

MINUTES
of the
Mental Health Planning and Advisory Council
meeting on
Tuesday, October 5, 2010
held at
Division of Child and Family Services (DCFS)
West Neighborhood Care Center
6171 W. Charleston Blvd., Bldg 8, Conference Room
Las Vegas, Nevada 89146

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

Rene called the meeting to order at 9:24 am. A Verbal roll call is completed. Tanya completed sign-in sheet.

Members present:

- Ash, Alisha – Consumer/Youth (via video conference in Las Vegas)
- Bousquet, Judy – Consumer (via video conference in Las Vegas)
- Daniels, Steve – DOC (via video conference in Sparks)
- Ford, Lisa – DOE (via video conference in Las Vegas)
- Herrera, Corrie – Family Member (via video in Elko)
- Jackson, Barbara – Consumer (via video in Sparks)
- Merrill, Mechelle – DETR (proxy for Howard Castle)
- Norris, Rene – Family Member, Chair (via video in Las Vegas)
- Parra, Debra – Housing (via video in Sparks)
- Phinney, Cody – MHDS (via video in Sparks)
- Pinder, Denise – Family Member (via video in Sparks)
- Thomas, Alyce – Consumer (via video in Las Vegas)
- Wilhelm, Layne – SAPTA (via video in Sparks)
- Willingham, Bryce – Consumer (via video in Las Vegas)

Members absent:

- Cooley, Judge W. – unexcused
- Lawrence, Coleen – DHCFFP – excused
- Peterman, Patricia – Family Member - excused
- Snead, Lydia – Family Member - excused

Staff and guests:

- Benitez, Tanya –
MHDS/MHPAC
Administrative Assistant II
- Mowbray, Roger – Grant
Writer
- Ron Strickland - guest

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 8-12-10

Rene asked for questions and/or comments on the minutes. Judy motioned to accept the minutes as written. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. HEALTH CARE REFORM AND HEALTH HOMES

Rene turned the floor to Cody. Cody passed handouts out and said Ann will be bringing the forms for the south. As many are aware, the health care reform act passed seven months ago. There is a Federal government health care reform website and the information that is available from the Department of Health and Human Services (DHHS) website. DHHS is overseeing the planning and implementation for the state of Nevada. There are a couple of different committees that are managing this. Dr. Cook is on one of the committees. It is being handled at the department level and various agencies within the department. Other departments are also involved. This will impact a very broad scope. The actual law is the patient protection and affordable care act and that was signed March 23rd. They are referring to it as the affordable care act. She said Mike Willden has stated this is going to be a game changer for health care. It is a very expansive change that will be seen in all medical care. There is not a lot of specific reference in the actual law to mental health services. The law does appear to be designed to encourage the integration of mental health services into the general health structure of health care. The major issue is the affordable care act expands Medicaid coverage. By 2014 it changes Medicaid from a categorical program, where one has to meet a certain category to qualify for Medicaid, to an income based program. Anyone within 137% of the Federal poverty level would qualify for Medicaid, for the most part, there are a few exceptions. This includes most of the people who are currently being served by MHDS. The mission in the past has been to serve people who had no other resource. Almost everyone historically served will have the resource of Medicaid. That will surely change what MHDS is doing. The division is planning for this. The people that have historically been served by MHDS will theoretically have access to all Medicaid services.

The bill encourages an integrated approach to mental health services being integrated into a whole health system, so mental health services are not carved away from other health care services. The act also reinforces parity requirements that have been past historically. The impact on the state mental health system is in the increasing integration. Currently MHDS has a service system that is strictly mental health services. As those services are integrated into primary health care and the general structure, it will certainly change the mission of State Mental Health Systems. They expect the numbers of Medicaid providers to increase, as they are increasing people who are reimbursed by this mechanism, the numbers of people interested in providing those services may increase as well. The role and structure

of the State Mental Health Authority which on the adult side is MHDS will change. This is a debate that is going on all over the country, what will the Mental Health Authority do in the future. Will there still be a role for the mental health authority? MHDS is involved in these discussions and they are restructuring to plan for the future roles. The role of the Block Grant will change. As they heard from Coleen at the last meeting, certain programs may no longer be supported by Medicaid. They are being encouraged from the Federal side to focus the Block Grant on those services that will no longer be covered by Medicaid and therefore will not be included in this change.

