

**MINUTES**  
*of the*  
**Mental Health Planning Advisory Council's**  
**Quarterly Meeting**  
*meeting on*  
**Wednesday, October 19, 2011**  
*held at*  
Early Intervention Services  
2667 Enterprise Way, Conference Room  
Reno, Nevada

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

Rene called the meeting to order at 9:25 a.m. Verbal roll call was taken. Tanya completed the sign-in sheet.

Members Present:

- Ash, Alisha – Consumer/Youth
- Bousquet, Judy – Consumer (via video conference in Las Vegas)
- Herrera, Corrie – Family Member
- Jackson, Barbara – Consumer
- Merrill, Mechelle – DETR
- Norris, Rene – Family Member, Chair
- Parra, Debra – Housing
- Phinney, Cody – MHDS
- Polakowski, Ann – DCFS (Proxy for Coleen Lawrence)
- Wilhelm, Layne – SAPTA

Members Absent:

- Daniels, Steve – DOC (proxy given to Sharon Wilson – DOC), excused
- Ford, Lisa – DOE, excused
- Lawrence, Coleen – DHCFP (Proxy given to Ann Polakowski), excused
- Pinder, Denice – Family Member, excused
- Snead, Lydia – Family Member, unexcused
- Thomas, Alyce – Consumer/Family Member, excused
- Willingham, Bryce – Consumer, excused

Staff and guests:

- Benitez, Tanya – MHDS Admin Asst.
- Brown, Wanda – ADSD
- Cheyenne – Public
- Dicks, Duey – Public
- Elaine - Public
- Martin Judy – NV PEP
- Mowbray, Roger– Grant Writer

## **2. PUBLIC COMMENT**

No public comment

## **3. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 8/16/11**

Layne motioned to accept the Minutes as written. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

## **4. STATE HEALTH INSURANCE ASSISTANCE PROGRAM; MEDICARE, AND OTHER MEDICARE INITIATIVES**

Rene turned the floor to Wanda Brown, the new SHIP Director for the State of Nevada. Wanda stated SHIP is mainly comprised of volunteers who help people with Medicare programs and anything Medicare related. Wanda said she was previously the Aging & Disability Resource Project Manager for the State, and they all go hand-in-hand. Wanda explained that the Aging & Disability Resource Centers are statewide, with five physical locations -- three sites in Northern Nevada (Washoe County, Lyon County, Carson City, Douglas and Storey Counties); and two sites in Las Vegas, Nevada. These agencies are partners and they receive a little money for implementing an Aging & Disability Resource Center. The people being served are the elderly, the disabled, and anyone requiring long term support. These agencies offer information about programs in their community, referral, assistance, and follow up. The ADR specialists are educated in approximately 60 different public programs and are knowledgeable in how to sign someone up, what the eligibility requirements are, who to contact when they are running into issues about applications, submittals, and help with appeals or grievances.

Wanda continued that these sites have their own separate initiatives for serving their communities and gave some examples. The Administration on Aging says the Aging & Disability Resource Center is on the forefront. They want a single point of entry for people to go to and become familiar with, and they are developing an ADRC public website. It was called the Nevada Care Connection

initially, and that is part of their logo. Resources within Nevada Care Connection website are being transferred over to the Nevada ADR portal. Because of the age of the Nevada Care Connection website, they received an Enhancement Grant from the Federal Government three years ago to help with their structure to become a fully functioning ADRC state.

Wanda encouraged anyone offering services to target populations within their community and list those services on the ADR website. The website gets updated every four months and they may be able to go every quarter or three months as they upgrade. Services submitted and listed do not cost anything.

Northeastern Nevada will be targeted during the third year of the grant, and they will see if they can find a viable applicant that would be willing to provide services and in return help those consumers and report on it.

One of the programs people are knowledgeable in, Wanda said, is the SHIP Program. They have volunteers and partners statewide that help people sign up or give information on Medicare, Original Medicare, Advantage Plan, Prescription Part D plans, supplemental insurances, and anything related to Medicare. Wanda went on to describe when and who is eligible for Medicare. They would like to outreach to mental health agencies around the state, who might be interested in becoming a certified partner with SHIP, to learn about Medicare rules and regulations so they can help the consumers who visit those sites if they have questions. Volunteers go to senior centers, libraries, state offices, and sometimes call people from home.

