

MINUTES
of the
Mental Health Planning Advisory Council
Quarterly Meeting
meeting on
April 6, 2010
held at

Division of Child & Family Services West Neighborhood Care Center
6171 W. Charleston Blvd., Bldg 8,
Las Vegas, NV 89

1. CALL TO ORDER, ROLL CALL, INTRODUCTIONS – RENE NORRIS, CHAIR

Rene called the meeting to order at 9:17 AM. Roger did verbal roll call. Rene asked for introductions. All members and public introduced themselves.

Members present:

- Ash, Alisha – Consumer/Youth (via video conference in Las Vegas)
- Bousquet, Judy – Consumer (via video conference in Las Vegas)
- Castle, Howard – DETR (via video conference in Las Vegas)
- Daniels, Steve – DOC (via video conference in Carson City)
- Herrera, Corrie – Family Member (via video conference in Elko)
- Lawrence, Coleen – DHCFP (via teleconference in Carson City)
- Norris, Rene – Family Member, Chair (via video conference in Las Vegas)
- Peterman, Patricia – Family Member, Vice Chair (via video conference in Reno)
- Phinney, Cody – MHDS (via video conference in Reno)
- Pinder, Denice – Family Member (via video conference in Fallon)
- Polakowski, Ann – DCFS (via video conference in Las Vegas)
- Roden, Christine – Health (via video conference in Carson City)
- Snead, Lydia – Nevada PEP, Family Member (via video conference in Reno – left at 10:30 am)
- Thomas, Alyce – Consumer (via video conference in Las Vegas)
- Willingham, Bryce – Consumer (via teleconference in Laughlin)

Members absent:

- Cooley, Judge W. – Consumer (unexcused)
- Jackson, Barbara – Consumer (unexcused)
- Kosuda, Constance (unexcused)
- Parra, Debra (excused)
- Wilhelm, Layne (excused)

Staff and guests:

- Benitez, Tanya – MHPAC Administrative Assistant
- Comeaux, Diane – DCFS
- Cook, Harold Dr. – MHDS Administrator (via video conference in Reno)
- Mowbray, Roger – Grant Consultant

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 1/2/2010

Rene asked for comments and/or changes on the minutes for 1/12/2010.

Judy motioned to accept minutes as written. Lydia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. LEGISLATIVE BUDGET UPDATE

• MHDS

Dr. Harold Cook introduced himself and went to page five of the handout entitled Nevada Department Health & Human Services Legislatively approved budget cuts February 2010 Special Session, which is the Mental Health and Developmental Services (MHDS) portion. Dr. Cook briefly went over reductions and focused on ones that specifically affect MHDS. The first bullet carries over United Settlement Funding for the new year. This one is more complicated, several years ago as a condition for two insurance companies merging; the provider of the two, United Health was forced to provide the State 15 million dollars in order to carry forward with the merger. The 15 million dollars funded various health programs including the Department of Mental Health. They were not able to use all of the money initially. The money will be used to fund a mobile crisis team in northern Nevada.

They had some vacancy savings, and they have some utility savings due to closing down buildings, eliminating the central heat plant and others.

Page six is pharmacy savings. In the last two years, they have been able to identify over six million in pharmacy savings. Identifying areas where they were over budgeted and identifying the clients who have the ability to go to a private pharmacy for medication. Those are clients who have Medicaid, Medicare part D services, and clients that have private insurance. Two years ago they were deflecting about 40% of clients to private pharmacies; today it is closer to 60%. They gave up about 8 million.

Developmental Services eliminated about 13 million. They still have enough money left to assist those on the waiting lists.

In the Substance Abuse and Preventative Treatment Agency (SAPTA) they froze two vacant positions and reduced their prevention efforts by 3%.

Rural Services reduced the funding for professional services by \$290,000. \$255,000 of that is for this fiscal year. These are for the psychiatric, psychologist, nursing services provided in rural counties by non state employees. They will see the savings this fiscal year and will see minimal cutbacks under this plan next fiscal year.

They reduced the inpatient capacity at Rawson-Neal Hospital by 22 beds. The hospital capacity was 230 beds before they did the reduction. In looking at the last six to nine months of bed utilization, they were showing utilization between 190 – 200 beds. They were not using the beds, so they closed one building that needs some work and saved about five million. They closed the building in February before the Special Session and have not seen any impact since it has been closed.

Page seven: They gave 1.2 million in Residential Services at SNAMHS. That was all for this fiscal year and they will have the full amount for next fiscal year. It does reduce capacity by about 85 residential spots. They have enough capacity to address the immediate need in the residential placement.

Lake's Crossing Center froze a number of positions, but they did not eliminate those positions. This will save salaries for this fiscal year. The division lost a law suit in 2007, and as a result, they are mandated to provide services to anyone within seven days. They can not carry a waiting list longer than seven days. They have been able to do this using the existing staff they have now. These positions that were frozen were all vacant. They are watching the wait list carefully.

Developmental Services is reverting the unused funds for autism and eliminating vacant positions.

NNAMHS has eliminated four vacant positions. This was part of the budget sweep that was done independent of the program cuts that were made. During the

budget reduction, the budget office went through all of the budgets. These are positions that had been vacant for awhile. Through this process, as well as through cutting travel and training funds, they lost another eight million.

They have reduced operating, travel, and training. MHDS lost 30 million in general funds, 15 million in federal funds, Medicaid/Medicare, mostly Medicare. They lost 1.5 million in TANF. At this point MHDS has cut approximately 90 million in the last one and a half years.

Dr. Cook said one of the things for the Council to start looking at is the Health Care Reform Bill because it will have a huge impact on the way they do business over the next few years. Patricia asked in regard to the vacant positions, is it because the recruitment is difficult to find qualified individuals to fill those? Dr. Cook said it can be difficult. Finding LCSW's who have a background in the kind of services MHDS provides is also difficult. Patricia said there are a limited amount of Child Psychiatrists. Dr. Cook said Psychiatrists, LCSW, and Child Psychiatrists are very hard to fill. It took nine months to fill the Director of Nursing in SNAMHS. It was not for the lack of trying. They interviewed for six months. They just were not able to find the person they thought would be able to do the job.

