

MINUTES
of the
Mental Health Planning Advisory Council
Rural Monitoring Committee
meeting on
Wednesday, July 28, 2010
held at
Substance Abuse Prevention & Treatment Agency (SAPTA)
4126 Technology Way, Second Floor Conference Room
Carson City, Nevada

1. CALL TO ORDER, ROLL CALL, INTRODUCTIONS –ALYCE THOMAS, CHAIR

Alyce called the meeting to order at 9:11 am. Roll call was completed verbally and Tanya completed the sign in sheet.

Members Present:

- Phinney, Cody – MHDS
- Polakowski, Ann – DCFS (via teleconference in Las Vegas)
- Thomas, Alyce – Consumer, Chair (via teleconference in Las Vegas)
- Willingham, Bryce (Randy) – Consumer (via teleconference in Laughlin)

Members Absent:

- Norris, Rene – Family Member
- Peterman, Patricia – Family Member

Staff and guests:

- Benitez, Tanya – MHDS/MHPAC Admin. Asst.
- Mowbray, Roger – Grant Writer

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 7/13/2010.

Alyce asked for comments and/or corrections.

Cody motioned to accept the minutes as written. Bryce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. REVIEW AND MODIFY DRAFT REPORT OF THE MESQUITE MONITORING VISIT

Alyce gave the floor to Roger. Roger said he has pictures to add at a later date to control the size of the document. Roger will add the child and staff information to the table of contents. He has two letters of support from clients that he is going to scan and place in the report.

Page three is a standard page that gives background information on the location visited.

Roger went to page six. Roger will double check the population because he believes it has started to go down. He will delete Nevada Department of Employment Training and Rehabilitation because they are visiting from Las Vegas. He was only able to locate two medical service organizations.

Roger went over the clinic staff. Roger asked for input in regard to the staff. Bryce verified that there is a nurse practitioner that dispenses the medicine at Mesquite and Laughlin. He said Laughlin does not have a psychiatrist that visits and he believes it is the same for Mesquite. Roger will get the caseload numbers for the report. He will also see if he is able to get the prior 12 months so they can see the month to month trend. They currently do not have a waiting list.

Roger described the environmental scan. He does mention the area on the porch where the water accumulates. The lobby is of modest size with a few brochures and informational pamphlets available. He mentions that there is not much privacy for the clients.

Roger said a couple of the challenges are the reorganization and budget accounts. The five rural clinics that are now under SNAMHS will need to be accredited. There is discussion of the cutbacks and that they have affected Mesquite by the social service agencies.

The staff described what happens when client calls for service. They discussed the age of the clients. One of the barriers is they do not have a Psychiatrist to prescribe medication for children under 12. Roger will move this to unmet needs. They did discuss telemedicine. Mesquite seemed generally pleased with it, but they did acknowledge some of the limitations. They mentioned the medication clinic only pilot that is in Northern Nevada's plan for Mesquite in the future. Roger asked if a client needs medication can they come in and not have an evaluation. Cody said that would be a separate issue. The medication clinic only project has to do with reorganizing the way that rural clinics has traditionally

done services where they had to have an ongoing therapist to receive any service. They are eliminating that requirement. The mail order has to do with the actual dispensing of the medication. Roger asked for thoughts on the medication only pilot. Cody said the purpose of the activity is requiring people to have an ongoing therapist has created a lot of bottleneck and then they are not able to get any service because the service is full. Ann said she believes they should recommend that they look at the pros and cons of this. She does not believe the Council should recommend one way or another.

Roger said Clark County housing authority has a waiting list of over four years. Nevada Rural Housing authority waiting list is only 18 months, but it is not possible to live in Clark County and redeem the rural. Mesquite is in Clark County. There were several issues that came up because Mesquite is in Clark County. They are not considered rural by definition, but they have all of the characteristics of rural. He said public transportation has only gotten worse. There is no public transportation from Moapa and Caliente. Roger asked for thoughts on a recommendation to help them alleviate the situation.

The staff told them representatives from the Social Security Administration and Clark County Social Services travel to Mesquite about once a month and serve clients on a first come first serve basis. Roger is attempting to get clarification from Welfare as to how their family resource center concept is working. After their tour of Fallon and Silver Springs he was told by the former Deputy Administrator that they were moving to make these family resource centers the primary gatherer of their applications.

The staff made observations of their need for art supplies, group therapy supplies, and that they are in the process of upgrading some of their psychological testing tools. Roger said the lobby does not have the means to display the numerous brochures on hand which makes it difficult for clients to access them.

