

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

MAY 8, 2009

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
Kevin Quint, SAPTA, Vice Chair
Eric Albers, Ph.D.
Lee Derbyshire, Marriage and Family Therapist
Barbara Jackson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Alistar Barron, M.D.
Julie Beasley, Ph.D.
Joan McCraw, MSN, APN, Registered Nurse
Johanna Fricke, M.D. – arrived at 1:30 P.M.

COMMISSIONER ABSENT:

Toni Richard – excused

CALL TO ORDER

Chair Greiner called the meeting to order at 8:40 A.M. Chair Greiner determined that a quorum of the Commission was present.

CONSENT AGENDA

There were no items removed from the Consent Agenda and no further discussion of Consent Agenda items.

MOTION: Commissioner Derbyshire moved to approve the Consent Agenda as presented, seconded by Vice Chair Quint. The motion passed unanimously.

BUDGET UPDATE

Dr. Cook stated that all MHDS budgets have been closed, with the closing for Mental Health and SAPTA occurring on April 14th and the closing for DS budget on May 5th. Dr. Cook stated that the medication budget had the largest cut of \$20 million, with most of the cuts in surplus medication funds. Dr. Cook stated that the budget sustained cuts

within in-patient staffing and there was no growth allowance in the budgets. The SAPTA budget incurred cuts in prevention and treatment. Dr. Cook stated that the budgets are now based upon 2006-2007 resources.

Dr. Cook stated that during the closing of the budgets there were amendments to include 17 ½ positions to in-patient staffing at SNAMHS (nurses and technicians); \$1 million in SAPTA funding was moved from prevention to treatment – currently \$3 to 4 million is provided by the state for prevention; and meth funding was cut to \$400,000.

Vice Chair Quint stated, on a personal note, which his advocacy group felt that it was a poor policy decision to move funding from prevention to treatment, as the funding for prevention is just as important as funding for treatment and vice-versa.

Dr. Cook reported good news for Rural Clinics, in that they received a significant amount of funding and will be reopening all but two clinics; the Wendover and Dayton clinics will remain closed. There will be significant changes in the composition of the staffing at the rural clinics. Dr. Cook stated that rural clinics will be converting administrative assistants to mental health technicians and increasing the ability to contract with providers.

Upon questioning by Dr. Albers, Dr. Cook responded that the administrative assistants will be provided training in order to provide mental health services. The Commission discussed the liability issue for administrative assistants performing clinical work with patients. It was discussed that this change is an effort to keep a constant physical presence in the rural communities. Dr. Cook stated that there is also a move to downsize administrative positions and putting those funds towards clinical positions and services.

Dr. Cook reported that the Developmental Services (DS) budgets were closed on May 5th. This budget incurred budget cuts, but received case load growth included in their budget. There were a couple of items included in the DS budget for a total of \$800,000; it restored the \$360,000 for fourteen families to receive self-directed autism services and \$500,000 for monthly allotments for families participating in the respite service programs. There was also an increase in the number of waiver slots to 379; an adjustment will be made to the Medicaid budget to accommodate the Medicaid cost for the waiver program. That adjustment will result in a loss of general funds, but not a significant loss, to MHDS.

Dr. Cook stated that overall the 2009 Legislature was kind to MHDS and DCFS based upon economic conditions.

LEGISLATIVE UPDATE OF BILLS –

Dr. Cook reviewed the following legislative bills.

- SB 23 amends the appointment process for the MHDS Administrator. As of February 20th, had unanimously passed the Senate and is will now in the Assembly for hearings. Dr. Cook anticipates that this bill will pass.

- SB 78 establishes standards for Community Training Centers and updates the language to provide efficient oversight for jobs and day training programs. This bill has unanimously passed the Senate and passed with one hearing in Assembly Health/Human Services. Dr. Cook anticipates that this bill will pass.
- SB 256 designates an area on the grounds of NNAMHS as a historic cemetery. This bill has unanimously passed the Senate and passed the Assembly with amendments to include improvements and maintenance by MHDS, if funding is available. Currently there is not a lot of funding available.
- SB 260 authorizes the Committee on Co-Occurring Disorders to take certain actions regarding treatment for co-occurring disorders. This bill remains in the Senate as there has been no action. This bill may not pass based upon the fiscal notes attached.