Denice asked on page six, the third bulleted item, what the effect to Rural Regional's case load is. Was it also cut? Dr. Cook said they did not see any reduction in case load growth, but there was case load growth reduction in jobs and day training programs for the rural areas. No one lost a placement as a result of these cuts. These were all growth that had been built into the budget by the 2009 Legislature.

- **DCFS**

Diane went over the information on the handout entitled Nevada Department Health & Human Services Legislatively approved budget cuts February 2010 Special Session. The Division of Child & Family Services information begins on page eight of eleven.

The Division had cuts of \$10,150,532.00 in the States general funds. There were some Federal funds lost as well because of match requirement. On the first couple of bullets on the page, the Division had some natural savings opportunities. They took advantage of these and lessened some of their cuts. They had caseloads in a number of areas that were coming in lower than projected and they were able to take those savings and offer those up as part of their reductions.

The last two bullets on page eight are specific to Children's Mental Health Services. The second to the last one is the wrap around in Nevada program (WIN). They have had an opportunity to bring in additional federal revenues. They have had a higher number of children who were Medicaid eligible that they

were providing services to and they were able to bring in federal dollars and able to return some of the general funds around that. Within the WIN program they have placement prevention funds. These are funds are used to help families in situations where children are not able to be reunited with the parents because they do not having adequate housing etc., they can help with deposits. They also have an opportunity to use the funds with the care coordination team or the child and family team, that makes the decision it would be very helpful for the child to do boy scouts, or those types of things and the family can not afford to pay the fees associated with that, they have the ability to use the funds for that. They did a reduction in the placement prevention program of \$150,000 for the biennium.

On page nine, the fourth bullet down. Contracts in all areas: To purchase contract services for children who are not Medicaid eligible and who have no other funding sources for services in the community. The Division has been very successful in helping try to keep children from having to go into the child welfare system just to be able to get services. In Clark County, they use the contract dollars to purchase rehabilitative services for those children who are uninsured. There has been a reduction of \$180,000.00. Bullets eight, ten, and twelve on this page, before the bullet there is an "R" which is the reduction and "V" which are vacancies. The Governor's office made a decision that there was going to be a hard freeze on positions that were vacant. They eliminated the vacant positions. They were hit very hard in children's mental health. They lost 17 vacant positions at Northern Nevada Child and Adolescent Services (NNACS). They lost eight vacant positions at Southern Nevada Child and Adolescent Services (SNACS). Overall children's mental health did not take as significant of reductions as some of the other State agencies did. They had other proposals on the table. The department as a whole had some opportunities for natural savings to be able to offset some of the costs. These monies were used to lessen the impact on children's mental health. Howard asked about the eight vacant positions in Southern Nevada, the total savings for that is only \$65,000. Diane said the total general fund savings is only \$65,000 because they did not eliminate them in the first year of the biennium.

Rene thanked Dr. Cook and Diane for coming. Dr. Cook said in addition to paying additional attention to Health Care Reform, pay attention to future budget cuts because he believes they will continue.

4. TRAVEL UPDATES

Roger said as can be seen through the documents that Diane and Dr. Cook went through. A lot of out of state travel has been reduced. The general direction not only for MHDS or DCFS, but for the entire state, only travel associated with the core business functions of an agency is allowed to continue, regardless of funding source. There is a shortfall of state dollars, but if there are federal dollars being used to travel out of the state and it is not an essential core function of the agency, then there are some problematic comparisons being made between agencies.

They have really tightened up on out of state travel for all agencies across the state. This item was added as a standing item to the Council's agenda in order for the Council to receive updates on any travel that was funded by Block Grant dollars. There has been no out of state travel since the last meeting. The only out of state travel that has been funded by the Block Grant was in October when it was required that they attend the Block Grant Defense. Several have to go and answer questions regarding the application and this fiscal years block grant. That has been the only out of state travel that has occurred this year. Roger asked for questions. No questions asked.

- **CONFERENCE UPDATES**

None

5. SUICIDE PREVENTION PRESENTATION

Judy introduced Linda Flatt. Linda thanked the Council for the invitation. She is here to tell a little about her, the office, and what they do in suicide prevention. She verified everyone has the handout. The young man in naval uniform is her son. He took his life in June of 1993. This put her on a path that she did not plan.

Paul's suicide opened a lot of doors for her and educating herself about prevention and learning that suicide is preventable. She joined forces with a group of people working in Washington, DC to increase federal funding for suicide prevention efforts. She realized when the federal funding started it was a way to trickle down to the programs and Nevada did not have a program. She started advocating in Carson City with the Legislature for a state office. Governor Guinn signed the office into law in 2003, but there was not any money to fund the office. They were not actually funded until 2005. There are two staff members, one is stationed in Reno and she is the Nevada Coordinator. Linda focuses most of her attention in Clark County.

Suicide is preventable and it was hard for her to understand because she did not prevent Paul's suicide. For a time, she had the idea that there was nothing she could have done. Now she knows there are things that she may have done. That does not mean that the outcome would have been different. She educated herself in how to deal with people who are at risk for suicide. The information she has, has enabled her to help those who have been at risk for suicide. There is a serious problem for suicide in the country and especially in Nevada.

There are people who never communicate their intent. A large number of people do communicate their risk. If a person is aware of what to watch for, how to possibly get them through the crisis which is often short lived. Attempt to get them to the other side so they can get help.

Key facts about suicide: Family history is a definite risk factor. She asked why family history might put someone at risk for suicide. Rene said depression runs in

families and when someone commits suicide they're obviously depressed. If the family member is predisposed to depression because of genetics, then the person is at a higher risk for suicide. Linda said suicide usually happens in a system that is already struggling somehow, and the struggle continues after the suicide. Judy said on some level it gives permission. Linda said on some level it does because it is now familiar. It is model behavior. She had never really thought about suicide until her son died. Now she has a personal frame of reference. These are two reasons survivors are at a higher risk for suicide.

