commission Approval process, the Commission's participation is essential and mandatory on the local governing boards in order for Joint Commission approval.

The following committee assignments were made:

NNAMHS Local Governing Board – Chair Greiner and Dr. Albers;
SNAMHS Local Governing Board – Commissioner McCraw;
Lakes Crossing – Chair Greiner and Dr. Albers;
SAPTA – Vice Chair Quint;
Autism Coalition and ACON – Dr. Fricke and Commissioner Richard;

SB2 Co-Occurring Committee – Dr. Beasley and Vice Chair Quint;

It was discussed that for the Suicide Prevention – Misty Allen will continue to provide updates via a report on the Consent Agenda

ACTION: Chair Greiner will contact Desert Willow and Willow Springs to determine if they have a local governing board that needs Commission representation. This item will be placed on the November agenda, if Commission representation is required.

MOTION: Dr. Albers moved to assign Commissioners to the local governing boards for the joint commissions - two Commissioners per committee, seconded by Vice Chair Quint. The motion passed unanimously.

It was stated that the next meeting of the local governing boards is scheduled for November 13, 2008 at 1:30 p.m. for Lakes and 3:00 p.m. for NNAMHS.

With regard to the Work Force Issue Task Force, it was discussed that MHDS and the University held a follow up meeting but has since stagnated. Dr. Cook has been in contact with Jane Nichols, UNR, in an effort to move this task force forward.

ACTION: The Commission agreed to continue to receive updates, via reports on the Consent Agenda, for the Traumatic Brain Injury Committee and the Problem Gambling Committee. Chair Greiner will request reports from these two Committees be submitted for Commission review.

POWERPOINT PRESENTATION AND DISCUSSION OF “RECOVERY: A PATH FOR DIFFICULT PEOPLE”

Bob Bennett was not present for the PowerPoint presentation.

ORAL HEALTH REPORT

Chris Wood provided an overview of the Special Populations Oral Health Survey Nevada 2008 in cooperation with the Department of Health and Human Services, Nevada State Health Division, and the Bureau of Family Health Services.

The goal of the needs assessment were to:

- Improve the health of the individuals who participated by identifying those who were in need of oral health services;
- Pilot the data collection process with a small group so that lessons learned could be applied to future oral health surveys;
- Collect data that could be used to improve the oral health of individuals with special needs through program planning, advocacy, and evaluation;
- Provide dental students with an opportunity to work with clients with special needs and determine if doing so impacted their attitude about working with these populations.

The needs assessment found that clients of DRC and RNPH have significant untreated oral health needs. Sixty-five percent of DRC clients had visible untreated tooth decay.

At RNPH, 68% of the clients screened had visible untreated tooth decay. At the time they were screened 20% of the clients at DRC reported having pain in their mouth. At RNPH, 24% reported having pain.

The screenings also found that lack of insurance may not necessarily be the reason why clients are not accessing needed dental services. At DRC, 71% of the clients who had dental insurance also had visible untreated tooth decay. In addition, the screenings may help dispel the myth that individuals with mental or developmental disabilities are “too hard to treat” in a traditional dental office setting. Of clients screened from DRC, 90% were “not difficult” or only “mildly difficult” to screen and all clients from RNPH were classified by the dental students as “not difficult”.

These findings highlight the need to more carefully address the oral health needs of the clients at DRC and RNPH. They also highlight opportunities to do so including:

- Establishing memorandums of agreement with local dental and dental hygiene schools;
- Integrating rotations at these facilities as a standard part of their curricula;
- Conducting in-service training so staff can screen and appropriately refer clients for necessary dental care;
- Investigating the development of continuing education or mini-residency training for general practice dentists to increase their comfort level when treating these populations groups; and
- Advocating for Medicaid and other public/private insurance coverage of basic preventative and restorative oral health services for individuals with mental and/or developmental disabilities.

Ms. Wood stated that the pediatric dental residency program has renamed their clinic to, “The Pediatric Special Care and Special Needs Population’s Clinic”. They have used their grant funding to purchase the very first wheel chair lift in the State, which will allow for treatment to be completed in the client’s wheelchair.

Ms. Wood stated that there is a strong Southern Nevada Coalition and would like MHDS and DCFS to have a representative sit on the Coalition to keep the issue of dental care for the special population on the forefront. The dental school is making a presentation at the American Public Health Association national conference regarding the program of treating individuals with special needs.

FUTURE AGENDA ITEMS

The following items were suggested for the next agenda:

- Budget Update – Dr. Cook;
- Legislative Update of Bill Draft Requests – Dr. Cook;
- 2008 Autism Report and Action Plan – Dr. Fricke and Commissioner Richard;
- Report of NRS 435, the responsibility of the Commission and the intent of NRS 435 legislative history – Julie Slabaugh;
- Report on Domestic Violence Grant – Dr. Cook;
- Draft and approve letter to the Governor and 2009 Legislature – Chair Greiner;

- Commission Committee Assignments – specifically Willow Springs and Desert Willows and the Local Governing Board Requirement of the Number of Commissioners to be Appointed to each Local Governing Board;
- Follow Up Report from the Agency Directors of MH Consumer Survey Results;
- Update on Rural Clinics' Road Trip – SueAnn Bawden;
- Report on the Research regarding Personal Advanced Directive (PAD) – Technical Program Consultant
- Review of Meeting Schedule – Chair Greiner
- Discussion regarding the location of Seclusion/Restraint and Denial of Right Forms following Commission review and approval and what is kept in the client's medical file, notes, etc. – Dr. Cook
- Review and Discuss the Policy regarding of what constitutes aggressive behavior for the seclusion and restraint form documentation – Dr. Cook
- Discussion on how to provide more detailed and clear documentation for seclusion/restrain and denial of right forms.

PUBLIC COMMENTS

Dr. Cook announced that Richard Failla, Deputy MHDS Administrator, had to recently resigned his position for personal reasons. Dr. Cook thanked Mr. Failla for the brief time he was here, and his efforts will reverberate in mental health for years to come. Mr. Failla was instrumental in developing the budget proposal.

Dr. Cook stated that he will be announcing a plan for the hiring of the new Deputy MHDS Administrator within the next two weeks.

MOTION: Commissioner Jackson moved to adjourn the regular meeting at 1:45 P.M., seconded by Dr. Beasley. The motion passed unanimously.

Respectfully submitted,

Christina Harper
Recording Secretary