## **MINUTES**

of the

## Mental Health Planning Advisory Council Quarterly Meeting

meeting on

## Friday, November 6, 2009

held at
Division of Health Care Financing and Policy
1210 South Valley View, Suite 104
Las Vegas, Nevada

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

Alyce called the meeting to order at 9:11 am. Roger did roll call. A quorum is present. Roger went over the rules for the Medicaid conference room for those attending in Las Vegas, NV. Guests introduced themselves. Alyce said pursuant to the Open Meeting Law public comment will be taken during that agenda item, which is number eleven and they will be limited to 5 minutes per person. People need to sign in under public comment on the sign in sheet.

#### Members present:

- Bousquet, Judy Consumer
- Cooley, Judge W Consumer,
   Vice Chair (via teleconference)
- Daniels, Steve DOC (via video conference Sparks)
- Jackson, Barbara Consumer
   (via video conference Sparks)
- Norris, Rene Family Member, Acting Past Vice Chair
- Parra, Debra Housing (via video conference – Sparks)

#### Members absent:

- Castle, Howard DETR (via proxy by William Boster)
- Kosuda, Constance Family Member
- Rosenberg, Janell DOE

- Peterman, Patricia Family Member (via video conference)
- Phinney, Cody MHDS
- Polakowski, Ann DCFS
- Roden, Christine Health
- Thomas, Alyce –Consumer, Chair
- Wilhelm, Layne SAPTA (via video conference Sparks)
- Willingham, Bryce Consumer
- Snead, Lydia Family Member
- Lawrence, Coleen Medicaid (via proxy by Ann Polakowski)

#### Staff and guests:

- Benitez, Tanya MHPAC Administrative Assistant
- Boster, William DETR (Proxy for Howard Castle)
- Caloiaro, Dave MHDS, public
- Gonzalez, Tera Nevada
   Disability Advocacy and Law
   Center, public

- McLellan, Dee MHDS, public
- Mowbray, Roger Grant Consultant
- Nisberg, Bruce MHDS, public
- Qualls, Barbara MHDS, public

# 2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC OUARTERLY MEETING ON 8/12/2009.

Alyce asked if all had read the minutes. Alyce said it is her understanding that one of the MHPAC members has asked that the minutes be tabled.

Cody motioned to table the minutes until the next meeting. Judy seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

### 3. BLOCK GRANT REVIEW UPDATE

Alyce asked Roger to give the update and asked Cody for input. Alyce said the grant passed without any exceptions. They just returned from the review on the second and third. Roger said the Block Grant Review is a requirement that the Fed's have to review the Block Grant Application that was submitted on September 1<sup>st</sup>. They review it to make sure that all of the appropriate areas they require are addressed and included in the application. This year they did their review prior to the meeting. Roger is very pleased that they only asked that the application be modified in one way, and that was to include a list of training that the State Mental Health Providers receive. That was done prior to the Block Grant Review. Roger said he wanted to acknowledge all of the agencies. The three MHDS agencies were very responsive in getting the information to Roger as well as DCFS. They were very pleased with the overall Block Grant Application. They spent most of the time asking the group to discuss six specific areas above and beyond what is in the Block Grant.

- Unmet needs for services and waiting lists. Patricia Merrifield from DCFS discussed on the children's side. Cody Phinney discussed the adult side.
- Capacity to report client level data.
- Electronic Health Records.
- Collaborations with other state agencies. In the discussion, the group also included local and county services they collaborate with.

- Impact of returning veterans on the mental health system and available services.
- Suicide trends in the state. There was quite a bit of information in the Block Grant Application that was received from the Office of Suicide Prevention.

Roger said he thought it was a very successful Block Grant Review and they received some good feedback from the Fed's. Cody said Roger deserves a hearty thanks for his work on the Block Grant. They were very complimentary on the Block Grant which is Roger's main priority. Cody said Jackie Rubio asked for technical assistance requests. Cody asked if anyone had any thoughts on things the Council might want to have them come out and talk with the Division, the Council or both about. Please provide those suggestions to Cody and they will put it together and see what they can get.

Roger said the hard copy of the application has been quite a challenge for a number of reasons. They included some documents in the application. The resource guide that the Child Transition Committee created and then the brochure, it turned out to be from a computer standpoint large files and they complicated the process of getting those sent to State Printing. They have ordered 50 with the intention of every member receiving a hard copy. Roger asked Tanya if they gave a date. Tanya said it would be two weeks. Roger said the other challenge was getting it posted to the website. According to Tanya it was finished last night. Go to the MHDS website and go to MH Council, and then Block Grant. Tanya had to break it down into four different sections due to the size of the files. Roger said they will be looking at it to see how it can be done in one document in the future.