There are very few specific items about Mental Health Care in the bill. One of the items that stand out is the coverage of health homes. Health homes are not a residential service. Many people hear the term health home and they think of a residential service that some consumers use, where they live in a home and receives supportive services. That is not what health homes are about. This is about creating a primary health care system that provides all consumers, but those with serious and persistent mental illness are specifically included here in the law. It provides consumers of health care services a home, a coordinated set of service providers that provide all of their health care and ensure that all of the health care is as safe and effective as possible. For example if a client is being treated for schizophrenia, diabetes, and substance abuse, it would all be managed by the health home. They would have oversight of this. The person would go to their doctor; they would be working with a psychologist, a nurse, and a substance abuse counselor. The record would be integrated and the services would be integrated. The fundamental idea is that these items are not disconnected. Treating the whole person will best allow them to have the most impact on all of the issues. The concept is not groundbreaking, but health care has developed away from this as they specialize. The idea is to bring it back to this. The goal for MHDS is to insure that in Nevada, the consumers they have traditionally served are included in this structure as Medicaid implements it. The health home model could be called a one stop shop. Communication among all providers is an essential function of this. It is reimbursed not for each individual service that a person receives, but on the outcome on a capitated model. Those details have not been worked out yet, but the goal overall is to move away from the more services provided, the more money received, and move to reimbursement based on a model that encourages a quality outcome. The goals of this are to extend access to health care and improve the health outcome at the same time. They have had some success with this concept.

MHDS has made it a goal to ensure that their consumers who have serious and persistent mental illness are included in this model as it is implemented in Nevada. They believe it will be helpful to the consumers. MHDS was pursuing other opportunities to integrate primary health care with the services they currently provide. One project they had started on was in the rural areas. They had to put it on hold due to budget reductions, there was a request for information (RFI) launched seeking partners in the rural areas to incorporate and integrate mental health services and primary services in the rural areas. They are looking for additional opportunities to collaborate with providers and ensure that people are receiving integrated services.

Barbara asked how it will affect MHDS. Cody said it is not entirely clear. It is her expectation that MHDS will face increased competition. They are expecting an increase in private providers providing the services. It will significantly change MHDS; however, it is not clear what that will look like. Denice asked if the person is a middle income family with a child who has SMI, will they benefit from this program. Cody said as far as she is aware, it will not have an affect on the middle income families. She said Ann should be

asked because she speaks for DCFS. Cody said when she is speaking she represents the adult side exclusively. Rene said when they heard about this in DC, it is similar to what she has for her daughter at UNLV. They are able to communicate on the best way to treat her daughter. It has cut the number of appointments necessary. Cody said her purpose in bringing the information is the health home model is one of the few places where there is specific reference to mental health care in this enormous change to health care. As this group decides what they are going to advocate for, she is hoping they will continue to educate themselves and request information from MHDS and DCFS on this model and how this law is going to change the services that are available to Nevadans. Denice said if you are not on Medicaid it will not be available to them. Cody said what she expects will happen is in the short term yes, but in the long term this will affect how all medical services are delivered. The law in general and perhaps this model as well. Rene said most doctors do not just treat Medicaid and Medicare, they also see private patients and they can not treat one patient one way and others a different. Cody agreed. Rene said if health home is the way they are treating the Medicaid and Medicare one way, they have to treat the private patients the same way. Cody said this is a place where the consumer voice about how this is impacting health care delivery and mental health care deliver needs to be heard for the future of Nevada, not just for the individual experience now, but also for the future of how this will be experienced going forward. Rene asked how they would go about advocating for health homes. Cody said certainly to continue learning about what the plan is in Nevada. That has not been determined completely, but as Medicaid, MHDS, and DCFS move forward, she would recommend that the Council continue to educate themselves about how those plans are moving forward and make sure that the input from their prospective is included. Rene said she assumes they will be having meetings with public comment. She asked about the meetings and when they are. Cody said they can ask Roger to provide the information. The websites will also have the information, particularly the state website, and she believes there is a mechanism to collect public comment on the state website. Roger asked if this will be implemented through the public hearings that Medicaid conducts. Cody confirmed. Roger said it will be changes through Medicaid programs, not necessarily legislative hearings. Cody confirmed. Roger said those happen on a frequent basis. He will work with Cody and Coleen to identify meetings as they come up. They should be posted on the Medicaid website. Roger will make sure that the Council is aware. Rene asked if this is legislative. Cody said this is exclusively federal law at this point. There may be some legislative changes related to this. Rene said they need to determine as a Council how they would like their recommendations be known. Denice said she has a hard time advocating when it does not address the issues of middle income families. They are stating that maybe in the long term it will benefit middle income families. She said maybe in the long term it will bog the system down with paperwork for the Dr.'s and make it worse. Cody said the fact that not everyone that needs services will be assisted by this is excellent feedback that needs to stay on the radar. Steve said there is an awful lot of bureaucracy involved. if Dr.'s are seeing Medicaid patients, and it is a good system, then they will encourage paying patients. If it is going to cause more paperwork it will bog it down. Barbara said she is concerned because this will move people into Medicaid and now it is hard to find Dr.'s who take Medicaid now. Steve said if they engineer this correctly they can have the private Dr.'s with Medicaid patients where they will be able to take care of all. Cody said she is presenting the concept, and she is not sure if it will be implemented exactly as presented. Steve said his experience in working with mental health is mental health has been a step child to medicine. It is a great idea to integrate mental health into general health. He can see a lot of resistance of people providing general health with mental health.