Roger asked Bryce if the paragraph about NAMI is accurate. Bryce said it is. They have a new facilitator in place for Mesquite. They are having a little trouble getting coordinated. Twice he has come to facilitate the group and no one has shown up. He said the feeling is that due to the time of day, and it is summer, a lot of people are not coming out because of the heat. Roger asked if this person is dependent on the staff. Bryce said not really. The previous facilitator left everything that is needed to run the group. Apparently some of them thought that after the previous facilitator left that the group was cancelled. The clinic is attempting to help them get the word out. Bryce said that the participation is suffering in Laughlin also. People are just not willing to come out when it is hot.

Roger said that all of the staff agreed the location was worth keeping because it is centrally located. They would like to see the shortcomings of the maintenance and the leaks worked on. He said he was concerned about the mold. He will check to see if they have contacted Risk Management. Cody said that they said

more publicity would be helpful. She asked if they had any ideas about how they would like to see that accomplished. Roger said he believes they would like a public information officer. They had a huge article in the paper about the clinic closing. Roger said that he has not seen a follow up article. He said someone in Caliente may have mentioned the closing as well. Roger said at this point they are pretty stable and the community is trusting of them.

An administrative assistant said that the processing of preadmission requests and claims to insurance companies has become increasingly difficult and time consuming. Roger spoke with MHDS Central Billing in Carson City and they provided him with some figures to substantiate it. A number of the clients in Mesquite do have private insurance. The insurance companies are getting stricter. They are limiting the number of visits they are allowing to be pre authorized. It is just becoming a burden for the staff to keep up with it. If they do not jump through all of the hoops, then the insurance company will deny claims or services.

The PAP program is difficult to collect the co pays. Roger said that is too large for the Council to be able to impact any change. Cody said her knowledge is that a lot of the challenge is imposed by the pharmaceutical companies, not so much by the state government.

The SAPTA provider uses space at the clinic to meet with clients and this is a good relationship. They have also indicated that they have space available for Vocational Rehab and DETR.

Roger will attribute the statement on the top of page 11 to the correct party. There were some comments about the challenge to meet the service hours per week which ranges from 25 to 32. There was a suggestion that they have more flexibility in scheduling their time. Ann asked Cody if there is not flexibility with innovative work schedules in the rural clinics. Cody said since they have changed to SNAMHS, she is not familiar with what changes have been made. Generally, there has been flexibility with varying work schedules. Ann said that's what she thought too, but everywhere they go, they are told no. Cody said she would find out what the current status is. Roger said the gist of the complaint is that some people are on the variable work schedule, but that they can only see clients from 8am – 5 pm. Ann said that is an easy fix. There has been work around in the urban area, so why would it be different in the rural. Roger said he will double check to see if they can see clients before or after regular business hours.

Roger said clients who have crisis generally go to the local emergency room. There was a general comment that they liked the reorganization so far. Roger said their suggestions include bringing stability to Moapa to make up for mixed messages sent to the community regarding the future of the clinic there. There was comment for an electronic door that meets ADA requirements.

Roger went over the information from the Stakeholders. There were numerous meetings. They met with the intern who is practicing in Mesquite and Overton. She was very complimentary of the services. She said if the clinic were to close she does not think that the medical community could absorb the clients.

They had a discussion with the Counselor at the High School. He went over his comments. The Counselor mentioned the lack of a certified adolescent psychiatrist. His outlook is that the communication between the clinic and all of the schools in the area is very strong and commendable. The Counselor from the elementary school was very complimentary also. They spoke with a person from the College of Southern Nevada Extension through video conferencing. She indicated that the clients had settled down. She mentioned that the Mental Health Technician is there on a permanent basis and the Counselor only twice a month. If they were to advertise they may not be able to meet the expectations.

The City Attorneys Office was interested in receiving additional information on crisis intervention teams (CIT). Bryce said that he forwarded the information on CIT to both the City Attorneys Office and the Chief of Police. He said there is apparently a waiting list for the training in Las Vegas.

The president of the Mesquite Veterans Center had previously been with the Cities Emergency Management. He discussed that and what their organization is doing. Roger said they are very active. They are working to build a Veterans Center near the hospital. He discussed Post Traumatic Stress Disorder being experienced by members of the Guard and the Reserve. They have a van that goes to Las Vegas three times a week. It is only for the veterans.