Alyce asked for questions. None were asked.

# 4. PRIORITY IDENTIFICATION & STRATEGIC PLANNING SESSION

Alyce said the National Mental Health Planning & Advisory Council (NMPHAC) was here in August and out of the session; there were some priorities that need to be established. She said Rene will head the discussion and they need to vote on the top three things they are going to work on over the next year. She turned the floor to Rene.

Rene said that at the training they went around the table and had each person say one item they believe needs to be worked on. Then they went around the table a second time to get the next item from each person. Alyce clarified that if anyone has anything that they would like to see MHPAC to work on, say what it is and then after they have a list, they will go back and prioritize the top ones.

#### LIST 11/6/09:

- Shared services with regard to where the State comes up short finance wise.
   Some of the responsibility could be shared with non-profit and private sector organizations.
- Adams house club house
- Older Adults services provided to older adults, how can the Council support older adults, a lot of seniors are killing and committing suicide.
- Mental Health Awareness Month public awareness activities
- Child & Adolescent access to services
- Clear identification of the needs for Nevada
- Information sharing between agencies and corrections
- Collaboration Build bridges with better communication with other agencies/groups
- Older adults COD transitional housing component
- Parents of children with disabilities to obtain waiver, services etc for their children to receive services
- Continue rural monitoring
- State Plan activities
- Advocating on behalf of children & adults with mental illness
- Tele medicine
- Intervention/Prevention

Cody said she would ask the Council to keep in mind the three mandates when determining the top priorities and consider the resources available. Alyce asked Tanya to take this list and the list from the 8/11/09 training and combine them for the review of the Council at the next meeting.

Rene motioned that Tanya combines the two lists and sends to all members and that the priority Identification and Strategic Planning Session be put on the agenda for the next meeting so the Council can finish setting the priorities for the upcoming year.

Patricia seconded. Cody asked that Tanya send the mandates out with the list.

#### UNANIMOUS VOICE VOTE: MOTION CARRIED

#### 8/11/09 List:

- Youth transition
- Stand alone drop in centers
- Action plan for Council
- Collaboration with other mental health councils
- Strengthening family (prevention)

- Suicide education, intervention, awareness
- Easy access to resources (clinical services information)
- Awareness of children & issues
- Outreach & education re: resources
- Continuum of care (transition into communities)
- Workforce & access to care shortages
- More certified peer specialists
- Medicaid labor for kids with SED
- Parents included more in the treatment plan
- Educating the consumer on particular issues /self advocacy
- Continue to add SB79 Co-Occurring Disorders
- Community involvement
- Addressing public health aspect of health
- Provider recruitment
- Mental Health parity (across the board)
- Resources develop to find additional resources

### 5. COMMITTEE UPDATES

#### AD HOC GRIEVANCE

Patricia said it is the finding of the Ad Hoc Grievance Committee for the Mental Health Planning and Advisory Council, regarding the grievance filed by Ms. Kosuda in accordance with Article X of the Council's by-laws, that in reviewing all of the documents and evidence presented, no violations of the by-laws have been committee, as alleged in the grievance.

The Ad Hoc Grievance Committee would like to make the following recommendations to the Council to strengthen and protect the people serving on the Council and its Committees:

#### **Recommendation One:**

It is recommended by the Ad Hoc Grievance Committee that Conferences be placed on the agenda of the MHPAC meeting as a standing item. This is to be a no action item. The item will be for the purpose of all members to bring any upcoming conferences and or trainings to the knowledge of all Council members. Anyone wishing to attend a training or conference will then submit a request to the Executive Committee to determine if there is sufficient funding in the budget to send anyone, how many can be sent, and who will be attending. In the event that knowledge of a conference or training comes up in between regularly scheduled meetings, the information will be sent to the Administrative Assistant for the Council who will then distribute to the Council members.

#### **Recommendation Two:**

It is the recommendation of the Ad Hoc Grievance Committee that before voting on any matter, the Chair of the meeting remind all Council members that they are to abstain from voting on any issue where a possible conflict of interest may exist, because of a member's affiliation with or membership in an organization involved with the subject being considered.

#### **Recommendation Three:**

It is the recommendation of the Ad Hoc Grievance Committee that the by-laws be changed to indicate that agenda requests are to be reviewed by the Executive Committee. Specifically, Article VI (Officers of the Council), Section 6 (Duties of the Chair), subsection 2 to be amended to read: "In consultation with the *Executive Committee and the* Administrative Assistant to the Council, to determine the agenda."