The research is now showing that between 60 and 90% of all people who die by suicide has had some kind of treatable mental disorder, usually major depression, bipolar depression, and/or substance abuse. What happens when you add alcohol to mental illness? The person falls down further. Alcohol will remove inhibitions. It gives the person the ability to carry out plans they may have been creating when they were not in the depression. There is a misconception that suicide happens in poor families, certain families. Suicide cuts across all lines, social-economic, racial lines. It is not discriminative. It is an equal opportunity killer. A lot of survivors need to think initially that they did not see it coming, but the fact is between 70 and 80% of people who die by suicide give some kind of clue. It may not be direct, but there is a clue. People have to know what to listen and watch for, what type of behavior changes to watch for. Then the person has to know how to deal with it, what to do with it once it is discovered. She asked why a prior attempt would elevate risk. Alisha said they have already tried it. The person has an idea of what did not work. They could be angry that they did not get it right the first time, and they will have a better plan for the next time. Someone who has attempted suicide is at an elevated risk and they need to be supported in the aftermath of their attempt.

Rene said the person has to be depressed in one form or another. Whether caused by a situation or because of a mental issue, it is still depression. Judy said it could be an addict, who is not mentally ill, but their inhibitions are down and they become a higher risk.

Linda said suicide rates have leveled off from the 90's through the early 2000's. They are seeing a slight decline in the elderly rate and the youth rate. In 2004 and 2005 there was a little spike in these rates, which was about the time that all of the flack about anti depressants for adolescents came out. Physicians stopped prescribing anti depressants, especially for children. She believes there is only one of the new medications that are approved for children. The prescriptions went down and suicide rates went up. Now the experts are weighing the risks and benefits of medications. It is very clear that medications do help a lot of people.

Ambivalence is about being on the fence of wanting to die and wanting to live. This is where most people fit. This is an opportunity for people because they can work with them and get them from the place of wanting to die through the crisis over to where they want to live. This is a process that takes two days to learn.

Most suicidal people just want their pain to go away. They are in some kind of physical or emotional pain.

Attitudes and beliefs. People need to recognize that everyone has their own beliefs about suicide. People need to understand they have those beliefs. The beliefs may be helpful when it comes to assisting someone at risk for suicide. It may also be harmful. People may have to put their attitudes aside to help someone. People need to be aware of the fact that sometimes the beliefs that people have keep them from reaching out for help and they also keep people from helping others. It is important to know what the myths about suicide are. There are some misconceptions about suicide that they need to break the stigma of suicide. It is the same stigma around mental illness. If 90% of people who die by suicide are diagnosed with mental illness, obviously mental illness and suicide need to be looked at in one context.

Statistics: The last year that Linda has data for is 2006. She is hoping to get statistics for 2007 soon. 33,300 Americans died by their own hand. A little over 50% of those suicides were accomplished with fire arms. This is happening more in female populations. About 1/3 of female suicides in 2006 were accomplished by fire arms. About 80% of suicides are men. Females attempt more than males at about 3 to 1. Males succeed about 4 to 1. Approximately every 16 minutes someone in this Country dies from suicide. Nevada has the fourth highest suicide rate in the Country. When Linda first started this work back in 1997/98, Nevada was number one, and they had been for a number of years. Nevada has been in the top four since 1999. The highest rate in the Country is in the inner mountain west. Nevada is an inner mountain west state. In Nevada there are more than twice as many suicides as homicides. In the U.S. it is about three suicides to every homicide. People do not read a lot about the suicides or about the prevention efforts that are going on in Nevada. People do read a lot about the homicides. Nevada has more suicides in the state than motor vehicle crash deaths. More people take their own life in this state than those being killed in a car. In the U.S. suicide is the 11th leading cause of death, and in Nevada it is the 6th. Suicide is considered the second leading cause of death on college campuses. Judy said this is the age when many mental health issues are diagnosed. Linda agreed this is the age when some of the disorders present.

Each statistic represents a life lost, and each life lost ripples out into families, and into a community, and possibly into the entire state. There are pictures on the packet. The young football player hung himself three weeks before graduation. He was the star football player at a local high school. His suicide rippled through his large extended family, through the large high school, into the community. It touches a lot of lives. Linda has found that when she talks about her son's suicide other people will open up and discuss how they have been affected by a suicide of someone close to them. One of the reasons she is involved is to get people to dialoging about the issue. They have to be able to talk about it and get it out into the open. Just as mental illness is a fact and suicide goes along with it.

There are opportunities to help people who are at risk. Suicide starts with a thought, or intent, and that grows and it may become an attempt. It may be other types of suicidal behavior. It ends as a lethal action. All of the space in between intent and lethal action is the opportunity to intervene and change the course and outcome.

People need to understand what the risk factors are, what the warning signs are, and then they need to be comfortable about asking someone if they are suicidal. That is not an easy question to ask. People need to reach out to people. They need to connect and establish some kind of trust. This does not need to be a long term relationship. It can be a short process. It is important to let someone know that someone is listening, and watching for the warning signs they are given. That the person is learning something about them so that the person knows they are at risk.

Many prevention programs are about reducing risk factors and enhancing protective factors. Sometimes a person has more control over the protective factors than the risk factors. In order to learn this it is important to show the person they are being heard and they are cared about enough for someone to find out what is going on. It is important to ask questions like what's going on; I've noticed that you are more anxious. Then let the person talk about why they are in that dark place. Recognize the fact that they need help and they need to get it fast. Suicidal people need to be able to talk about why they are in that place. Then it is important to ask them if they are suicidal. The only way to find out if suicide is a thought is to ask directly. Linda said when she questions a person; she uses the words suicide and killing yourself. She does not ask if they are thinking about hurting themselves. She asked why she would not be asking if they are thinking about hurting themselves. The reason is because a person can hurt themselves without killing themselves. Cutting is a way of hurting oneself. A person who is cutting does not consider suicide as hurting themselves. The person actually does not consider cutting hurting themselves either. It replaces emotional pain. It is important to be direct. Take the information available (what was gathered while they were learning she cares about them) and she goes to them. For example: "I know you have a lot of things going on, and it is affecting you, and sometimes when people have that kind of stuff going on in their lives, they may be thinking about suicide. Are you thinking about suicide?" The next step is getting the person some help if they respond positively. Hopefully the person has enough information that they have some ideas about how to get the person some help. The resources in the communities are limited. It is still necessary to get them help even if that means taking the person to the emergency room. That may mean sitting with them in the emergency room for eight hours, as long as it keeps the person safe. If the person says no to the question and is believed, they still need some kind of help otherwise the person would not have picked up on the risk factors and signs. If the person says no and is not believed, then more questions

need to be asked, like do you have a plan, do you wish you were dead, and do you have a weapon to carry out the plan.