Vice Chair Quint expressed concerns that this bill creates a parallel with the MHDS Commission. The entire Commission expressed the same concern.

Upon a request of the listing of the Co-Occurring Disorders Committee members, it was stated that this list is on the Co-Occurring Disorders Website.

Dr. Dixon, Acting Chair of the Co-Occurring Disorders Committee, stated that SB 260 adds a criminal justice representation on the Co-Occurring Disorders Committee and provides training and outreach to the private community and the responsibilities do not parallel the MHDS Commission. They also perform mental health screenings to determine if an individual has a co-occurring disorder.

ACTION: Dr. Albers and Dr. Dixon suggested that the Commission and the Co-Occurring Disorders Committee hold a joint meeting to begin collaboration.

MOTION: Dr. Barron moved for Chair Greiner to send a written invitation to Dr. Dixon and the Co-Occurring Disorders Committee to begin an open dialogue for collaboration at the July 24, 2009 DCFS meeting, seconded by Dr. Beasley. The motion passed unanimously.

- SB 396 amended certain provisions governing and relating to peace officers and originally impacted Lakes Crossing. This bill has been amended and no longer impacts Lakes Crossing.
- SB 398 required the Department of Corrections to establish intermediate sanction facilities within the facility maintained by MHDS to provide intensive treatment to certain probation violators and offenders who are determined to be alcoholics or drug addicts and are ordered to the custody of the MHDS to receive such treatment. This bill is a good idea for paroled commit status offences where these individuals can be diverted to a program for substance abuse and alcohol abuse. This bill will probably not be passed due the funding issue.
- AB 6 revises provisions governing certain emergency admissions to mental health facilities and hospitals. Dr. Cook anticipates that this bill will pass, it amends provisions for emergency admissions to psychiatric hospitals and the biggest amendment for MHDS is that the word "transport" was amended to "admitted" – which means that theoretically an individual can be admitted into a mental health facility prior to being medically cleared, if the facility has the ability

to perform the medical clearance. The medical clearance can be performed at that facility, rather than the individual being diverted to an emergency room, which is current practice. MHDS is specifically excluded from this bill by a section which states that MHDS is excluded from this requirement until MHDS has the capability to perform the medical clearance.

- AB 61 requires notification to victims prior to the discharge or escape of certain individuals from Lakes Crossing Center.
- AB 187 authorizes the establishment by district courts of a program for the treatment of certain offenders who are veterans or members of the military. This creates a veterans court and was signed into law by the Governor on May 7, 2009. The testimony with respect to this bill indicated that the Veterans Administration will be providing the services and the State is specifically excluded from any fiscal impact from this bill.
- AB 264 revises provisions relating to defendants who are incompetent and the procedures for the commitment and conditional release from the custody of the Administrator of MHDS. This bill is on the Governor's desk for signature.
- AB 279 (similar to SB 398) creates an alternative sentencing program for individuals on parole/probation who commit a status offence. The original bill mandated that DDHS provide the substance abuse services which would have created a significant fiscal impact. Dr. Cook requested an amendment to the bill based upon the fiscal impact and the bill was amended earlier in the week to make the language permissive, so that MHDS could provide the substance abuse treatment, but not mandated.
- AB 368 would have authorized courts to involuntarily admit certain individuals to programs for community-based or outpatient services under certain circumstances relating to mental health. This bill has died.
- AB 515 requires policies of health insurance and contracts for health care services providing coverage for treatment by certain professionals to also cover treatment by interns. This bill is now in the Senate with a hearing being rescheduled.