Signed:

Patricia Peterman Committee Chair

Alyce asked for questions or comments on the report. None were made.

#### RURAL MONITORING

Rene said they just return from Fallon and Silver Springs clinics in Northern Nevada. The two clinics are 30 miles apart and they are two different worlds. Both are using the tele medicine. They were able to find out what the challenges with that are. Roger is working on the report. As soon as it is completed, Roger will send out. Roger added that they made an effort to meet with consumers and children/family members. He was disconcerted. Once again, they did not get any family members to meet with them. He said that on the ride back, they had some thoughts about how to get them to participate. These include involving the education system a little more, attempting to entice people to come. They are looking at spicing up the flyers in an attempt to make it a more compelling reason for them to participate. They really want to get more of the families and children to participate. They had some consumers show up and provide some great feedback on the successes of the clinics and some of the unmet needs. Tele medicine, communication, and transportation are issues. The report should be done in December. They attempted to stress the desire of the committee to identify issues and then propose doable solutions. They hope to be able to give some meaningful feedback to them that can be implemented and used. Roger said the meetings they had with the providers in both areas were very useful. They were able to communicate amongst themselves. Patricia said it was nice that

consumers showed up to express what was going on with them. She believes it is important to get family members to participate. Ann said in regard to children in the rural communities, and what they were told in both Fallon and Silver Springs. They were told they have a caseload minimum. Serving children is almost like have two. There isn't a break given for serving children, so there is not a lot of motivation to have children on their caseload. She spoke with one of the clinic directors about early childhood - under 48 months and an awareness of the diagnostic application of (unintelligible word) and approved by Medicaid as a diagnostic tool and they had heard of it but were not using it, did not have training in that, and does not believe the MHDS system is not set up. She believes there is a desire to serve children but the strength of the workload seems to prohibit it. Rene said they had one person at each clinic that sees most of the children. She said in Fallon they had an entire room for children. There is a table for groups and along the walls were the toys and a sand box for sand play. In the other clinic they could tell which person did most of the children because of the items located in the office. Cody said she believes Ann's assessment of the discussion is quite accurate. If the report includes a recommendation to make some adjustments that would mitigate some of what was being described. Ann said she heard the desire to treat them. Cody said this is a very good time to address this because that organization is in such a state of change that it would be a very good time to get the information on the table and have them make the adjustment.

Alyce asked for further discussion. She thanked the team for doing a great job on the rural monitoring.

#### CHILD TRANSITION

Rene turned the floor to Roger. Roger said there has not been a meeting since Kathy left. However, the work was almost complete. Much like the exercise that the Council went through on the previous item, the Child Transition Committee identified three primary tasks to be involved in: the revision or understanding of the memorandum of understanding (MOU) between MHDS and DCFS about children moving from the children's system into adult, secondly to engage the education system. They did make some contacts there. Third, provide a list of resources to the three primary regions Southern Nevada, Rural Nevada, and Northern Nevada. He said he believes Northern Nevada is the only remaining resource guide that needs to be done. He believes the Committee is ready to wrap up its work, so as to free up resources. Roger said all of the meetings have to be posted, sent out, and minutes recorded. He said the point is to put the Child Transition Committee to rest and then pick up another task to move forward. He believes the intention is to have another meeting of the Child Transition Committee to wrap things up.

#### NOMINATING

Rene said that there are two people to present to the Council. Alisha Ash has received services since she was 14. She has moved from the children's services to adult services. Denise Pinder is a family member. Judy clarified that Alisha is a person who has moved from children's services to adult services. She said she believes it would be a tremendous addition to the Council. Rene said they have discussed the necessity of a youth representative, someone who knows what it is like as a child, and has transitioned to adult services. Rene said due to liability issues it would be very difficult to have someone under the age of 18 on the Council, but to get the person right after the transition is a good thing. Judy confirmed that the other potential member is a family member.