Roger added for clarification regarding the authority under which this is done. The hearings that will be held are Medicaid public hearings and are administrative hearings, which are separate from Legislative hearings. The Medicaid agency has the responsibility to enact the statutes and that is accomplished through regulation or through their policies and procedures. They have hearings on that where it is strictly the Medicaid administrative staff explaining what is being proposed or what will change to any interested parties. It is not subject to Legislative approval. They have already been given the authority by both the federal government and state authority. They would not be considered lobbying activities. Barbara believes they should have a voice. The disturbing part is the first thing that would be cut is the consumer peer support money. She understands the importance of peer support. She is getting the message that it is not that important to Medicaid. How can she as a consumer, as a peer, speak to that when she is being told that this will be the first to be cut? Cody said she thought the information was that service may fall victim to the reduction in Medicaid and what was being encouraged was that the Council recommend to MHDS that the Block Grant funds be used to support that since it may not be included in the Medicaid services that continue to be reimbursed. Alyce said it is on page six, seven, and eight of the previous minutes. Cody said the most concrete thing the Council can do is recommend that given this information that MHDS continue to support that program, so that it remains in Nevada. Alyce read from page six "Medicaid will most likely not be able to fund peer to peer groups in the future." She said they discussed how they may be able to use the Block Grant in a different way to make these funds for some of the services, and they discussed how it is done in Oklahoma and other places. Barbara pointed out that on page seven, it is said "the peer services will be the first ones to go because psychologists can do prescriptions and medication management." She wants Medicaid to support the whole concept of health, not throw something out to preserve traditional things, because psychologists can write prescriptions and do medication management. This is just as important as the other, she doesn't want to see the concept start at the beginning and continue. Cody said she can not speak for Coleen. Her interpretation of this is as they move people into Medicaid, they will be forced to determine what they will be able to reimburse, because there will be more people and not necessarily more dollars. Cody asked for questions. Rene said she will put an agenda request for this to be an action item. Cody encouraged them to ask for additional information.

4. COMMISSION UPDATE

Rene turned the floor to Kevin Quint. Kevin said usually they hear from Dr. Kevin Crowe. Roger confirmed that all received the plan and the one page document. Kevin said the big thing is the plan. They were charged with the oversight of Children's Mental Health in Nevada. They joined forces with the Children's Mental Health Consortiums in Washoe County, Clark County, and Rural Nevada. They have received statutory oversight. They work with them and have a subcommittee. He went through the fact sheet. They have two goals. The vision overall is to create and make accessible mental health services for children in Nevada. There are two major goals; the first one is to restructure state system governance. This is a substantial systems change and how business is being done. This is meant to help DCFS be less in the business of providing services and more in having them provide the state authority in the community. He went through the seven steps.

The second goal is to study the impact of Healthcare Reform and Mental Health Parity. With the Healthcare Reform approaching, this will change how they do things systemically. One of the ways that businesses differ is before the parity laws. Mental health and Substance Abuse was not under the primary health care and now they are. This is a huge

systems change. This goal is to make sure that the change and attempt to find ways to help the health plan work with the developing the future piece of healthcare reform. DCFS has a BDR that will take the main points and puts them into Bill Draft form and that is what the committee is busy discussing and requesting feedback and input. They want to make this the best Children's Mental Health System that they can for the State of Nevada. Kevin asked for questions.