DISCUSSION OF AB 121 – MAKES VARIOUS CHANGES TO HEALTH CARE FACILITIES THAT EMPLOY NURSES

Commissioner McCraw stated that the Nurses Association requested the Commission's support of AB 121 which would require safe nursing standards for health care facilities to employ the appropriate number of nurses; the issue is the patient to nurse ratio. There are concerns regarding safety when increasing the number of patients per nurse; the budget vs. safety vs. patient care. Commissioner McCraw requested that the Commission support this bill.

MOTION: Commission McCraw moved for the Commission to send a letter of support for AB 121 (Commissioner McCraw will e-mail the particulars of the bill and when the bill is to be heard to Chair Greiner), seconded by Dr. Barron. The motion passed.

DISCUSSION OF SB 79 – CONSORTIUM/SUBCOMMITTEE PROCESS AND STRUCTURE

There was no further discussion on SB 79.

APPLICATION APPROVAL FOR BARBARA L. PIECZYRAK FOR THE SOUTHERN NEVADA MENTAL HEALTH AND MENTAL RETARDATION ADVISORY BOARD

Dr. Cook stated that Barbara Pieczyrak submitted her application to be appointed to the Southern Nevada Mental Health and Mental Retardation Advisory Board; and she was previously the SNAMHS Director of Nursing. Dr. Cook highly recommended that the Commission appoint Ms. Pieczyrak to the Southern Nevada Mental Health Advisory Board.

MOTION: Commissioner Derbyshire moved to appoint Barbara L. Pieczyrak to the Southern Nevada Mental Health and Mental Retardation Advisory Board, seconded by Dr. Beasley. The motion passed unanimously.

LAKES CROSSING UPDATE REGARDING THE ISSUE OF MEDICALLY CHALLENGING INMATES SENT TO LAKES CROSSING

Dr. Neighbors stated that they have been communicating and holding regular discussions with the courts and detention centers prior to the commitment and/or arrival of defendants to the facility with regards to their medical conditions. Dr. Neighbors stated that they have also been able to hold hearings where the court has been willing to continue the order for treatment after the individual is discharged, so that the client's competency and improved medical condition is maintained. Currently, the clients and their families are satisfied with the results of the efforts to resolve these issues.

Dr. Neighbors stated that AB 264 was signed into law by the Governor, which mandates that Lakes Crossing will have input when an individual who cannot be restored to competency and is to be committed to Lakes Crossing; so if Lakes Crossing is not the appropriate facility, Lakes can work with the court to find an alternative placement.

DISCUSS THE FUNDING DECISION FOR THE MARRIAGE LICENSE/DOMESTIC VIOLENCE GRANT

Chris Lovass-Nagy, on behalf of Debbie Tanaka, reviewed the three-year proposed awards for the marriage license funds. The awards which are based on fee revenues from the sale of marriage licenses include a 7% decrease for an approximate total of \$2.2 million. Ms. Lovass-Nagy stated that the difference from the last proposal is that the population in Washoe County is over 400,000 which require that the sexual assault program in Washoe County receive 15% of the total award funding for the county. The Crisis Call Center is on the proposed award list to receive \$55,000. Upon questioning, Ms. Lovass-Nagy responded that there has been a dramatic decrease in the number of marriage licenses, with approximately \$1.3 million dollars in revenue lost in the last three years.

MOTION: Vice Chair Quint moved to support and approve the marriage license and domestic violence funding grant requests, seconded by Commissioner Derbyshire. The motion passed unanimously.

RURAL CLINICS UPDATE

Susan Haut, Coordinator, on behalf of Marcia Bennett, stated that since the last meeting the funding was restored and currently in contract negotiations for providers in Wendover. Although there is no permanent office in Dayton, staff was assigned in the Silver Springs office and will be seeing children in space provide in Dayton schools a couple days a week and Lyon County has provided space in the community center a couple days a week for adult clients.

On July 1, 2009 the Fernley office will open with flood disaster funding. This office will include DCFS, the Health Department, Lyon County SAPTA, and Rural Regional Office. There are other agencies that will have offices in the same building and will be operating in 2010/2011.