There are a number of intervention processes that people can go through. The examples Linda has given are very simple and they work. She does extensive trainings that go into more detail and allow for practice. There are some websites listed in the handout. The Nevada state website has a plan listed on the website. It is the mission of Linda's office to reduce, to recognize who is highest ranked in the state, to collaborative implementation of their state suicide plan. The last website listed is Linda's survivor support website. She facilitates a support group for adults who have lost someone by suicide. There is material on the site that she hands out at groups. The national suicide prevention lifeline is 1-800-273-8255. They are there 24/7. They are reliable, certified crisis centers that are networked all over the United States. If the person is a veteran press one and be connected to a dedicated veteran hotline for specific help for veterans. There is a list of trainings that they provide through the office. The office is a training technical assistance. They do not provide direct counseling and they do not have a hotline. They go out into the communities and do all types of training. If there is a question or need information, can call Reno or Las Vegas office. The contact information is on the last slide. Misty Allen is the Nevada Suicide Prevention Coordinator and she is available in Northern Nevada. Linda Flatt has an office in Las Vegas.

Linda asked for questions. Rene asked if they are still receiving the Garret Lee Smith. They just received a second amount of money. About the same time the office opened they received a grant. They applied for the second portion of the grant and did not get it. They then applied again and received it. They will be branching out into other communities. Douglas County has a really active suicide prevention network. They are working on a text messaging project through the crisis call center for children. Children do not call the hotline. Children do not go to adults. They go to other children or text them. There is a grant through the crisis call center. They have one certified call center in Nevada and it is located in Reno. They will be working with the center for texting so the children can text the counselor at the crisis call center and the counselor will text back. Hopefully they can get the child to connect with a living person. The lifeline has a MySpace that they do monitor. They are looking at all of social marketing websites as options because they know that is where children go. Judy asked if the suicide rate has gone up in the adolescent area. Linda said in 2004 and 2005 there was a spike. Judy said with all of the activity going on has it done anything to increase/decrease. Linda said she is waiting for the 2007 statistics. The media has attempted to connect the economy downturn to an increase in suicide. Antidotally they know that if there are more problems, there will be more suicides. They will not be able to prove that statistically until they receive the numbers.

Rene asked if there are any more questions. Coleen thanked her and said that the presentation was very helpful. The Council thanked Linda for her presentation.

6. RECOMMENDATION FOR USE OF ALTERNATIVE RESOURCES PRESENTATION

Bryce said most of the meeting has been inaudible from the telephone.

He said he would like to touch on three points. This is primarily more of a matter for the rural area. He has an order in his hand for blood work. This order for blood work came down over two years ago and remained unfunded until November of this last year. He asked his VA clinic and the clinic he attends to exchange medical information. He attempted to get the rural clinic to access the information two years ago by signing the waivers, but they neglected to do it. The other point is the dispensing of medications. He has tracked over the last two years. 12 out of 15 months, prescription medications dispensed by the clinic are anywhere from 3 days to 2 weeks late. They are shipped from Las Vegas via Fed Ex and for the most part no one ever knows when they will arrive. Any mental health care professional will say that the worst possible thing to do is stop taking the medications. This happens on a regular basis here and he is wondering if the state would be able to contract with a local pharmacy and that would serve both shipping costs and making sure the consumers get their medications on time. The third point is it appears that due to budget cuts there are quite a few empty offices in the rural areas. Speaking for Laughlin, NV, this facility has eight separate offices and only three of the offices are being used. He is wondering with the staff shortages, can the state look into making space available to the private sector to enlist the services of private practitioners.

Rene said the item with the blood work makes a lot of sense, and she takes her daughters orders from doctor to doctor. She said that is in the private sector. Bryce said the private sector has the ability to share information. Rene said her daughters doctors are all through the University School of Medicine and in the same area. She doesn't have to wait a month to have an issue dealt with.

Patricia asked if Bryce is able to get a copy of his labs for themselves. Bryce said he has a copy. Rene asked Bryce even when he takes the results to the clinic; they still want him to get the blood work again. Bryce said they do not have a Psychiatrist there, they have a Nurse Practitioner. He has encouraged him over the last two years to pick up the phone, contact his VA doctors, and request a copy of his blood work. The nurse has been very hesitant to contact the VA to get the information. He is not sure why. He has had it in place for two years, so that all the office has to do is pick up the phone and call the VA clinic in Kingman, AZ and they can get copies of any of his medical records. It is something the Clinic does not do on a regular basis and they do not encourage the consumers to sign these waivers so they can access the blood work from other locations. Most

of the consumers at the clinic have a private medical physician less than 100 yards away. To his knowledge they have never made a request.

Judy said any blood work she has had done, she gets a hard copy for her files, and can give them to other doctors as necessary.

Rene asked if there were any other questions.

Roger asked for a quick break and then said they can cover the committee updates on rural monitoring and then should be enough time. Rene 5 minute break.
Meeting reconvened at 10:19 am

7. LUNCH

Meeting adjourned for lunch at 11:45. Meeting reconvened at 1:11 pm

8. CMHS BLOCK GRANT SFY2011 BUDGET UPDATE

Roger verified everyone received the budget update hand out. This budget is subject to a number of additional factors both federal and state. There is a slight reduction in the current years grant and they just found out about it around six weeks ago. It is \$20,000 less. There are various categories the money is used for. One is to support the administrative assistant for the Council. There is money for stipends for Council member who qualify for it to participate in meetings, committee meetings, and rural monitoring. It looks like it went down approximately \$500, but the budget of \$9035 for this current year; they are not even close to spending. He went through all of the committees and Council meetings and calculated maximum liability. If every Council member were to participate in every meeting. There are five positions in the MHDS Administration that are funded by the Block Grant and they vary from year to year. It is projected to be about \$12,000 higher than last year.