Steve said he does not see the changes. It is a waste of taxpayer monies not to have the integration system in the prison also. He said currently the substance abuse, mental health, and medical programs are completely separate. It is wasteful and doesn't provide the best quality of care. He hopes at some point they can put some attention on this issue. Kevin said he would like to see some cross over. He would like the Commission to talk about and get started. He would like to have the conversation and see what they may be able to do. Steve believes it will be meaningful to collaborate and truly focus on these issues with Corrections being one of them but not the primary one. Rene said someone from the Council goes to the Commission meetings. Rene asked if they need more people to the meetings. Rene said they are public meetings, so anyone can attend. Steve said maybe they should formalize the process of making people aware of the meetings and the importance of attending. Kevin said Steve brings up the idea of collaborating with the Department of Corrections, which he believes is a positive move. Roger and Kevin Crowe have developed a very nice working relationship between the Commission and Council. The Council provides funding to the Commission to assist them and they are grateful for the funding. Talking is the first part but also what are some ways to build some bridges. He would like to work with the Council. The Children's Mental Health Plan Committee will be meeting twice a month because the session is coming up in February. They have teleconference calls that are open to the public. He asked if they cover just the adult portion of the Block Grant. Roger said that it is split about 50-50 between adult and children.

Legislatively they will be assisting DCFS in regard to the Children's Mental Health Plan. As a Commission they will be aware of the budget. They have to be careful because some of the Commission members are state employees and are unable to speak to that. They would like to be able to work with other groups to forward anything in regard to legislative information. Rene said the Council was hoping the Commission would be able to help with the legislative portion due to the Council being unable to bring forth legislation. The Commission does not have anything planned to put forth. He asked if they have anything in mind at this point. Rene said not at this point. She knows that the Access to Child/Adolescent Services Committee has been very active. Rene would like to speak with Kevin at some point. Kevin will get the contact information from Roger and they can set up a time to talk.

Kevin said another issue is seclusion and restraint. The Commission is required by statute to review seclusion and restraint information. He believes the process is not very helpful. They did a survey as to how valuable their review of seclusion and restraint. Part of their charge is to look at quality care. Kevin Crowe has been passing on some best practices. It is an issue because they want to make sure that their time is well spent and that it is helpful to the agencies.

They like to keep working and having meaningful conversations and connecting to move the information forward. He discussed the chart with their planning model. The Council had received during a previous presentation. They want to make sure that they are not

duplicating processes, and make sure that what they are doing is meaningful and helping to move items forward. He thanked everyone for their support. He asked for questions.

Roger asked Kevin to talk about the letter for the Governor. Kevin said they are charged to write a letter every year. In even numbered years it is basically their recommendations and reporting what the Commission is doing. Usually the letter is due in January. This year they turned in the letter in June or July. He knew the primaries were coming up; they had the special session in the spring. Instead of being the usual basic letter, it addressed the Children's Mental Health Plan. They were expecting to have to contact the Governor's Office for a meeting. They received a call from the Governor's Office within a week of sending the letter and had a meeting in September. They asked for continued conversation until Governor Gibbons is out of office and this person would help make the transition from Governor Gibbons' office to the next Governor. They will be working with Larry Moses with DETR work program. They want to keep the conversation going with the Governor's Office. The next letter will be in January due to the session starting in February. This letter will be more in depth about the session. Rene asked if there were any other questions for Kevin.

The meeting adjourned for 10 minutes at 10:29. The meeting was reconvened at 11:10 am.

5. DIVISION UPDATES

- **MHDS:**

Cody said she met with Dr. Harold Cook. At certain points, the Council has had some interest in the cemetery at NNAMHS. The construction project is progressing. It was originally scheduled to be completed in August. They have reentered 18 complete sets of remains that were located in the portion of the cemetery that had to be moved. In addition to this, some may have seen in the media, they discovered four sets of remains during some unrelated road work on 21st street. Those remains have been reentered into the more proper cemetery. The monument is under construction and will be placed in time for a rededication ceremony that is expected to be held between November and mid December. The Council will receive invitations to the ceremony. Rene asked if they are still working to locate remains. Cody said she believes that portion has been completed. The ground penetrating radar report was not as accurate as they had thought. Denice asked if they were looking to expand on the land. Cody said at one point, there was construction plans; however she is not sure if it included that particular portion of land. The purpose is to have the cemetery in a designated location that can be maintained as a historic cemetery. It was designated as a historic cemetery in the last legislative session. She has seen the photographs of the monument and it is attractive with the names of the people they have identified.