Judy motioned to accept Alisha Ash and Denice Pinder and submit their applications to the Governor's Office. Bryce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

### INTERVENTION/PREVENTION

Alyce asked Roger to address the intervention/prevention item. Roger said he provided as background on this, the minutes from the April 2<sup>nd</sup> meeting in which this proposal was initially discussed. The minutes state "Rosetta asked why duplicate the efforts that are being done. Rene clarified that the Committee would be meeting to determine what the Committee would be doing. Alvce confirmed that there is an agreement that there will be a meeting of the Committee to look at exactly what the subcommittee would do and how a subcommittee can be established, and then they will report to the whole Council, so that the Council can vote on this." This is the context in which this Intervention/Prevention Committee was established. The person in charge of that, Constance Kosuda, is not here today to address the item. He said they have had a couple of meetings and had to have one cancelled again because of the resource issue that was discussed earlier. They have discussed having another meeting tentatively later this month. Alyce said she would like to hear from the Council, but according to the minutes, this is not an established Committee. It is her understanding that the Council would need to vote on this being an established Committee before they can use the resources to continue it. The goal of the first Committee meeting was for them to bring back to the Council a list of priorities and projects that they want to do, so that the Council can look at it to see if it is something that fits in the venue of what the Council does. Alvce said at this point that has not happened and to her knowledge she has not received anything from the Committee's possible chair with that information. Rene said in sitting on the Committee, they have not said that they need to report back as to what they are doing, it is just that they are a subcommittee and this is what we are going to do. Alyce said that the question before the Council is, can this be a Committee of the Council that they are responsible for when the Council hasn't voted or agreed that this is a

Committee, and is it something that the Council wants to be a Committee. She said that they do not have an outline of what the Committee will accomplish, provide, or how it will do what the three mandates are. She asked the Council how they wish to proceed.

Judge Cooley asked if it would be possible to table this issue to give the chair of this committee/group the opportunity to respond before this vote is taken. Alyce said that they are not voting on whether they are going to have the Committee or not today. She would like to have a discussion, and she needs to know how the Council would like to proceed in this matter. Right now, they are operating a Committee that is not approved by the Council. Cody said her recommendation based on the activity they started earlier and are continuing is to include this to the previous activity, add it to the list and establish with the participation of the entire Council whether this is the direction the Council wants to spend their resources. The opportunity can be given to explain more about what the intention is.

Rene motioned that Alyce write a letter to Ms. Kosuda stating from the minutes what the charge of this Committee was and requesting and update on that, and then they can add it to their list where they are going to go over priorities.

Steve Daniels asked if it would be possible to ask her what sort of resources she plans on using and the cost. Cody said the big resource issue is the amount of administrative support that is required to hold additional meetings and there is no ability to increase the support and they have a limited amount of support in the office for increased meetings. They are quite labor intensive because everything the Council does is subject to the Open Meeting Law. Steve agreed there are significant resources being used each time a meeting is called and he believes that it needs to be looked at. Judge Cooley said that if they are going to do it for one Committee then they need to do it for all. She said that every Committee should have to put in writing what it costs them to hold a meeting. Some are able to volunteer and others are not because they are on their jobs. Alyce said all of the Committees that they have right now are established, and voted on by the Council. This Council needs to know what the Committee will do. When they set up the other Committees, they were informed of what they would be doing, the Council agreed and voted to do it. Alvce said she is not asking and is not saying that they need to ask about the resources, but what is really important that needs to be asked is what will be the work of the Committee. Every Committee on the Council's list had to come up with priorities of what they were going to do, and then it was voted on by the Council. All she would like to ask for is what are the three goals of the Committee, how will these be accomplished, and then it can be put before the Council for a vote. Alyce said as the Chair she can not see having another meeting when the Council has not voted to have it as a Committee.

Alyce said they have a motion and she asked if there is any other discussion on this motion.

Judy Bousquet seconded the motion.

#### UNANIMOUS VOICE VOTE: MOTION CARRIED

Alyce said she would like to go back to the Ad Hoc to review/accept the recommendations.

Roger asked if he could read the information from the bylaws. Article X, Section II: He said that it discusses the Executive Committee, but in this case it would be the Ad Hoc Grievance Committee "The Executive Committee shall address grievances for the Council including making a formal recommendation regarding the grievance. In the event that the grievant does not agree with the Executive Committee's final decision the grievant may appeal to the Council as a whole. In such cases the Executive Committee will bring the formal recommendation to the Council at the next regularly scheduled Council meeting which will be presented as an agenda item. The Council will then by a majority vote agree or disagree with the Executive Committees formal recommendations in determining the final action regarding the grievance. The grievant may attend in person or if not in person elect to submit a letter on his or her behalf." Roger said in his reading of this is that by the submission of the report, they have taken it as far as they can and there is no necessity to do anything further unless the grievant does not agree with it. He recommended that the Council notify the grievant in writing because she is not in presence at the meeting and give her this information from the bylaws as to her options and leave it at that.