\$12,805 is intended for Consumer Service Assistants (CSA) to become certified or receive training. There are 13 full time positions and one half time position in the various MHDS agencies. This amount wasn't enough to get the certifications. They moved the money to the top of the second page where allocation is given to the agencies so the agencies have the money to continue to provide certification for new CSA's. Once they are certified, there is not any continuing certification. However, there is turnover.

Sub category 15-14: This is the MHPAC budget. There are some changes in this. The out of state travel, even if it is federally funded has to be a condition of the grant. The Block Grant defense and the annual Block Grant Conference are considered requirements of the Block Grant. The Fed's pay for four people to attend the Block Grant Conference, he believes that those four are in the process

to be approved. The four are Adult Planner – MHDS, Cody, Child Planner – DCFS, Dr. Susan Mears, Council Chair – Rene, and the IT person for MHDS. There is a reduction in the out of state travel. The line item registration was intended for other conferences that were attended in the past and required a registration fee, but now are not considered to be core operations of the Block Grant.

Equipment: They have an additional \$2,000 so the Council has enough to repair or replace equipment to perform mandated functions.

Sub category 15-15: This is the MHDS Central Office. They are core functions that Nevada includes in the Block Grant application. There is a lot of training activities for the MHDS staff to perform their duties. The total amount went down \$4,611. The money was shifted to accommodate the restrictions and limitations on travel. There will be more money spent on web based education as opposed to the Service Coordinator Conference that involved more travel. This will be a broader reach of training through the web based tools and less travel involved.

At the top of page two are the Fund positions that perform duties aligned with the responsibilities of the Block Grant. There is a set of three numbers showing the amount transferred to DCFS. These are for the provision of mental health services to children and adolescents that meet the purposes of the Block Grant. These numbers with the exception of the \$12805 are staying the same for at least the third year in a row.

Commission support: The Commission is the Nevada Mental Health and Developmental Services Commission. This is something that the Council started doing two years ago to provide support for the activities of this Commission. Under agenda item 11, there will be an update on the activities. Roger is impressed with what they are doing to focus and collaborate their efforts to improve mental health services, which is something that is needed as the budgets decrease. Rene asked if everyone is cutting their travel, shouldn't they request that the Commission do the same thing so the monies can be used for services lost due to budget cuts? Roger said that is an excellent idea. He may have overlooked as far as an adjustment. Rene said as a Council even thought they have the money that they get from the feds where they would be able to travel back and forth to meetings. They decided to go along with what everyone else is doing and reduce their travel.

Roger said the Council instate travel is reduced. They did build into the budget plans for all Council members to attend the August meeting in Las Vegas because they will also be having the orientation/training. It is very important that this one meeting is face to face. It is a two day meeting. The orientation will be on one day and the Council meeting on the second day. He said he believes he can safely say that the multiple video conferencing with teleconferencing combined is not

going as well as they had hoped. They will probably adjust the travel up so members from the outlying areas to be able to attend via video conferencing and not have to call in. Patricia said she now understands fully the problems that Fallon was having with telemedicine. Rene asked if the Council will receive a copy of the Council budget broken down for them into each category separate from the rest of the budget. Roger said yes, the purpose of this one is to paint a picture of where the 3.6 million is going.

They have taken the position that regular Council meetings and rural monitoring are the real work of the Council's budget, so they can stay under the 5% for administrative services. The administrative expenses are the items covered on the first page. The program items are the support of the Commission, rural monitoring, Council support of rural clinics, and in state travel. It shows only \$5,000 for rural clinics support.

Rene asked if they need to vote on the budget now. Roger said being this is a preliminary budget he does not feel it would be wise to lock the Council in with this budget at this time. Roger suggested the Council take no action on the budget at this time. Cody said they can take the action to table it.

Judy motioned to table the budget. Alyce seconded the motion

UNANIMOUS VOICE VOTE: MOTION CARRIED

9. COMMITTEE UPDATES

• RURAL MONITORING

Roger said there are a couple of aspects he would like to present. The final report was distributed. He called attention to page four and five. There is a summary of key findings, showing the successes, challenges, unmet needs, and recommendations. The report was submitted to the Agency Director Barbara Legier, for Rural Services. She replied, and the responses are on page 22 & 23 of the report. Roger went over the responses.

The first recommendation is to explore one time funding opportunities to purchase supplies, equipment and other interpretive resources to enhance the staff's ability to treat children. Their response is, they have completed a list of resources to treat children and will submit the list to the Community Services Block Grant. Roger said right now the agency of Rural Service and MHDS are looking for ways to make this happen. They have come across some obstacles, but there is funding available and they are in the process of making sure the purchases happen.

The committee recommended purchase of psychological testing tools for all clinics. Their response was a list of testing materials they had requested and

received as a result of the rural monitoring visit to Pahrump last January. They asked if there were more items that the committee thought they should purchase. Roger's suggestion is at the next visit, they see if there are additional testing tools that would be appropriate to purchase.

Consideration of Information Technology requirements, specifically those related to Telemedicine, should be given in the selection and design of new office space in Fallon and, in the event new office space is acquired, in Silver Springs. This should include consultation with Rural Services Information Technology staff regarding the design and technical capacity of the new offices. Their response they are in the process of doing what was recommended. As the new centers are being developed a specific location for telemedicine services will be identified in each center. They are currently re-evaluating their current telemedicine equipment.

Consider creating or revising agency policies regard Telemedicine to conform to industry best practices. They responded that they have established a new collaborative policy development team that will review current policies and they will revise policies as appropriate.

Explore funding opportunities to upgrade the Agency's Telemedicine capabilities. They had a conference call yesterday to explore the feasibility of applying for the USDA Distance Learning and Telemedicine Grant, which was just released a few weeks ago. The largest hurdle is there is a requirement for matching dollars to be provided by the state. As Dr. Cook and Diane Comeaux said earlier, the matching dollars are relatively scarce. The group that met yesterday included Rural Services and they are involved in this and they are exploring the possibility and the most appropriate facilities that will make the grant application most attractive to the Fed's. They have some measurements based on the rurality based on SAMHSA and on the number of children in the area that are on the free school lunch program. There will be about eight to ten clinics selected that best meet the criteria.