Cody spoke with Dr. Cook in regard to the bill draft requests (BDR) that the division has proposed. There are three. One of them will change the number of assessments required for people who are receiving services at Lake's Crossing Center (LCC) for the mentally disordered criminal offender. Another allows for the division to define client. Client is not currently described in statute and that presents some administrative issues. The third one is related to disability services (DS) not mental health services. By way of privatization efforts an RFI (request for information) has been launched as a request for information for privatizing medical and psychiatric services at Rawson-Neal Hospital in Las Vegas. That is being done in collaboration with an effort to privatize

the medical and psychiatric services at the prison with the Department of Corrections. Budgets have been prepared it is her understanding that the budgets will be transmitted to the legislature on October 15th and this year that will be a public transmittal. Dr. Cook requested that Cody share that the Division is looking at about a 10% reduction in general funds, approximately 45 million dollars and they have proposed to eliminate more than 100 positions across the Division. This includes MHDS and SAPTA. The proposal will eliminate all TANF and tobacco funding that had previously been dedicated to MHDS. There are proposals that will eliminate whole programs. A question was asked what programs. Cody does not have that information at this time; however the public transmittals on October 15th will include this. Additionally Dr. Cook has scheduled a series of town hall meetings in various locations around the state to discuss the budget proposals. Those will begin on or about October 20, 2010. This body will receive invitations to the meetings and the locations will be posted on the website.

Rene asked if the October 15th transmittals will be transmitted, will they be emailed. Cody said the agency request budget will be transmitted from the Executive Branch to the Legislative Branch. In the past it has not been a public transmittal. It is not clear as to how this will be accomplished. Rene asked if she can be notified when it becomes available. Cody said she would notify Rene. Rene asked Tanya to then disseminate it to the Council.

- **DCFS:**

Ann said she does not have much that they do not already know. The Block Grant was submitted on September 1, 2010. The URS tables are now the focus. They are due in early December.

The draft report of the Block Grant Review that happened in June 2010 is being reviewed by MHDS and DCFS. DCFS is working on a strategic training plan. They just started yesterday. She was not at the budget meeting. Ann will give the information to Tanya and Rene for Tanya to disseminate.

- **MHDS BLOCK GRANT:**

Roger said at the Executive Committee they discussed reviewing the Block Grant Application so they can get a jump on it and not have the rushed approach they have had in the past. Roger said it is considered division update.

Roger would like all of the members to start thinking about some of the items they need to build next years Block Grant Application. He would like the Council to have an adequate opportunity to provide input for the Block Grant Application.

He went to page 23, and discussed the maintenance of effort (MOE) requirements. The federal requirements are that the state expends the same level of general fund dollars on mental health services as the average of the two prior years. During the review when the Federal Government came and reviewed the block grant administration for Nevada, they identified some inconsistencies in the methodology that has been used in prior and current years to report this MOE. It is a very complicated calculation and further complicating this is the turnover of fiscal staff. The prior staff did not foot note all of their calculations, which led to challenges. When the Block Grant Application was

submitted, at the bottom of page 23, state expenditures for mental health services, actual 2008, 2009, and estimated 2010, the requirement is the third number, must equal the average of the two prior numbers. On page 24 there is a table that shows that Nevada did not meet the average. The average of the two prior years is \$160,794,613 and the fiscal staff estimated in 2010 there was only 154 million. Nevada did not meet the MOE requirement by almost six million. When the Block Grant application was submitted they submitted everything to the middle of page 24, to include the foot note to the MOE report. The footnote state they were unable to complete the calculation and will be submitting a revision. The revision was submitted in September. The revision is on page 25. The fiscal staff revised the number that came out of 2009 based on their current understanding of how the calculations should be done. This lowered the average of the prior two years. At the bottom of page 25 there is \$791,767, which is the margin by which Nevada met the MOE requirement. This is a good thing, because the Federal Government can withhold funding of the Block Grant if the MOE requirement is not met. It is not anything the Council has control over; these are general fund dollars that are spent. The Block Grant dollars are not included in this. The concern going forward from what Cody said earlier is with a 10% reduction of approximately \$45 million for the biennium. There is a good chance that next year when the Block Grant is submitted Nevada may not meet the MOE requirement. It will remain to be seen what consequences will result from that.