Rene asked if they need to put in an agenda request to vote on the recommendation. Patricia asked if they need to motion that a letter be sent to the grievant with the report and a copy of the bylaws, showing the grievant what her rights are under the bylaws. Alyce said that she believes they need a motion for the Chair of the Committee to send the letter.

Barbara said that anyone who was mentioned in the grievance should not make the motion. Rene asked if members should make the motion.

Judy motioned to implement Roger's suggestion. Cody seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

Roger reiterated that a letter should be sent to Ms. Kosuda with the findings; and include the bylaws for her.

Cody motioned to accept the Rural Monitoring, Child Transition, and Nominating reports. Barbara seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Discussion of moving forward with the meeting ensued due to the meeting being ahead of schedule. Rene read "the times are not guaranteed unless designated as time certain on the agenda. Agenda items may be taken out of order at the discretion of the Chair in order to accommodate persons appearing before the Council and/or to aid in the time efficiency of the meeting." Alyce asked if she understands that to read that they can continue on with the meeting and not have to adjourn for two hours. The response was yes. Alyce continued on with the remainder of the meeting.

#### 6. LUNCH

The Council did not adjourn for lunch due to being ahead on the agenda items.

### 7. TRAVEL UPDATES

Alyce said that both she and Barbara were unable to attend the Alternatives 2009 Conference due to medical issues. Alyce thanked Ann for attending the early childhood summit in her place. Alyce said that at times invitations for conferences are given to the Chair and at the discretion of the Chair, another member can be asked to attend on his/her behalf. That is what she asked of Ann.

# • NATIONAL ASSOCIATION OF MHPAC REGIONAL CONFERENCE

Rene said that she and Patricia attended the National Association of Mental Health Planning & Advisory Council Regional Conference. She said it was geared toward rural mental health. They did a planning council 101 which the Council received back in August. They covered testifying at the Legislature. They said if a person is testifying on a specific piece of Legislation, they are not allowed to go as a member of the Council. They can state that they are a member of the Mental Health Planning & Advisory Council, but I am here as a concerned parent of a child with mental health issues, or as a consumer, or a family member etc., but not as a member of the Council because that would be considered lobbying, which the Council is not allowed to do. She said they covered challenges and opportunities with rural mental health. Most of America is rural. Almost every state is a rural state. She said the thing that really got her and Patricia excited was the tele health (medicine). Oklahoma has an amazing tele health system that they have done. They were able to get grants to pay for most of it. They have a virtual drop in center, virtual club houses, virtual groups, etc. The psychiatrist sees a person every third visit in person. All of the other visits are through tele health. They gave the information on the system and offered help. The clients and doctors love it. The doctors are always stationed in a metropolitan area. They have two metropolitan areas like Nevada and the doctors do the tele health

through there. There is a Tandenburg Grant Management Division. The state gives these people the information and Tandenburg finds the grants that will assist them in paying for the tele medicine equipment and getting it started. Rene has given Roger the contact information for the Oklahoma Tele Medicine Coordinator, so that they can start checking into how it can work in Nevada. This was one of the concerns when they were out in the rural areas. They want to start the tele medicine because they know they need it but they got the cameras off the shelf and they did not get good quality equipment and that is part of the issue with the Nevada tele medicine. There are obstacles with being able to provide tele medicine in rural areas if there is not an actual MHDS building because of the fire walls. The person in Oklahoma has done it, and said they can help them get around the fire walls. The Dr. doesn't even have to go into the state site. The Dr. has the equipment and sets it up wherever he/she is located that day. Rene said there are more clubhouses, groups, participation in groups, because they are getting people from all over the state participating in the groups. Bryce said that the Veteran's Administration is doing Clinical trials in San Diego involving client therapy. Rene said they do the therapy and the medicine all through the tele medicine and then there are certain times, they have to come in and meet with the Dr. It may be that at first, the person has to see the Dr., face to face until they get the person stabilized. Bryce said that the biggest issue they have found is that people in depression are having a hard time getting out of the house to begin with, would tend to stay in the house and have their treatment online. Rene said what they do in Oklahoma is until the person is at a certain place in their treatment, they are not allowed to stay at home and participate via tele health. They have to come out to the home and take care of the fire wall before they can participate. Unless the person is in a certain place in their treatment, they have to come into a sight for their treatment. Rene said one of the complaints that they had here in the rural areas is the nurses sit inside with the clients as they are having their appointment with their doctor and will interrupt. Cody said there were other clients that expressed that they liked the opportunity of tele medicine because it meant that they had the opportunity to see a psychiatrist. Judy said she received a tour at Mesquite Health Center and they were doing the tele medicine there and it seemed successful. This also opens up the opportunities for children to receive services in the rural areas where they had not before because Dr.'s in Las Vegas and Reno are doing the tele medicine. Roger suggested including this as part of the rural monitoring. He said they did hear plenty about it in the last two visits. Rene turned the floor to Patricia to go over the data information.