Review the procedures associated with the Patient Assistance Program (PAP). This is a program operated by various drug manufacturing companies and the comments they received from clients and staff was there can be a bit of a lag time between the application being submitted for the program and the actual receipt of the medications. Rural Services response is they are reviewing and revising the medication policy with the intent to streamline the process as to how they request and receive medication. The new practices will be implemented center by center in the upcoming months.

Encourage staff to attend training opportunities that become available. Rural Services just established an agency training coordinator to coordinate with MHDS. Internal experts will be identified to provide trainings in areas of

identified needs. They will include the topics recommended by the committee.

Collaboration by the Clinics with the local School Districts, other State Agencies, County Social Services, Agencies and various support groups such as NAMI, should be increased to make the most out of existing resources. They responded their participation in various activities that they do undertake to increase collaboration. The Committee did see some of that in their visit. Because of the budget cutbacks and the furloughs, they are faced with very difficult choices as far as providing services to clients and also engaging staff in activities outside of direct client services. It continues to get more difficult as budgets shrink and there are more clients to serve. This is a challenging one for Rural Services, however it sounds as if they are attempting to go along with the recommendations.

Roger asked the Council consider accepting the report so it can be distributed to the parties involved and posted on the website as well.

Howard motioned to accept rural monitoring report as written. Bryce seconded motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Roger said just before the special session of the Legislature, there was an across the board halt on all travel and that was during the time the rural monitoring committee had met to review the preliminary drafts of this last report. The committee felt it was not worthwhile to have another meeting if funds were not available. Since that time, Dr. Cook has designated the rural monitoring activities of the Council to be one of the core functions of the Council. It is one of the three Federal Statutes of the Council. Roger had suggested to Rene, the Chair of the Council, that the plans for another monitoring visit be discussed here at this meeting.

The alternating of the rural monitoring should be in the southern part of the state. The two most likely clinics are Laughlin or Mesquite. From a logistic stand point, they are both about the same distance from Las Vegas. Mesquite has a larger caseload and more staff than at the Laughlin clinic. In discussing with the members of the Committee, the only available date coming up would be May 18, 19, and 20. The Mesquite clinic has a stake holders meeting on May 18th. The clinic staff is more than willing to allow the committee to utilize the meeting for the purposes of rural monitoring. Roger suggested a motion for the committee to plan and schedule a monitoring visit to the Mesquite clinic. He reminded everyone that he is just the advisor to the Council. He gathers the data and it is the Council's decision.

Rene asked if there is a clinic in Moapa. Roger said they are open on very limited days and they have a caseload of 13. Roger said Mesquite has one adolescent caseload in their area. The Council may want to explore options to see if children need services. Judy said she believes Mesquite works with telemedicine also. Rene said they check this with each site. Rene said that each site is supposed to have telemedicine capabilities. Roger said that the telemedicine started as a very basic almost off the shelf web cams and normal monitors. There were quite a few comments about the services in some areas. Others thought that it is better than nothing. This led to the recommendation that they explore funding through the USDA Grant.

Howard motioned to follow Roger's recommendation. Patricia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

- **CHILD TRANSITION**

Rene said she believes Roger sent the information in regard to the distribution of the fact sheets. She asked Roger if they were ready to sunset the committee. Patricia said Lydia was here this morning and they discussed the committee. The MOU and the MOA are finalized. Patricia can get the final version printout from Pam Becker. Patricia asked if the Council would like her to contact Pam to get the final version. Rene asked if the MOU was part of the child transition. Roger said that it was apart of the committee. Rene asked if they would be able to include in the next packet. Patricia said she will follow up immediately.

- **NOMINATING**

Rene said they have had no meetings since the last quarterly meeting. All positions are full at this time with the exception of Department of Education. Roger said Tanya has been in touch with the supervising authority at the Department of Education. Apparently they have not replaced Janell's position. They will designate someone when they replace her and will send a representative until then.

There were three state representatives that had their terms expire and they have been reappointed. Rene said she would like to have Tanya do a letter to the people who are unexcused from today's meeting reminding them of the change to the bylaws and their need to attend the next meeting.

- **CLUBHOUSE**

Judy said they are ready to participate in the Spring Fling in Southern Nevada at 6161 W. Charleston. The Adams house will have information at the Spring Fling.

They had their first meeting and have three items they can work on. Roger and Myra are working on a SAMHSA grant. Roger said it is a transformation grant. The good part is there are no matching dollar requirements from the state. The other side is it is a competitive grant and they will only be awarding 22 of them. Myra has been very active in putting together the programmatic information needed to explain what the Division will be doing to establish this Adams house in Southern Nevada. The deadline is the end of April. It will take approximately six to eight weeks before notification will be received from the Fed's.

Judy said the second item is to send a letter of support for Adams House. Roger said the information has been passed on to Sheri. She is part of the group that is helping Myra coordinate everything. She is attempting to keep an inventory of all of the different letters of support that are coming in. A letter needs to be drafted for Rene on behalf of the Council in support of the grant application. The Council needs to give its support for a letter.

Patricia motioned to have Rene Norris write a letter of support in behalf of the Council to support the grant application for the transformation grant for Adams House. Judy seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Judy said she and Howard will be attending all of the clubhouse meetings. She said at the last meeting, the main conversation was in regard to the transformation grant. She asked Roger if they are going for the full \$750,000. Roger said yes, they are. It is approximately \$170,000 per year for five years. Roger said he believes it is the intent that the group will prepare for the full five years. Judy said she believes there is a lot of reporting required. Roger said all five years requires a lot of reporting. There is a significant amount of data to be collected. Judy said at the meeting Myra sounded like it was doable.

- **ACCESS CHILD & ADOLESCENT SERVICES**

Patricia said the committee met on 3/5/2010. They used the strategic planning model and identified three objectives.

Resources: Identifying federal, state, county, city, and community involvement in services to children and adolescents, including Medicaid waivers. Determine stakeholders with direct interest or investment in the care

of this population. This includes both public and private sector providers of care and organizations or non profit interests.