Roger will propose and provide to the Executive Committee for consideration on the next agenda. Pages 54, in this section, the instructions require the state to describe new developments and issues for both adults and children. This is an area where the Council can be very beneficial by reviewing this and providing input. New developments and issues are large item. He believes some of the items will continue to be large issues and new developments for 2011. The transformation plan is primarily an MHDS administration section. The reorganization of rural clinics may fall off as a new development because this is the second year they have reported on this, or it may continue to be an issue with the budget developments.

Page 72, will be a large item for the 2011 plan because the Legislature will have met and there will be changes that will need to be included. The Bill Draft to amend chapter 433 of NRS, which has to do with the topic Kevin Quint was discussing. The Children's Mental Health Plan and how it actually makes it's way through the Legislative process and how it will come out when they are finished. These are items that the Council needs to be aware of that the Legislature will be considering.

Page 76, is the identification and analysis of the service systems strengths, needs, and priorities. The first part is to identify the service systems strengths and weaknesses. They will have the report from the Federal review that occurred in June that will identify and list strengths and weaknesses. This is a good opportunity for the Council to have input in the state plan to identify and substantiate or document items that are strengths or weaknesses. For example: the gap in healthcare reform for people who are not eligible for Medicaid on services provided.

Rene asked how this will change next year if services are going to be cut in the next Legislative session. What if some of the items that are strengths are cut? How they will address that in the report? Roger said they would then move the item to the weakness category. There are five subsections in this area with the next one being on page 79, unmet service needs. Once they have identified strengths weaknesses, or a strength that

has been cut, then it would be included in unmet service needs. Denice asked if Roger wrote all of this. Roger said he compiled the information.

There is a section that should be between page 85 & 86 which is the plan to address unmet needs on the adult side. He said they would see on page 94 the plan for the children's side. He will send the adult unmet service needs plan to the members of the Council. The Federal Government wants to know what the state's plan is to address the unmet service needs. He believes the Council can have the most input in identifying the strengths and weaknesses and the unmet services needs. If there are suggestions on how to address the unmet needs, the input would be greatly appreciated.

Rene asked if the Legislative session be over in time for them to give their feedback to Roger and be included in the application. Roger suggested said the strengths, weaknesses, and unmet service needs can be done prior to and during the Legislative session. It can not be finalized until after the session, which usually ends in June. The plans to address the unmet service needs can not be fully developed until after the session because they are not sure of the resources available. He would like to make this an ongoing discussion and start the process of gathering the information. Generally they wait until after the Block Grant conference in late June to see what new direction is given. He would like to get a head start on this by getting the information sooner rather than later. In August he showed everyone the online application by which the Block Grant application is put into the system. There is a way to get public comment. He said in the three years he has done the Block Grant application, there have been no public comments. One of his goals for this year is to make the public aware of their ability to submit comment on the states plan.

Page 109, this section of the report is supposed to be the performance goals and action plans to improve the service system. Starting at the bottom there is outpatient programs focused on increasing consumer independence. This is a required topic to address. Barbara expressed concern earlier about the consumer participation being cut back by Medicaid. This is where they describe what is happening. This is the application that started July 1, 2010. This document tells the Federal Government what Nevada intends to do in State fiscal year 2011.

Page 160, there is a section on goals, targets, and action plans. There was quite a bit of discussion during the August meeting about measurements. They will be able to have this discussion in greater detail in January, when they have completed the Implementation Report, which is due by December 1, 2010. They will have all of the statistics of the National Outcome Measures (NOMS). Roger will attempt to present them in a meaningful way. The Council received some good information during the training in August. It will be good for the Council to continue looking at these numbers. The format on page 160 is mandated by the Federal Government. Roger asked for questions.

Corrie asked if they want the input to go into webbgas as shown at the last meeting or does he want the information to be emailed to him. Roger clarified the information is for next year. Roger said webbgas is not set up for next year at this time, and for now email and discussion at the next Council meeting. As soon as they set up webbgas where the plan for 2012 can be accessed, he will pass that along because he would like to see some comments on that.