Patricia said that Dr. Bernadette \_\_\_\_\_ who works (unintelligible comment).

They are the ones that went over the data information regarding the NOMS. What they were attempting to stress to everybody is the data

collection is very important in getting the Block Grant funded. With the data that is gathered by the various agencies, and then brought to the URS system which is Uniform Reporting System, they can then address their national (unintelligible word). The data addresses the accountability and gathering the data is important in meeting the requirements to do the Block Grant Application and receive the funding.

Rene said there were a lot of people requesting information from them because of things done in Nevada. There were people that wanted to know how Nevada does their rural monitoring because Nevada goes out and talks with people face to face, where others just gather data from the site. Other Councils were asking how to get a budget. Rene said they are attempting to make connections with the different Council's so they can exchange the items that are working well and help each other out. Rene said the wonderful thing about going to the MHPAC Conferences is connecting and finding out what is working well for others and how the different Councils can help each other.

# • FIRST ANNUAL NEVADA STATE RECOVERY CONFERENCE

Judy thanked the Council for sending her to the First Annual Nevada State Recovery Conference. She referred to the handout that went to the Council in the meeting packets. She read the list of presenters. She said they covered an amazing range of addictions.

She said this was the most informative convention she has attended. Each presenter was incredibly knowledgeable and they all invited the audience to participate. It was very inclusive and formed a great rapport between audience and speakers. People expect presenters to knowledgeable in their fields but it is not the rule to include the audience.

This is the first convention that she has attended that there was a tremendous feeling of inclusiveness and by far the best. She said she looks forward to the continuation.

### NEVADA EARLY CHILDHOOD SUMMIT

Ann said she attended the Nevada Early Childhood Immunization Summit, but it was not all about immunizations. There were presenters that talked about early childhood versified with the focus of the age range and their presentation on mental health issues, developmental issues, autism, building early childhood comprehensive systems, immunizations, health, etc. It was a very multi disciplinary summit. The exciting thing for her because she is involved with early childhood but also for the Council is there is a lot of movement in the state right now in regard to early childhood comprehensive systems building. In early childhood the

partners are all coming to the table so the educational, mental health, public nursing are all doing different activities in the state right now to work on building a system for early childhood. She said she thinks it is important for the Council to also be aware that there is a new Governor appointed Council. It is an Early Childhood Advisory Council and they are going to work on early childhood issues from a multidisciplinary population approach. People were just appointed to that Council in October and they have a work group set up some time next month and then they will start. There is a lot going on in early childhood mental health and she believes it is an area that people do not know a lot about and there is a lot of stigma. This includes professionals who are thinking that it is just a phase for children and the children are going to outgrow the behaviors and the symptoms that they have. For some children this is true and for some children it is not, and they do not outgrow it. It takes years for them to get old enough to be able to identify it as a mental health issue for them. She is very excited that there is a lot of movement in the state in this regard. She thanked Alyce for sending her. It was great to see all of the energy.

### • ALTERNATIVES 2009

Alyce said that both she and Barbara were unable to attend the Alternatives 2009 Conference due to medical issues.

# 8. UPDATE ON THE NEVADA COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES (NCMHDS)

Alyce said one of the things the Council wants to do is have cohesive interaction with the Commission. In the past years, they have always attended Commission meetings. Roger has been attending the Commission meetings. He has a report. Alyce said after this item, the Council will take a ten minute break and that way they can get through the rest of the agenda prior to lunch.

Roger said the last meeting of the Mental Health Commission was in September. There were two of them. The first meeting was a work session in which they met to strategize their mission. They are having some turnover in members with a new Chair. Kevin Quint is the new chair. Those that were at the last meeting will remember Kevin's wish to collaborate with the Council and establish the lines of communication. This was reiterated in their work session. There were some very productive discussions about their collaboration with the Council and other mental health support groups, including the restructuring of the Co-Occurring Disorders Committee, which is now under the Commissions umbrella. Their goal is to strengthen the voice of mental health advocacy and avoid duplication of efforts in the next legislative session. Even though the last session just ended in June, it is not too early to start on the upcoming session which will start at the beginning of February 2011. At their request Roger provided them with a condensed version of the Block