Rural Clinics is currently active in recruiting and hiring individuals. Ten individuals have been hired in the last month in hard to fill positions. The loan repayment program for interns has been promoted to university graduates and this has helped recruiting in rural areas.

Ms. Haut stated that at the last leadership retreat, a workgroup was established to review policies and procedures, workforce and retention, and workload issues. The workgroup is also reviewing the service model and redefining/refining the in-take process. The next leadership retreat is scheduled for June 3rd and 4th.

Ms. Haut stated that Ms. Bennett has been visiting the various rural clinics, discussing issues with staff, and will be dealing with those issues through staff training.

Chair Greiner complimented Rural Clinics in the reopening of the Fernley Clinic and applauded the progress being made in Dayton by going into the schools.

A break was granted at 10:05 A.M.
The meeting reconvened at 10:20 A.M.

OVERVIEW OF TECHNICAL CONSULTANT SCOPE OF WORK

- A) Review Current MHDS Bylaws and Develop Workgroup for Revision of Bylaws;**
- B) Planning MHPAC Council Collaboration;**
- C) Planning to Strengthen DCFS/Stakeholder Collaboration**

Dr. Crowe provided an overview the Program Technical Consultant position to include:

- Manage Commission budget and any related CMHS Block Grant required documentation along with the Mental Health Advisory Council Consultant;
- New Member Orientation;
- Facilitate program setup/budget tracking and staff communication;
- Perform specific special projects and applied research or data analysis;
- Participate in Commission and stakeholder meetings and activities;
- Special projects such as orientation toolkit, joint meetings, custom reports, Commission-sponsored events;
- Maintain and update website;

- Assist in coordination between MHDS and DCFS and compilation of data;
- Answer staff, federal and public inquiries regarding grants; and
- Public presentations on behalf of MHDS Commission.

Dr. Crowe provided an overview of the Administrative Contractor position to include:

- Attend and document all Commission meetings to include minutes;
- Construct meeting follow up to-do lists and assist in assignment tracking.

Mrs. Harper added the following duties:

- Arrange meeting logistics;
- Assemble and disseminate meeting packets;
- Arrange all travel to include pre-travel authorization, travel arrangements, and the completion of travel claims.

Dr. Crowe provided an overview of the Administrative Assistant position to include:

- Correspondence to include inviting specific speakers to attend Commission meetings and follow up on those invites;
- Ordering supplies;
- Tracking expenditures;
- Event research and registration;
- Assist in managing Commission budget and grant related fiscal documentation;
- Data entry of Commission sponsored surveys, seclusion restraint data, and other related data entry;
- Commission report formatting, proofreading, collation and dissemination, information inquires, and communication; and
- Assist in updating website.

Dr. Crowe questioned the Commissioner on the best way to collection information from them, as only about half of Commissioner responded to the web-based survey that Dr. Crowe e-mailed. Dr. Albers stated that the web-based survey was very easy, straightforward, and stated that there needs to be a commitment on behalf of the Commissioners to provide the feedback in order for staff to be more effective.

Chair Greiner added that there is no process allowed for in the Bylaws for the Chair of the Commission to collect information via a survey and then to be able to act based upon the information received.

Following a discussion regarding the issue of receiving e-mails and responding in a timely manner, many of the Commissioners apologized for not responding as the e-mail got lost in a sea of e-mails and requested that Dr. Crowe send out a reminder e-mails.

ACTION: It was the consensus of the Commission to continue with Web Monkey and then send out e-mail reminders to complete the survey to the non-respondents.

Dr. Crowe stated that in a review of the Commission's Bylaws, it appears that the Bylaws are a cut and paste of statutes and there is a need to revise the Bylaws to allow for day to day operations.

The Commission discussed the possibility of holding a retreat to discuss mental health issues and Commission issues in a round table type of discussion.

MOTION: Dr. Albers moved for Vice Chair Quint to work with Dr. Crowe to amend the Commission's Bylaws for review/approval at the next meeting, seconded by Commissioner Derbyshire. The motion passed unanimously.