A Marriage and Family Therapist said he has a contract with safe nest. He said the biggest problem is a lot of people do not have the resources to pay for services. He has developed a good working relationship. They refer back and forth.

The Chief of Police said they have challenges where no one at the hospital will authorize a legal 2000 or confinement and then the person is back on the street in 20 minutes manifesting the same symptoms. Cody asked about the issue of lawsuits filed based on people who have been harmed while in the facility. She asked if this is in the jail. Roger confirmed. She asked if they harmed themselves. Roger said either harmed themselves or were harmed. He believes there was a combination. Either they were beat up or they were not adequately supervised and harmed themselves. The Chief of Police was appreciative of the training. The police department utilizes the clinic staff for Post Traumatic Stress Counseling of police officers following accidents, fires, and other emergencies.

Roger said there was discussion in regard to the request for information that was done. It did not go anywhere and she would have appreciated a follow up. Roger said the RFI was geared at integration of services with primary care, which is

really where the health care reform is headed. He understands that several entities responded and have not heard anything back. Cody said that is excellent feedback. She was told that there was quite a response. She will take the information back and volunteer to provide some information that can be sent out.

Roger asked if there were any comments or anything that needed to be added.

Roger went over the adult consumer feedback. The meeting was conducted on more of a conversational level due to the lack of time instead of following the focus group questions. The consumers were provided copies of the instruments with a business reply envelope and asked to complete and submit them after the meetings. Roger said they have received three back. They only had an hour for the adult focus group.

There were several sources as to how people hear about the clinic. The general theme of services received is counseling group therapy coordination. In regard to the waiting list, there was one client who started services approximately three years ago and had been placed on a list for a year. There were no other comments stating there was a wait. There were observations of being stigmatized and the group agreed that it happens. The consumers would like to see a psychiatrist to serve children and adolescents. There was a request for mental health resources available on the internet. There are a number of success stories.

Roger went through the youth/adolescent feedback. The adolescents were asked if they would go see a clinician at the school. They agreed that they would. They were not too worried about stigma.

Roger asked for comments suggestions of items from the committee. Ann said she is always concerned that they do not treat little children.

SUCSESSES

Roger went through successes. He asked for comments/suggestions in regard to successes. He attempted to find information on how active NV PEP is with families and children. Ann said they do parent support, IEP training, parent training. Alyce said they will also attend an IEP with a parent if necessary. Roger added strong working relationship with schools in Mesquite and the Veterans van going to Las Vegas.

CHALLENGES

Roger went through challenges. He asked for comments/suggestions. Roger added the observation by Dr. Ghertner about the reorganization, budget, and accreditation. Cody said it is her understanding that they will pursue the accreditation.

UNMET NEEDS

Roger went through unmet needs. He asked for comments/suggestions. On the shortages of psychiatrists in rural Nevada, he added particularly for children and adolescents. Ann said in all of the rural areas they have visited, they have discussed the lack of play therapy supplies. Having play therapy supplies does not bring expertise or child clients to the clinic. If they do not have children to serve, she does not think they should spend money on supplies. She has been a clinician for 15 years and she has never had agencies buy her play therapy supplies for her. She understands that they hear that they are not able to serve children because they do not have the tools. She said if they were to say that they do not serve children because they are not experienced with that population or that they do not have the training, but because they do not have toys. Cody said what she hears subtly is, they don't serve children because it makes it more difficult for them to keep up their numbers. To treat a child they have to deal with the entire family. Ann said there needs to be a way to find a balance between the number requirement and children and adolescents not getting served. Cody asked for verification on the age of the youngest child on the caseload. Ann and Roger said it was six. Ann said there are not any early childhood services at all. That has been consistent in every rural clinic they have visited so far. Roger thought that there may have been mention of treating younger but that it was mainly done in the context of parenting. Ann said early childhood mental health services should be done in the context of family. Most of the work with early childhood population is family work. It is not parent training but it is family therapy. They open the client as the child not the parent. Ann said she is interested to hear what others think as well. Cody asked how it can be put in the report to get the attention to at least explore the issue. Ann said what if they put one of the challenges as finding a balance between meeting the productivity standard and serving children and adolescents in a clinically appropriate manner as children and adolescents take a different therapeutic approach. Roger said they had something to that effect in the Fallon report. Cody said one of the issues that the staff may not be aware of, the last time there were a large number of positions that were eliminated from rural clinics, it was heavily positions that had been child focused because those were the ones they were really having difficulty recruiting. When positions are eliminated vacant positions go first. Ann said that DCFS has standards also and they serve only children. Roger asked if the standards are based on children. Ann asked Cody what the billable standards are for the rural areas. Cody said between 25 and 32. Ann said it is the same amount of billable hours. In childhood a lot of work is done in homes or in the community because that is a natural environment for children, and they have a lot of travel that does not count into that billable standard.