Grant Application and he focused on the new developments and issues that were identified; the unmet needs, the vision for the future for both the adults and the child portion of the Block Grant. He also advised them based on some of the conversations that were held at the planning session that this Council had prior to the last Council meeting, the development of the next Block Grant Application for 2011 will be more of an ongoing effort throughout the year, instead of all at once. One of the important but little understood aspect is the NOMS Measures. He emphasized what the Fed's are looking at in the Block Grant Application. At the meeting of the Commission he also emphasized that the Fed's are looking at the application as not just a description of how the Block Grant is used to support mental health services, but they expect to see a description of the entire system of care in the state. That is demonstrated by their questions about the veterans, and some of the other items they asked about. The Block Grant Application goes beyond the 3.6 million dollars. They want to know more than just how the money is spent. They want to know how it fits into the big picture. Roger encouraged the Commission to participate in providing information to him as the application gets developed. They agreed that there needs to be frequent and ongoing communication between the Commission and Council and discuss collaboration efforts as the session approaches. They agreed to have a similar agenda item on their future meetings and they would have Dr. Kevin Crowe attempt to attend future Council meetings.

There was a lot of discussion at the Commission meeting led by Dr. Harold Cook about strengthening the collaboration between the Commission and MHDS and the Co-Occurring Disorders Committee that they have continued. Rene asked who is in charge of the Committee. Roger said he believes it is Dr. Dixon. Rene said Rosetta wanted to make sure that she got it going. She knew she was ill. Judy said the Committee kept her in the loop during the session and the wording Rosetta worked so hard for made it through the session.

Roger said the only other item regarding the Commission is the Council approved the portion of the Block Grant budget allocating approximately \$70,000 to provide them with travel and to provide support both administratively and analysis. He said he saw the amount that was actually paid in the fiscal year that ended June 30, 2009, was approximately \$7000. He said they anticipate spending more of that money this year; it was kind of a slow process for them to get started. He believes the remaining money they did not use is money that the Rural Monitoring Committee may be able to use in implementing any changes that come out of the rural monitoring report. Roger asked for any questions.

Alyce asked for a 15 minute break. Meeting adjourned at 10:55 am Meeting reconvened at 11:10 am.

### 9. NOMINATIONS/VOTING

Roger read the bylaws in regard to the nominations. The nominations will be from the floor.

Alyce said they would do Vice Chair first. Dave Caloiaro will be assisting Alyce in counting in Las Vegas. Robin and Layne will count the votes in Sparks and call Roger with the votes. Judge Cooley will call Roger with her vote.

#### • CHAIR

Judy nominated Rene Norris, Family Member for Chair. Alyce asked for other nominations. None were made.

Las Vegas – 7 for Rene, Sparks - 7 for Rene, and phone – 1 for Rene.

The new chair of the Council is Rene Norris.

### • VICE CHAIR

Rene nominated Patricia Peterman, Family Member for Vice Chair. Alyce asked for other nominations. None were made.

Las Vegas – 8 for Patricia, Sparks – 6 for Patricia, and phone – 1 for Patricia

The new Vice Chair of the Council is Patricia Peterman.

Alyce thanked all of the members for all of their hard work that everyone has done on the Council. She said there are certificates for all of the members of the Council just to show her appreciation for all of the work that has been done.

### 10.NATIONAL OUTCOME MEASURES

Cody said she would like to start her report by thanking Alyce for all of her hard work as chair of the Council and all that she has done.

Cody said this is the data that is required in the Block Grant. These are the performance measures included in the Block Grant. She did not copy the measures out of the Block Grant because everyone should have it in their copy of the Block Grant. Similar to what Rene and Patricia heard at the NMHPAC Conference. This data is incredibly important to understand it because this is how decisions are made about the services that are provided and about the criteria for people who get those services. Once these things start being measured, then that is what people involved are paying attention to. Roger has said several times what gets measured, gets done.

She said the information is used to inform budgets and is published widely. It is used to make comparisons between states and assess the progress of systems over time. She is speaking specifically to the adult measures. The children's measures are separate and they are different. She did not address those in this report.

### **Current Reporting:**

Nevada has traditionally reported measures for which data is readily available. They have included in the information how many people are being served in various programs such as case management, medication clinic, and counseling. The amount of money spent per person served and per capita, and the consumer perception of services.

In addition to reports of past years; every year there is a target for the future. Evidenced Based Practices:

CMHS recognizes six evidenced based practices. Nevada's adult system is currently reporting on two of those and they are PACT – Program for Assertive Community Treatment and Supported Housing.