Dr. Crowe stated that one of the expectations of the funding from the Mental Health Advisory Council is increased collaboration with the Council. Dr. Crowe asked the Commission if they had any ideas for that collaboration and the possibility of holding a joint meeting with the Council within the next year.

The Commission discussed and agreed that it is important to have increased collaboration with the Council would like to hold a joint meeting in November.

Commissioner Jackson stated that it is very, very important for the Advisory Council and the Commission to work together in order to accomplish moving mental health forward.

Commissioners were advised to contact or e-mail Dr. Crowe with any ideas, comments, or concerns regarding any specific activities to increase collaboration with the Council.

Constance Kosuda, a member of the Mental Health Advisory Council, stated that the primary purpose of the Mental Health Council is to be an advocate for the mentally ill population within Nevada and is responsible for certain reports. Ms. Kosuda will be sending a letter to the Commission regarding her objections and concerns. Ms. Kosuda strongly recommended that the Commission utilize the video conferencing equipment in order to save on travel expenses.

Dr. Crowe advised that the Council is mandated by the same law that mandates the Federal Block Grant. The Council is not required in any specific Nevada statutes, but is required in a public law that requires the Block Grant. The Block Grant is Nevada's largest discretionary grant, approximately \$3.5 million; it creates an empowerment process as it requires the Council to sign off on the Grant Application every year which undergoes a national review in the Fall.

Roger Mowbray, MH Council Grant Consultant, advised that according to the Council Bylaws, the Council has three primary functions: 1) Advise the MHDS/DCFS on the development of the State Mental Health Plan in accordance with public law. The Plan is the Block Grant Application which is an annual document prepared in concert with DCFS, MHDS and Council Members to outline the plan to address mental health in Nevada for each fiscal year. 2) The Council shall monitor, review, and evaluate no less than once each year the allocation and adequacy of mental health services within the State. 3) Any recommendation regarding the State Plan received by the State must be submitted to the Federal Government along with the Application, whether or not they were incorporated in the plan.

Dr. Crowe advised Commissioners to contact him if there are any specific activities that he could undertake that would help collaboration between the Council and MHDS.

11:00 AM – 11:30 AM - DISCUSSION WITH DIRECTOR MIKE WILLDEN TO DEVELOP A PROCESS TO ENSURE THAT THE MHDS COMMISSION IS INVOLVED IN THE SELECTION OF THE MHDS AND DCFS ADMINISTRATOR SELECTION IF SB 23 IS PASSED BY THE LEGISLATURE

ACTION: Due to a conflict on Director Willden's calendar, the meeting with Mr. Willden was rescheduled to the next MHDS Commission meeting on July 24, 2009. Chair Greiner stated that in a phone call to Mr. Willden, he indicated that today's meeting was not on his schedule. Chair Greiner stated that Michelle had made numerous written and verbal confirmations of this meeting with Mr. Willden's secretary.

ACTION: Chair Greiner will follow up with a letter to Mr. Willden regarding the July 24, 2009 meeting and this item being placed on the agenda for discussion.

DISCUSSION ON HOW TO PROVIDE MORE DETAILED, CLEAR, AND CONCISE DOCUMENTATION FOR SECLUSION/RESTRAINT AND DENIAL OF RIGHT FORMS

Dr. Crowe stated that based on the web survey, it is his understanding that there are concerns about the documentation of the seclusion and restraint reporting and the activities that the Commission is engaged in based on those reports. Dr. Crowe reviewed the web survey comments and indicated the following as issues/concerns such as the physician's sign off, forms difficult to read due to bad handwriting, lack of explanation for seclusion and restraint, and not a unified approach by the Commission in a review of the form. Dr. Crowe suggested a training/workshop for Commissioners to be able to identify certain items on the forms in a systematic way. Dr. Crowe mentioned that these forms also have to comply with external requirements, as the data is reported to various agencies/sources in a variety of ways.