For the first time, the Centers for Medicare & Medicaid Services “CMS” changed Medicare enrollment from October 15 through December 7, 2011. It used to be from mid-November to December 31<sup>st</sup>. Volunteers have a turn around time of 24 to 48 hours to contact people with their questions. Wanda also described some of the areas the counselors discuss with the consumers; i.e., medications and formularies, premiums, different plans, etc. Corrie commented that the site was very user friendly. Wanda continued that CMS also has some initiatives not related to being a Medicare beneficiary but to a Pre-existing Insurance Plan. In 2014, it will be against the law for insurances to deny people coverage based on a pre-existing condition. If a person has not had insurance within the last six months and they have a pre-existing condition, they can go to the Precip.gov website; or, they can go to the Governor’s Office of Consumer Health Assistance where they will help people sign up for these plans. There are three tiers and they range in different prices, but they are more affordable than before. Herb Sholtz in Administration has been all over the nation trying to promote the Pre-existing Insurance Plan, and Wanda believes he will be in Nevada on November 9<sup>th</sup> in Truckee, but will also make an appearance that day at one of the open enrollment sites at the Dayton Senior Center or the Fallon library.

They also have Preventative Services and handouts were provided. If additional publications are needed for agencies or partners, let Wanda know. They need help in getting the word out.

Wanda stated that they just took over a grant from the Attorney General's Office for Senior Medicare Patrol to identify fraud and abuse in Medicare and Medicaid nationwide. She provided "12 Tips to Protect Yourself from Medicare Fraud." This is also a volunteer program and the Project Officer in Las Vegas is setting up to recruit new volunteers. People who receive Medicare summary notices should make sure that only the services that were rendered to them are on the summary notices. People can bring Medicare summary notices into either the CMS or SHIP volunteers, and they will look through them to see if there is an allegation of fraud. Wanda continued that there is also a lot of fraud in durable medical equipment, like wheelchairs and motorized scooters, also noting that CMS watches the marketing of providers. Hospice is another area that is paid through Medicare. Wanda gave some examples of Medicare fraud and abuse cases.

Wanda said they have many programs, and they would be happy to present everything their Agency offers. The ADRC Program sites would like to have direction with the mental health population. There is an opening on their Advisory Board, if anyone is interested and can commit to four meetings through September 2012.

Mechelle asked if someone could help with the outreach in the northeast corner.

Wanda said they are looking for an ADRC site and had presented to the Family Resource Center in Elko about two years ago. They will be going to northeastern Nevada during the next competitive bidding round. There are approximately 45 providers that meet once a month. They are looking for someone to serve the population that they require and be knowledgeable in the programs and service requirements.

Discussion followed.

Corrie asked Wanda for Nevada Care Connection's new site name.

Wanda said it is [Nevadaadrc.com](http://Nevadaadrc.com). Both websites are still up but Nevada Care Connection's site will eventually come down.

Sharon wanted to clarify which organization the advisory board was for.

Wanda stated it was for the Aging & Disability Resource Center "ADRC".

Rene thanked Wanda for presenting.

## **5. LETTER OF SUPPORT FOR ROGER MOWBRAY**

Corrie drafted a letter in support of Roger, requesting that they keep him with the Council. She understands that it probably will not happen. She asked for ideas or suggestions.

Cody suggested that it be sent to Jane Gruner and Richard Whitley as the acting Director, since Dr. Cook has retired.

Rene asked if there were any other changes to the letter.

There being no further changes, Mechelle motioned to accept the letter. Barbara seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

## **6. CMHS BEHAVIORAL HEALTH ASSESSMENT AND PLAN**

Rene gave the floor to Roger and Cody.

Roger stated this document is the 2012 version, formerly known as the Block Grant Application that was submitted on an annual basis to cover a state fiscal year. Significant changes have occurred over the last year. Roger referred to page 3 on the Executive Summary for the changes that talk about Nevada taking a plan-to-plan approach to the community services behavioral health assessment. At the Federal level, SAMHSA is expecting that the substance abuse prevention and treatment block grant be combined with the mental health services block grant because there is so much overlap and related issues between the two. It will be a joint plan for substance abuse prevention and mental health services and be known as Behavioral Health Assessment. Another change is this time it is for a 21 month period effective October 1 through June 30, 2013. Thereafter, these plans will be submitted for a two year basis from July to June. One of the significant changes established are the four steps planning process: (1) Identify the strengths and needs of the service system; (2) Identify unmet needs and service gaps; (3) Prioritize planning activities; and, (4) Develop objectives and performance indicators.

The other significant change in the Executive Summary is that the assessment of the unmet needs is going to be in synchronization with the development of the State's budget for the next biennium which starts July 1, 2013.