6. LUNCH

The Council passed lunch due to time.

7. MEMBERSHIP ISSUES

Rene asked to move membership issues. Bryce had to leave due to a family emergency.

Rene gave the floor to Roger. Roger referred to page 36, which contain the Bylaws. These are the most current bylaws. At a prior meeting, the Council had concerns about participation by all members of the Council and attendance at meetings. The issue at hand is there is a Council member, Judge Cooley, who has not attended a meeting since January. Section two: "When a member has a second unexcused absence within any 12 month period, the Chair will send a notification letter to the member that the Council intends to take action at the next scheduled meeting." This has been done. "At that meeting, the member will have the opportunity to refute the action or the Council will proceed with the removal process. The removal process shall be a simple majority vote to recommend the removal to the Governor for action."

Ann motioned to recommend that Judge Cooley be removed from the Council. Judy seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Rene asked Tanya to write the letter and provide for her review and signature.

8. CONFERENCE UPDATES

Rene asked Roger if there were any conference or travel updates. Roger said in the past years, the Block Grant has funded travel for the review/defense. The only travel will be for Rene to travel to Reno for the video conference.

9. COMMITTEE UPDATES

- **ACCESS TO CHILDREN/ADOLESCENT SERVICES COMMITTEE**

Layne reported on behalf of Patricia. He said they had a meeting on September 23rd. They reviewed the goals as approved by the Council. They moved onto the development of plan for implementation. They see some major obstacles, healthcare reform, and budget reductions. The overall consent was to look at what DCFS is doing along with the Commission on the Children's Mental Health Plan and try to assimilate into those processes until they can see a little more light in the spring or summer. The goals are very similar to the DCFS Children's Mental Health Plan. This is where they will proceed. Rene asked for questions for Layne.

- **CLUBHOUSE COMMITTEE**

Judy said they met on September 29th. She emailed Myra in regard to getting the monies required for the training. She requested the dollar figure. She will forward the information once she receives. They discussed reaching out in the community with printed materials. Roger will continue to look for grants that are non profit. Howard Castle is retiring, so they will need a replacement for him. Also reached out to Barbara, she thanked her for joining the Committee. They will be waiting to hear from Myra. This is the first time she has chaired a Committee and is thankful for any guidance. Rene will give Judy information for the MGM grand and other entities that may be willing to give grants for the Clubhouse.

- **RURAL MONITORING COMMITTEE**

Roger gave the report on behalf of Alyce. The Rural Monitoring Committee met and finalized the draft report to be sent to the two agencies involved with this clinic. The last Rural Monitoring Visit was on May 18th to Mesquite, Nevada. This clinic has recently been assigned to SNAMHS as opposed to Rural Services. SNAMHS is primarily responsible to responding. There are a few issues that are lingering from Rural Services. Once all of the responses are received the report will be provided to the Council as a whole. They can wait until the January meeting when they receive the full report or they can have the key findings discussed at this meeting and the council can release the findings if they prefer. Rene said she would prefer to wait until the January meeting when they have the responses. Roger said the other Rural Monitoring issue is the Committee decided to schedule its next Rural Monitoring Visit in January at Laughlin. Roger asked for questions.

- **NOMINATING COMMITTEE**

Rene said they did not have any meetings. They will need to wait to hear from the Governor's Office. They will meet at that time and look at applications. Ann asked if there were applications on file. Rene asked if Britanie sent in her application. Tanya said there are applications on file and she has not received an application from Britanie at this time. Rene asked Tanya to send another application to Britanie. Rene asked for questions.

- **MENTAL HEALTH MONTH COMMITTEE**

Alyce said she has spoke with the person doing the bags. They will be sending the invoice to Cody for the bags. She has sent the letter to others who are interested in the bags. They are reaching the deadline. Cody and Tanya should have the invoice within the week.

10. PUBLIC COMMENT

Rene asked for public comment. No public comment received.

11. SET DATE FOR NEXT QUARTERLY MEETING

Alyce motioned to have the next meeting on January 4, 2011 from 9 am to 4 pm. Alisha seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

Quarterly meeting set for January 4, 2011, 9 am – 4 pm video conference between southern and northern Nevada.

12. ADJOURNMENT

Judy motioned to adjourn. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 12pm.