Dr. Barron felt that the forms need to be refined with minor adjustments and requested Dr. Crowe's assistance in a review/refinement of the forms.

Commissioner McCraw stated that there is a need for additional criteria to be included on the form to ensure that the client's rights are not being violated. It was suggested that the Mental Health Law power point presentation be included in the new member orientation.

ACTION: Commissioner McCraw is to e-mail the Mental Health Law power point presentation Dr. Crowe so that it may be include in the Commissioner Retreat and New Member Orientation.

Dr. Cook suggested that the seclusion/restraint forms be in an electronic format to help eliminate the bad handwriting. In a discussion of what information should be included on the form, it was discussed that the Joint Commission has their own requirement and MHDS must extract that information from the electronic files and provide that information to the Joint Commission. It was suggested that a sample form be developed outlining specific required criteria for the forms for review by the Commission.

MOTION: Dr. Barron moved for Dr. Crowe work with MHDS staff to look at alternative ways to report seclusion and restraints, seconded by Commissioner Jackson. The motion passed unanimously.

REPORT ON THE RESEARCH INTO THE ADVANCE DIRECTIVES LAW

Dr. Crowe reviewed and provided national information, recent research on the advance directives, and Nevada statistics.

Dr. Albers questioned why this is an important issue for the Commission. Dr. Crowe advised that all agencies have written policies with one policy listed on the web site. The policy originated in 1991 and has been revised several times. Dr. Cook stated that the Advanced Directive law is for a client receiving care when that client is unable to be part of the treatment plan.

Cody Phinney stated that this is a regulatory requirement of hospitals to provide patients with the opportunity to complete an Advance Directive. The patient is not required to sign it but the hospitals are required to offer it to the patient, it is also a requirement to make the Advance Directive available as an out-patient.

The Commission discussed the issue of why and what is the responsibility of the Commission is reviewing the Advance Directives Law.

Dr. Crowe stated that the current Advance Directive Law is set up for medical conditions but there is a section for the additional statement of desires which could be used for psychiatric treatment. The document in Nevada is designed for physical and medical conditions rather than psychiatric conditions. It was stated that there are a large number of individuals who are using the Advance Directive in Nevada.

ACTION: Following a discussion, the Commission agreed that the Advance Directive Law is currently working and will review the Advance Directive Law annually to determine if it is necessary to have a psychiatric advance directive.

A lunch break was granted at 12:00 Noon
The meeting reconvened at 1:30 P.M.

(Dr. Fricke was present at 1:30 P.M.)

DISCUSSION OF CONCERNS AND THE PROGRAM OF AGING SERVICES DIVISION

Marilyn Wills, Deputy Administrator for the Division for Aging Services, stated that she wanted to discuss senior mental health access issues. Currently, this Division is part for Department of Health and a very small agency and soon to be called "Aging and Disability Services Division". The Division funds 255 grants that provide a wide range of senior supportive services from both federal and state funding sources. While the funding supports a wide range of supportive services part of the funding goes to mental health outreach. Previously, the Division was able to serve a wide range of seniors, since the budget cut, they are now focusing on only servicing those programs that serve

only the neediest clients, such as those at risk of being admitted to nursing homes, those who are financially needy, and fragile and members of the rural and minority communities. This Division has become an essential service division.

Currently the Division funds two outreach mental health programs: 1) Washoe County Senior Services and 2) Southern Nevada Adult Mental Health Outreach Program. There are approximately at least 400,000 seniors in Nevada with the population growing and with only two programs offered this is not meeting the growing need.

Ms. Wills stated that a survey conducted in May 2008 indicated that there were 71 individuals on wait lists for programs, with wait times of 6 months to one year.

Ms. Wills stated that seniors have requested help but there are no resources available. According to the Center for Disease Control, the suicides rates in Nevada are double the national rate for seniors. Given that mental health is not the primary business of the Division for Aging Services, the gap in mental health services needs to be addressed.