Roger reviewed and discussed page 21 of 170 (Planning Steps - Questions & Answers); Page 58 (Step 2 – How Nevada will use the five steps strategic framework process recommended by SAMHSA to complete the assessment and analysis); Page 61 (Timeframe that lines up the development of the behavioral

health milestones with the Nevada budget development legislative review milestones).

Please be aware that the next Behavioral Health Plan (combined plan for substance abuse prevention and mental health services) is due to SAMHSA on April 1, 2013. It is significant to note that the plan is due before the Legislature is over, which will present Nevada with a challenge.

Barbara asked if the Council meetings would be adjusted to meet these deadlines.

Roger answered yes; the council is considered a very important stakeholder in this process.

Roger returned to the document and reviewed page 64 (Questions and expectations: Objectives, strategy, and performance indicators). See also pages 65 and 66. The goals in the plan are to complete the assessment phase by January 2012, complete the capacity building phase by May 31, 2012, and complete the planning phase by December 31, 2012. In addition, another goal is to develop a prevention strategy and collaboration with SAMSHA and other stakeholders also by December 31, 2012.

On page 69, Table 5, Roger pointed out and explained the difference in prior block grant applications and what is required now.

Cody added that the major changes are to bring what they had originally anticipated for SFY 12 into line with the unanticipated addition of the statewide cost allocation program and other adjustments that had to be made. The basic activities remain the same.

Roger noted that the budget for rural monitoring had to be eliminated for this fiscal year.

Cody said they are looking at creative solutions to revisit that activity.

Roger said on the second page, Interstate Travel, \$11,822 is the amount projected for these quarterly meetings. The balance will be more video conference based.

Cody stated they tried to preserve the ability to have the regular meetings with the travel that is necessary.

Roger asked if there were any comments or questions on the budget.

Discussion followed.

Roger reviewed the following pages: Page 74, IV. The Narrative Plan; Page 111 – State Dashboards; Page 112 – State Suicide Prevention Plan. (The State Suicide

Prevention Plan is a significant document. To see the Plan, there is a link at the bottom of page 112. It is on the dhhs website.); Page 113 – Asks what technical assistance the state needs; Page 150 – State Behavioral Health Advisory Council. The next few pages give accomplishments; and, on Page 165 – List of Members as of September 1<sup>st</sup>.

Roger said that concluded his discussion of the 2012 Plan and asked if there were any questions.

Rene asked if and/or should replace and where it says, ‘if an individual is recovering from a mental illness *and* addiction’.

Roger said it could be changed.

Alisha advised there is no capitalization on email address.

Barbara commented that on the Council they have combined family members and consumers, and she does not believe it should be combined.

Discussion followed.

Barbara motioned to amend the Plan by changing and to and/or. Judy seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

## **7. TRAVEL/CONFERENCE UPDATES**

Nothing was presented.

## **8. BREAK**

Roger advised that Kevin Quint will arrive at 1:15 p.m. Rene called for a short recess until 11:00 a.m.

## **9. SUPPORT FOR HOPE OF NEVADA “YOUR PLACE” – DETERMINE WHAT TYPE OF SUPPORT THE COUNCIL CAN PROVIDE**

Judy reported that Patrick Hendry, former representative for Mental Health America, was instrumental in getting Hope of Nevada off the ground. They are looking for more people to join the Board of Directors. They have 200 members and growing. Hope accomplished a successful conference last year and one is on the calendar for next spring. Hope receives 200 calls a month and growing. Their Drop-in Center is on hold until 2012. Drop-in Centers have changed from a three year to a five year plan. Their current goal is to get non-profit status finalized, as

well as building a stronger base in which to work. Several people are looking into taking grant writing cases and they hope the Council will continue to support with the grants they know are available and with letters of support. At this point, Hope is the only statewide consumer network. There is no committee report because they haven't had a reason to bring the committee together. Judy wasn't sure if this needed a motion or it was part of the continuum of the support of the Drop-in Center, and if the Council feels they want to continue working with Hope.

Rene explained the Council can write letters of support. Concerns were raised at the last meeting about mixing children and adults in a Drop-in Center.

Discussion followed.

Barbara motioned to sunset the Clubhouse and put it as a standing item on the agenda for advocacy organizations to report. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

## **10.TREATMENT ADVOCACY CENTER ARTICLE**

Corrie found an article about the Carson City shooting that concerned her. The article, written in Arlington, Virginia, read that Nevada has the worst record in the nation for treating the mentally ill. Corrie feels the Council should address what they can do to improve that and asked for some ideas on how to address this issue.