Roger asked Ann about a recommendation for training and expertise. Ann asked if one of the recommendations if the Council has the funds to support clinicians in obtaining child and adolescent specific training. They have the training in Las Vegas all the time. Can the Council support or recommend release time for the

training? Is there some partnership with DCFS were they can get some clinical consult? Roger asked for the best source of information in regard to the training. Ann said it is on the DCFS website, but they should be getting fliers too because they are licensed. Roger asked if there are a number of training organizations. Ann said Dr. Lyons just came to the DCR to three training. They do know about them. Cody said maybe the issue is how they create an incentive to ensure that those services are available in these areas. Are there some mechanisms that MHDS can use to ensure there is an incentive for those clinics to be interested in that? Maybe the recommendation should be measure how much early childhood (zero – 12) is being provided and what is expected. Roger asked how the committee would like to approach this unmet need. Cody said certainly the funding that is available could be directed toward supporting travel or registration for training. Roger said the best would be registration because it is in operations. Roger asked if they want to make changes to play therapy. Cody said there is a little money; they could provide some of the supplies. She does not believe that it will solve the situation. She recommends put that they have observed consistently that there seems to be a complete lack of services for the young children and the recommendation be to the effect of what is the problem and how do they want to follow up on identifying what the problem is. Ann agreed and said they spent some money for supplies in Pahrump and she would be curious to see if that changed anything. If there is money for it and it can be used for supplies, it won't hurt. She does believe they need to do some exploration, study, and analysis of why these services are not happening in these areas. She is not sure if they can ask for a report back. Cody said the Council can ask her for a report. Alyce said she is not sure why they would not be able to ask for a report. They provided funds for something to happen and it would be following up on the funds that are used. They are just asking for the outcome. There was a need, the Council provided for that need, so now they want to know if the funds were used and helpful for that need. Cody asked what specific information they would want. Alyce said for example they were saying that they didn't do a particular item because they did not have toys or they did not have the tools. Now that they have the tools are they serving more people, have they seen more children, how are those items being used. They said this would help them do their job better, now let's see if it did. Bryce asked if the additional supplies have actually made the service to child and adolescent clients more favorable. Ann said she believes they are asking for two things. One on the recommendation they made in the past and those recommendations were taken and action was taken by MHDS, has things changed as a result of that. The other thing is do they make a recommendation to Cody asking for some kind of a needs assessment asking about why certain populations are not being served in the rural areas so that they can make better informed recommendations. Roger said as far as the Mesquite report, what is the pleasure of the committee. Ann said they can say one of the challenges is that there are certain populations that are not being served but the reason for that is unknown to this committee and merits further exploration. They can make the recommendation. Cody asked for purposes of the report, what population are they particularly interested in having information about. Ann said she believes that

they have seen that children and adolescents are minimally served and that early childhood in particular seemed to not be served at all. Ann confirmed that early childhood is from zero to six. Roger verified children and adolescents overall and early childhood in particular. Ann said at every location they have visited, they seem to be able to give an exact number of children and adolescents on their roster and it is never more than 15 or 20. Roger confirmed and said it was highest at Fallon and Silver Springs.

Roger asked if the Committee wants to submit it to Rural Services for their response. The consensus was yes.

RECOMMENDATIONS

Roger went over the recommendations. He asked for comments/suggestions. Cody said she believes that the interpretive resources should not be number one on the list. Roger added explore reasons why certain populations are not being treated. Cody said they need to be specific about what populations in order to get the correct information. Roger will move item one and two down on the list. Roger suggested having them identify private sector partners who would be able to contribute the states share for the telemedicine. Cody said that item four did not sound as if Mesquite had this issue. Roger asked Bryce if there is something in regard to NAMI that they can say. Bryce said they are attempting to increase NAMI's presence in Nevada. The clinics seem to be appreciative of the support groups that NAMI is offering.

4. PUBLIC COMMENT

None made

5. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

Roger suggested scheduling a meeting after the quarterly Council meeting. He requested that it be deferred until September 2010. Cody said that Rural Services will be working on their budget until September 1, 2010. Everyone concurred.

6. ADJOURNMENT

Cody motioned to adjourn the meeting. Ann seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 11:00 am