Ms. Wills stated that they have initiated a Task Force that is beginning a process to bring together interested parties and are tasked to identify, address, and re-evaluate the issues around the provision of services to seniors. The Task Force has established the following goals: 1) establish a formal network to include both traditional and non-traditional partners; 2) create stronger network connections; 3) increase senior access to resources/services; 4) ensure rural communities are targeted; 5) raise the knowledge and skill level of current physicians in senior related issues; and 6) target primary care physicians and work with them to recognize mental illness in seniors and to refer to appropriate resources.

Ms. Wills encouraged and requested that the Commission support and participate in the Task Force.

ACTION: Dr. Fricke and Dr. Beasley volunteered to be involved in the Task Force and were provided with Ms. Wills' contact information.

STATUS REPORT ON EMERGENCY ROOM NUMBERS

Dee McLellan noted that emergency room crisis began on July 9, 2004. Since that time SNAMHS and MHDS have engaged in activities to ease the crowding of emergency rooms. At SNAMHS the inpatient averages are 224.4 beds in April; 219.2 beds in May; the average emergency wait is 83 in April; and 76.2 in May with approximately 13.5 admits with the same number of discharges each day.

Ms. McLellan reported that the number of evaluations completed in January was 481; 490 in April; and 611 in May. Full and part-time employees perform the evaluations, but this is not sufficient staff to perform evaluations.

Ms. McLellan stated that the following populations are now presenting for services and include individuals with foreclosed homes; job loss, insurance loss, divorces, and individuals who have exhausted all of their financial resources.

Dr. Albers stated that the increase in numbers has increased tension on the system and questioned if there is a plan for how to handle this increase. Ms. McLellan responded that they have been working on a plan to serve more individuals in the POU and are working on a plan to provide services in a manner which is more efficient and effective.

Dr. Cook stated that they are working on increasing the efficiency to deliver services to clients in order to serve them quicker and get clients off the services sooner.

Commissioner McCraw suggested that a prescriber be a part of the crisis team in order to be able to prescribe medications and get the client home sooner.

REVIEW OF THE DEATH REVIEW POLICY AND DISCUSSION IF THE CURRENT PROCESS IS TOO CUMBERSOME

Cody Phinney stated that the Death Review Policy and Process was revised in May 2007. The revised process was based on root cause analysis. The root cause analysis is a problem solving method aimed at attempting to correct and eliminate root causes rather than addressing the immediate symptoms. The Joint Commission requires a process, such as root cause, in certain cases such as sentinel events.

Ms. Phinney stated in the past year there were 93 deaths reported in both in and out patient agencies with 22 death reviews conducted; nine at NNAMHS, eight at SNAMHS, five at Rural Clinics, and fourteen of those deaths were reported as suicides.

Ms. Phinney stated that the challenges of this process include the extensive involvement by the Statewide Medical Director, and this has been an issue as this position has been rearranged with MHDS. The nature of the root cause analysis process requires an individual who is skilled to facilitate the process and if the number of skilled staff is small this slows the process and/or could cause the process to be inferior. The positive of this process is that the root cause identified can be long term fix ideas. The general response received from staff that this is a better process than previously used and staff appreciate the opportunity to review difficult cases.

Ms. Phinney recommended continuing the root cause analysis for death reviews for at least another review period with the following adjustments: 1) revise the policy to accommodate the reorganization of the Division, as there is no Statewide Medical Director; 2) provide additional flexibility regarding the assignment to staff; 3) provide additional training for staff on root cause analysis; and 4) Division should encourage staff to report and examine undesirable outcomes with the focus on improving client safety.

APPROVE 2009-2010 MEETING SCHEDULE

Dr. Albers requested that the meetings be moved from Fridays, due to his schedule of now teaching classes on Fridays. The Commission agreed to holding meetings on Thursdays.

MOTION: Dr. Beasley moved to approve the following 2009-2010 meeting schedule, seconded by Dr. Albers. The motion passed unanimously.