Cody advised that the Division issued a statement about the event at IHOP. She would encourage the Council to visit the Treatment Advocacy website. This group advocates for involuntary civil commitment laws. This group that wrote the article is taking a position on these issues. The statistics they quote relating to hospital beds ratio is accurate. Cody added that she and Tami are gathering information on needs assessment, like hospital bed ratios, drug use and health, which will hopefully provide some information and context that decision makers can use.

Rene stated part of the issue with the stand on the civil commitment is that there are waiting lists of people who want treatment and this will force people into treatment who do not want treatment.

Discussion followed.

Corrie asked if the state had done a better job of getting the information out as to available resources, would this person have sought services, and where are they lacking in education and outreach.

Barbara said, as a consumer, she believes they have a lot of information, and we can provide that information. Nevada's problem is they cannot get out of the

1850's. It is as simple as that, so we are going to stay where we are, and they do not intend to get out of the box. They look at all of the publications that come in and they talk about different things. It is up to whether we want to reach people or reach people like this gentleman. Barbara added that they needed to give him someplace to be, a service to go to, hope, and a person. He is a human being. If we want a different outcome, then we have to change.

Discussion followed.

Cody suggested the Advisory Council get technical assistance and bring someone in to teach.

Rene suggested we hold this for the strategic planning portion.

## **11.LUNCH**

The meeting adjourned for lunch and reconvened at 1:29.

## **12.MHDS COMMISSION UPDATE**

Kevin Quint, Chairman of the Mental Health Commission, stated they are short-staffed and are still working on the seclusion and restraint issues and how they can monitor the seclusion and restraint in a way that makes sense. Kevin also met with Richard Whitley and talked to him about their perspective in the Health Division. Dr. Julie Beasley is the chair for the Children's Mental Health Planning Committee. They are retooling from last session because they did not get SB448. They are looking at some areas where they can develop standards of care to make a model for others to follow that covers mental health. Another area is health care reform and what role the Commission can take. They are trying to work with as many partners as they can. They are a small Commission and they don't have a lot of resources so their role is going to be more leadership and how to conceptualize this and move the state ahead.

Kevin advised that the psychiatrist position is vacant on the Commission. Also, Richard Whitley holds a dual position in the Health Division and Mental Health & Developmental Services. This may be a temporary position, but it may also be a way to fold in public health, drug and alcohol, and mental health prevention, because that is the wave of health care form. Kevin stated that he is enthused by Richard's enthusiasm and visionary thinking.

Rene asked if there was anything specific concerning the Children's Committee.

Kevin said the original 10 year plan was to reform the whole system, and the consortium continues to meet. They are talking with the Administrator, Diane Como and Mary Field about what their resources are, what their needs might be,

and where the target should go. It is heading toward one area of service and hopefully will become a model for other areas.

Rene said she was asking because they are doing their strategic planning for the year today.

Discussion followed.

Rene will follow up with Kevin on the Council's strategic plan.

Kevin concluded by thanking everyone for the invitation, with special thanks to Roger for his hard work and partnership.

### **13. PRIORITY IDENTIFICATION AND STRATEGIC PLANNING SESSION**

From the lengthy discussion on priority identification and strategic planning, the following areas were reviewed:

- Changing attitudes of service providers
- Increasing access to mental health services for children in rural areas
- Behavioral health promotion
- Training the treatment team
- Suicide prevention
- What, if any, mental health resources the cities/counties provide
- Health care reform
- Collaboration with other agencies

The priorities for the next year were decided as follows:

- Behavioral health promotion – continuum of mental health - 8
- Increasing consumer driven focus – nothing about me without me - 6
- Increasing behavioral health access for children in rural - 4
- Assessment & plan input - 3
- Health care reform awareness - 2
- Recovery - 2
- Community integration of the consumer - 2
- Communication/collaboration - 1
- Advocacy - 1
- Suicide prevention – 0

Discussion followed on how to address the specific strategies.

Rene stated that for the last four years they visited the rural clinics to find out what was and was not working. They will not be able to do these visits this year due to the budget.

Barbara and Rene discussed working with one of the consortium collaboration and the Rural Children's Consortium.

Cody said health promotion fits in very well with Mental Health Month.

Rene added that advocacy also fits in with Mental Health Month

Cody mentioned that Mental Health Month is a strategy for behavioral health promotion and hopes the committee talks about what it is they need to see in the plan, such as increasing behavioral health for children in rural areas or rural monitoring and for the next application related to prevention.