Education: Engaging the various entities both public and private in informing the community, schools, students, and families of the impact that mental health issues can have, personally, and globally, and advocating that System of Care solutions exist. Providing a continuum of care to this population through awareness and instruction on mental health issues they face, as well as education regarding accessing appropriate services.

Barriers to services: Identify those areas in Nevada where these children “fall through the cracks,” such as uninsured or underinsured children and adolescents; lack of resources in the area in which this population lives (rural areas); lack of providers who are licensed, certified and trained in the specialized area of pediatric mental health care (scarcity of child psychiatrists). These conditions appear to occur statewide. Determine where duplication of effort exists, so the committee can focus on those areas not covered.

The committee has scheduled a second meeting on the 13th of April at 1:30pm.

- **MENTAL HEALTH MONTH**

Roger gave an update for Alyce. Roger said Judy mentioned the Spring Fling. He asked Judy to describe what they will be doing. Judy said they will have a table. They have buttons, fact sheets, brochures, applications, posters and Myra is giving information for Adams House. Roger said the order for the buttons has been submitted. They will be distributed much like the fact sheets were. Council members will get some. Contact Tanya or Roger in regard to how many you need. Cody said in addition to those items, there is a proclamation from the Governor designating May as Mental Health Month. They are also working with NAMI who is doing a Mental Health Month Walk on May 8th in Reno and they will also have the same information available that is available at the Spring Fling in the South.

10.PLANNING FOR COUNCIL MEMBER ORIENTATION/TRAINING

Rene said that within a year of appointment members need to attend an orientation and members who have attended need to have an orientation every two years. Rene said the training is to be on the 11th of August and the meeting on the 12th of August in Las Vegas. Roger said yes, it is easier for Judy Stange to travel to Las Vegas. Rene asked if there is anything the Council would be interested in receiving training on. Judy is attempting to tailor the training to this Council.

Denice asked what the orientation will consist of. Rene said they give background information of what a Council is supposed to do. Last time they did a strategic planning exercise, and how to work as a team. They focus on helping the Council work better. Coleen said maybe an education of the who's who of the different departments. For example MHDS, DCFS, Medicaid, etc and what they do. There is so much representation on this Council that for new members coming in, they have a lot of acronyms also. Maybe they can help with a reference document. Advocating for the mentally ill during the legislative session. Patricia said as an advisory committee, they can not go to the Legislation and lobby. As an advisory board can they bring their concerns without overstepping boundaries? Roger suggested advocating can be combined with collaboration, as will be seen on the next section with the Commission, they are charged with looking at the items and being more involved with Legislation. Part of the orientation could include learning who the groups are and how to use to them for the benefit of the Council. Rene said Judy is coming as technical support to the Council. Alisha said she would like to know what she is supposed to do. Denice asked for information as regard to what she can do, the history, the committees she can be on. Rene asked for new member kits. Tanya to get tool kits. Send email to Council members to see who has the training kit. Tanya will complete.

Ann motioned to set the orientation/training on August 11th and the quarterly meeting on August 12th. Patricia seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

11. NEVADA COMMISSION ON MENTAL HEALTH & DEVELOPMENTAL SERVICES (NCMHDS)

Rene gave the floor to Dr. Kevin Crowe. Dr. Kevin Crowe said he would like to bring the Council up to speed on the activities of the Commission over the last quarter. He verified that the Council received the information in regard to the strategic plan and the bylaws for the Commission.

Dr. Crowe said he will be discussing the quarterly report that he just submitted to Roger and Cody. He will give a copy to Tanya for the record. They identified three specific performance measures. These include: the number of Commission open/formal meetings he will participate in; number of stakeholder meetings; and the third is the number of new documents produced. This has continued to be a successful project. Overall project activity continues to increase. The total measures to date equal 54 individual measures. The performance measures are stabilizing after some fluctuation in the beginning. They are delivering an average of 18 deliverables per month with increases in the last quarter. Of the three measures, one stayed the same over the last quarter, but the other two which were stakeholder meetings and new documents produced showed an increase. He went over the evaluation measures. Out of the 54 total deliverables, 16 were

delivered in the last quarter. He attended six open Commission meetings on their behalf. They had stakeholder presentations this quarter. He constructed six additional documents this quarter; these are additional documents from the others previously provided. They are beginning web surveys with the Commissioners. They are determining the Legislative priorities. They revised bylaws. There is information about the Commission and the program.

Dr. Crowe said on behalf of Kevin Quint he would have liked to be here. Kevin Quint would like to attend the next meeting so he can give an annual update on the Commission from both MHDS and DCFS communicate regularly.

Dr. Crowe has been working very closely with DCFS over this past quarter. There has been a market increase in informal staff work with DCFS and the Department of Health and Human Services (DHHS). The Commission and staff from both DCFS and MHDS now communicate regularly. They have monthly staff meetings that have turned out to be very effective in helping the Commission function in a more integrated fashion between the two agencies. They completed the bylaw revision. One of the things the Commission is doing this year with the support of the Council is putting in place a basic organizational activity, so the Commission can operate a little more efficiently. They did have their March 18th meeting adopt a formal strategic planning process. This is the document that Roger sent out. It is on the Commission's website. This is the first time the Commission has identified such a process. It identifies four strategic planning partners of which the Council is one of the key partners. Along with that they have developed a list serve, which includes all of their planning partners. That means the Council is included on the website. Each individual Council member will start to receive communications from the Commission, which should start with an introductory letter within the next few weeks.

They are excited about the strategic planning process because it puts the Commission in a leadership role. They have been historically charged with this responsibility but they have not been able to respond to it. He said a lot of his time has been involved on the children's side. On the DCFS side, they are heavily involved in working with the regional consortia's to develop a statewide mental health children's plan. He has been assigned by the Commissioners to take the lead role for at least this fiscal year in helping to construct that plan. He noticed that the Council has a committee on children and adolescent services and he encourages the committee to contact him or Dr. Gretchen Greiner, the subcommittee chair for the Commission, to either interact with this group or make a presentation. They did a summit in February, which was very successful and they are now having monthly teleconferences through June 30th. They have the first draft for the state mental health plan for children is being finalized. This plan identifies sweeping changes for the delivery of services to children. They have identified short and long term strategies and developing action steps. The group's goal is to put in place an ongoing process it can monitor their strategies to complete a ten year plan.