September 16, 2009 – Retreat in Reno
September 17 – MHDS meeting in Reno
September 18 – DCFS meeting in Reno

ACTION: Commissioners stated that they want to fly to Reno on Wednesday evening on September 15th for the retreat.

November 19, 2009 – MHDS meeting – video conference

January 21, 2010 – DCFS meeting – video conference

March 18, 2010 – MHDS meeting in Las Vegas
March 19 – DCFS meeting in Las Vegas

May 20, 2010 – MHDS meeting – video conference

July 15, 2010 – DCFS meeting – video conference

It was discussed and agreed that the September 16, 2009 retreat will include discussion regarding the Commission's bylaws and procedures.

ELECTION OF OFFICERS

Chair Greiner opened the nominations for MHDS Chair and Vice Chair.

Dr. Barron moved Kevin Quint for Chair, seconded by Dr. Fricke. The motion passed.

Chair Greiner called for a volunteer for Vice Chair, Dr. Barron volunteered for Vice Chair.

Commissioner Derbyshire moved to close the nominations, seconded by Commissioner Jackson. The motion passed.

Chair Greiner called for a vote and the vote was unanimous for Kevin Quint as Chair and Dr. Barron as Vice Chair.

NAMI REPORT PUBLISHED MARCH 9, 2009

Dr. Cook provided a two page summary of the NAMI Score Card in the agenda packet. Dr. Cook stated that NAMI completed its first report in 2006, when that report was made public there was a lot press, publicity, and concern expressed because of the poor state of public mental health in the country. In 2006 the average grade was "D" and again a "D" in 2009. Dr. Cook stated that he did not receive any phone calls regarding the 2009 report. There are issues regarding this report as it is not exactly clear on how the scores were derived and thus makes it difficult to know to what it means to get a certain grade. Dr. Cook stated that the report does note problem areas, such as workforce development, evidence based practice data, cultural competency, language issues, and supported employment and education. MHDS is looking at those low scoring areas and

is working toward making improvements in those areas. For the 2009 report, the nation as a whole received a "D" and Nevada received a "D".

(Dr. Beasley left the meeting at 2:30 P.M. due to previous appointments scheduled)

WEB SITE TOUR

Dr. Crowe performed a brief review of the Commission's website. It was noted that there no link from MHDS to DCFS on the Commission's website and that the Commission is not listed anywhere on the DCFS website.

Dr. Crowe requested that Commissioners e-mail his with any ideas for the website or if there is anything that needs to be added, deleted, or amended.

Dr. Fricke suggested that advocacy groups be listed on the website.

FUTURE AGENDA ITEMS

The following items were suggested for the September 17, 2009 agenda:

- Final Budget Update – Dr. Cook
- Final Legislative Report – specifically AB 463/SB 279/SB 278/AB 102 – Dr. Cook
- Options on Simplifying the Seclusion/Restraint Forms – Dr. Kevin Crowe
- Retreat for September 16, 2009 to discuss, review, amend Bylaws – Commission
- Discussion of the Pros and Cons regarding the public dissemination of seclusion and restraint data
- Collaboration with Co-Occurring Disorders
July DCFS Meeting
- Collaboration with Co-Occurring Disorders at July DCFS meeting – DCFS
- Meeting with Director Mike Willden – DCFS meeting

PUBLIC COMMENTS

Jane Gruner announced that Nancy Knox will be retiring on June 12, 2009.

Roger Mowbray clarified that by Federal Law the Mental Health Planning Council has three responsibilities: 1) Review State Plans and submit any recommended modifications to the State; 2) Serve as an advocate for adults with serious mental illness, children with severe emotional disturbance and other individuals with mental illnesses or emotion problems; and 3) Monitor, review, and evaluate not less than once each year the allocation and adequacy of mental health services within the State.

MOTION: Vice Chair Quint moved to adjourn the regular meeting at 3:05 P.M., seconded by Commissioner Derbyshire. The motion passed unanimously.

Respectfully submitted,

Christina Harper
Recording Secretary