Alisha recommended folding in a Consumer and Family Member Advocacy Committee with increasing consumer driven focus.

Cody asked, for clarification, if the Consumer and Family Member Advocacy group will be deciding how the state should implement increasing consumer driven focus.

Rene added that they also have legislative items.

Discussion followed.

Cody motioned to focus in on the stated priorities in the three existing Committees. Layne seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

## **14.COMMITTEE UPDATES**

The Committee discussed the need to confirm the requirements for the Chair to attend all Committee meetings. Verify Robert's Rules of Order.

- **CONSUMER & FAMILY MEMBER ADVOCACY**

Rene asked Alyce if they had a meeting.

Roger stated that they did not have a meeting. Roger reviewed the following updates from the minutes of the last meeting: (1) Access to children's mental health services in rural areas should be the priority of the committee; (2) Focus will be on what this committee achieved during the Legislative session; and, (3) The block grant, which he did.

Rene said they put that as increasing consumer driven focus.

Roger asked if they wanted the members of that committee identified again.

Rene said Cody, Alyce, Sharon, Rene, and Corrie are on the Consumer & Family Member Advocacy Committee.

Discussion followed.

- **CLUBHOUSE**

Sunsetted

- **MENTAL HEALTH MONTH**

Rene advised that Mental Health Month is now the Behavioral Health Promotion Committee and Alyce, Cody, Judy, Bryce, and Rene are on that Committee. Mechelle will be Bryce's backup.

- **NOMINATING**

Rene stated Barbara, Alyce, Alisha, Cody, and Rene are on the Nominating Committee.

- **RURAL MONITORING**

Rene said Alyce, Ann, Bryce, Cody, and Rene are on the Rural Monitoring Committee.

Discussion followed.

Corrie motioned to accept the new committees and members as discussed. Ann seconded the motion.

**UNANIMOUS VOICE VOTE: MOTION CARRIED.**

Roger gave a report on Rural Monitoring. He said there was a follow up visit with the Pahrump Mental Health Clinic, which had originally been visited in January, 2009. He reproduced the successes, challenges, unmet needs, and recommendations from the previous visit and the key findings of the follow up visit are on page 6. One of the issues raised was limited services by the clinic to children. They attempted to meet with family members or clients and did not get any to show up to confirm or discuss the quality of those services. Due to a re-organization, that clinic is now under the supervision of SNAMHS, and they suggested that SNAMHS consider assessing the effectiveness of those providers of children's mental health services in the area. Roger noted that the consumer

service assistant continues to be a valuable member but has not had the opportunity to attend or receive any peer-to-peer training and was given some potential options for that. They are also treating more clients with fewer staff. On page 7 there were several challenges and unmet needs and in some cases had worsened. Transportation getting to Las Vegas and around Pahrump is more difficult because the local cap company shut down. There is limited or non-existent funding for a one-time crisis situation and no group homes or homeless shelters are in the area. Roger stated the final item is SNAMHS management will be considering opportunities to contract for some services, such as treatment for the small number of uninsured children and treatment for co-occurring disorders in both children and adults. It is recommended that contracts of that nature include a measure of customer satisfaction.

There being no further questions or comments, Rene entertained a motion to accept the report as written.

Barbara made the motion to accept the Rural Monitoring report as written. Mechelle seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED.

## **15.BREAK**

## **16.NOMINATIONS/VOTING**

Rene asked for a review of the nominations for chair and vice chair and turned the floor over to Layne who reviewed the process.

- **CHAIR**

Roger announced that, by a majority vote of nominees, the new Chair is Corrie Herrera, effective the next regularly scheduled meeting of the Council.

- **VICE CHAIR**

By a majority vote of nominees, the new Vice Chair is Alisha Ash, effective the next regularly scheduled meeting of the Council.

## **17.PUBLIC COMMENT**

No public comment.

Corrie thanked Rene for all of her hard work.

Rene presented Roger with an award and the Council thanked Roger for all of his hard work and dedication.

## **18.SET MEETING DATES FOR 2012**

The following quarterly meeting dates were set for 2012:

January 12 <sup>th</sup>	–	9:00 a.m.
April 12 <sup>th</sup>	–	9:00 a.m.
July 12 <sup>th</sup>	–	9:00 a.m.
October 18 <sup>th</sup>	–	9:00 a.m.

A motion was made and seconded to accept the 2012 meeting dates.

UNANIMOUS VOICE VOTE: MOTION CARRIED

## **19.ADJOURNMENT**

Ann motioned to adjourn. Cody seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

The meeting adjourned at 3:58 p.m.