One of the key things that came out of the planning process with the Consortia is that they strongly recommended changes in the governing structure. A lot of their recommendations affect the Commission directly as the appointed authority for mental health. They are encouraging the Commission to introduce BDR's to give it authority over private sector facilities as well as public. To put in place a completely redesigned service delivery system modeled after the system of care for children and focusing on the provision of wrap around services for children needing intensive services. Dr. Crowe said he would make sure that Roger receives copies of the materials as soon as they come out so they can be disseminated to the Council. Roger said when he was at the last Commission meeting Dr. Greiner mentioned that these documents would be beneficial to the Access to Child/Adolescent Services Committee. She said they would get the documents to the Committee as soon as they are publicly available to avoid duplicating any efforts that the Commission is undertaking and to possibly identify areas where they can enhance the collaboration. Patricia said the next meeting is on April 13, 2010. She would be happy if either Dr. Crowe and/or Dr. Greiner can attend. It is a teleconference call. Her biggest concern is duplicating efforts. Dr. Crowe said their next subcommittee meeting is April 26, 2010 from 10:00 am – 12:00 pm. He invited Patricia to attend. There will be video conference available in Reno, Las Vegas, and Elko.

Rene asked when the next Commission meeting. Dr. Crowe said the next meeting is May 20th. Rene asked if the Rural Monitoring Committee is doing a monitoring visit on the 20th. Rene asked Patricia to go to the Commission meeting in May. Dr. Crowe said they video conference the north and south. Coleen asked if the subcommittee is for the statewide consortia or is it an additional meeting. Dr. Crowe said at this time it is an additional one. The statutes that drive the children's consortia only identify three consortia's and not a state consortium. He said the subcommittee is finding its way between their role and the state committee. Currently they are all working together through these subcommittee meetings.

Dr. Crowe said the summit was a two day meeting. This was the first time the Commission has ever hosted anything. They brought three members from each of the regional consortia's together including state agency representatives. From that information, they used a logic model and they polled out key roles for the Commission, largely in the area of government restructuring and workforce development. They are developing a strategic plan that will lead to an evaluation. He is glad to see that the groups are working together in that area.

Another group that is empowered by Legislation is SB260 took the Co-Occurring Disorder's Committee, previously headed up by Rosetta Johnson, now headed by Dr. Dixon a Psychiatrist in Las Vegas. They are working with them as well. The Commission is reviewing their documents. They have Legislation required reports that need to be submitted to the Legislation and the Commission. The

Commission is learning how to plan this field. In the last few years, the Commission has seen a lot of new mandates. The Co-Occurring Disorders group has issued statewide reports. If the members of the Council have not read those, they are available. At some point the Council may want to have Dr. Dixon come and speak about the group.

The Commission has a new orientation that they have built based on the one for the Council. They have a ten member Commission and currently one of the issues they are having is finding new Commissioners. As of June they will have over 50% vacancy rate. The process to fill the position for the Commission is very similar to the Council's in that they have to go through the Governor's Office. For the Commission the names have to be submitted largely from a professional organization in the area of psychology, social work, psychiatry, nursing, etc. The two consumer positions are direct applications to the Governor's Office. They will be losing Dr. Albers, Dr. Greiner, and Joan McCraw in June, essentially, all of the veteran members on June 30th.

The measures and activities that have been mentioned are still fluctuating a lot because it is a new program. The Commission meets infrequently and their meetings are handled by three different support staff. This year has been a good year, it has stabilized. The Commission is still struggling to look at procedures. The client review for client denial of right, related to seclusion and restraint. They review every individual client report. This is very time consuming for them, they have been exploring the utility and any efficient way to complete it. It is required by statute that they conduct a record review. After looking at other options and in depth discussion, they will continue with an individual record review. Dr. Crowe has developed a training and protocol for the Commission to review the forms.

They looked at strategic planning process and there is a strong hold for the consumer groups. This Council is their primary source for consumer input into the process. In the fall the Commission will be looking at making sure that they can link with their consumer groups. Their hope is that the Council will assist with the consumer advocacy. This is where they can build a bridge so that existing bill and legislation tracking have to be in place with the agencies, that includes the Commission. As the legislation is tracked, he would like to build a process so that the consumer groups are ready to advocate. This means that the consumer groups really need to learn how to become advocates. Then it is necessary for them to be available during the upcoming legislative session to advocate. He hopes to have this plan in place in the fall. The purpose for the strategic planning for the Commission is to lead the process, but to also make sure that the process has the consumer involvement built in, using the existing process (the Commission) and strengthening with the consumer groups. It will take work from everyone. None of this would be possible without the support of the Council.

Dr. Crowe said on behalf of the Commission, he knows they are very appreciative of the work that they have been able to do as a result of the Council's support. He asked for questions.

Rene said both Kevin's are welcome at the meetings.

12.PUBLIC COMMENT

Rene asked for public comment. Cody said that they have been notified the Block Grant Monitoring visit from SAMHSA will be in June. At the moment, she does not have additional details regarding the visit. She will pass the information on as she gets it. Rene asked if she will need to come up. Cody said she is not sure. Rene said on the grant monitoring they have wanted to attend a Council meeting. Cody said they will definitely want to meet with Council members, but there was not any mention of a formal meeting.

13.SET DATE AND TOPICS FOR FOLLOW-UP MEETING

The Council has set the date for orientation as August 11, 2010. Rene asked for topics for the agenda for the next quarterly meeting. Rene said to make sure that if people have anything they would like on the agenda, that they send an agenda request form to Tanya so she can bring it to the Executive Committee. Bryce asked if the rural monitoring has set a date for the next meeting. Roger said his thought was to get today's approval and set one within the next two or three weeks. Judy said May Mental Health Month public broadcasting national (PBS) and NAMI national has created an impressive documentary called "When Medicine Got it Wrong." She is not sure what the exact schedules are. She said to look for it in May.

14.ADJOURNEMENT

Judy motioned to adjourn. Cody seconded motion.

Meeting adjourned 2:19 pm