#### Outcome Measures:

Outcome measures focus on the result of the services provided. There are several outcome measures available in NOMS. Those include a measure of increased social connectedness, increased housing stability, and decreased criminal justice involvement for individuals who are receiving mental health services.

In the past the adult system has not participated in those measures. Those are aimed at assessing the impact that the services received are having. With the implementation of the electronic medical record and the participation in the client level reporting project, they are now in a position to consider collecting this information and reporting it. Cody suggested that the Council consider making a recommendation to the Division that they develop a plan to collect the data and report it in the future. There is some significant planning and implementation that would still be required to do that. She asked the Council to consider whether they think this would be a useful activity and whether they might be interested in making a recommendation. She asked for questions.

Judy clarified that it is the Division would do the data collection.

Rene made reference to the presentation that she and Patricia attended and the data they showed for Nevada in arrests and re-arrests. Cody asked if it was the data from the client level reporting project. Rene was not sure. Cody said anything she has said applies only to the adult system.

Steve asked Cody to clarify decreased criminal justice involvement. Cody said there is a measure available that applies to decreased criminal justice involvement by people involved in services. Roger said he located it for the children, he believes it is similar. On the children's side and this is reported from DCFS, the measure is: the numerator is the percent of children youth consumers arrested in one period who were

not arrested in a subsequent period. The denominator is the number of children arrested in the previous period. Cody said they would mirror the indicator for the adults.

Patricia said on the page that Rene was referring to one side is children and the other half is adults. She said that the report states Nevada is the out leaders. Cody said the Block Grant Application does not include data on this for the adults. Patricia said at the conference they said it would be good if they have the ability to report that data. Roger said he is showing five indicators that are in the report. There are five starting with increased/retained employment, there is a statement "Nevada's Information Management System Avatar does not currently capture and report this NOM". They have the same statement for decreased criminal justice involvement, increased stability and housing, increased social support/social connectedness, and improved level of functioning. Roger said he believes what Cody is recommending the Council pursue is to encourage the Division to allocate resources to make Avatar capture the information. Cody said there is a process that would be required. The infrastructure is now in place that would make this possible; however, there is still a process of getting the computer system to where it has actual fields to capture these items, and training the staff to capture these items. She said in the long term it would be of benefit to Nevada. Rene asked Roger if there is a way to compare Nevada's data to other states. Cody said there are organizations that exist solely for that purpose. Steve verified that they are just discussing those who have mental health issues that have been arrested. Cody said that would be the pool of the data.

Roger said that it would be advantageous to put it on the next agenda. Alyce asked for any questions. None were asked.

### 11.PUBLIC COMMENT

Alyce asked for public comment. Roger said he wanted to mention two things. Last year at this time they discussed the application for the transformation transfer grant. They did submit an application for \$211,000; there were two aspects to it. The primary one was to piggy back on an initiative that the Rural Clinics agency of MHDS started to attempt to integrate mental health in with primary care providers, to incorporate mental health, drug and alcohol prevention, and primary care into one location in a pilot project. The rural clinics has money allocated to pursue that and it is one of the strategic plans that the Administrator, Dr. Harold Cook has committed to, and so they thought they could ask for a little extra money to run a pilot project this spring because this transformation transfer is a very short lived activity and it can't be used to buy anything like computers, or any equipment, and it doesn't lend itself to establishing positions. The proposal was to hire a coordinator who would identify a health clinic in rural Nevada that will be willing to bring in mental health professionals for a three month trial period. The primary measure they are targeting is customer satisfaction, how they feel receiving mental health services in conjunction with their primary health care providers. They submitted this along with a much smaller piece that was recommended by DCFS to analyze or review some records

from Avatar to identify the actual success of the transition from child to adult services, which was one of the items the Child Transition Committee really attempted to do but was never able to get a quantifiable number. They expect to hear in early to mid November. Roger said he thought there were only 22 states eligible for seven grants.

Patricia said she would like to thank Alyce for her patience and perseverance as chair. She has had so many issues and she still held on and did such a good job of attempting to lead this group while having outside things going on. She really admires her and wanted to recognize her for the job she has done as chair.

### 12.SET DATE FOR MEETING FOR 2010

Alyce said they were going to set the meetings for the next year, but there are a number of people that are out this meeting. At the next meeting, please bring your calendars so that the Council can schedule the meetings for the next year.

Tuesday, January 12, 2010 will be the next meeting in Reno, Nevada.

#### 13.ADJOURNMENT

Cody motioned to adjourn. Ann seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

The meeting adjourned at 11:46 am