

MINUTES
of the
Behavioral Health Planning & Advisory Council
Quarterly Meeting
meeting on
January 16, 2014

Videoconference Meeting Locations:

held at

Sierra Regional Center (SRC)
605 South 21st Street, Sparks, Nevada

AND

State of Nevada Division of Public & Behavioral Health
4126 Technology Way, 2nd Floor, Conference Room 201, Carson City, Nevada

AND

Desert Regional Center (DRC)
1391 S. Jones Blvd., Las Vegas, Nevada

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

The Chair turned the meeting over to the Vice Chair. Rene called the meeting to order at 9:35 a.m. Roll call determined there was a quorum, and Diane completed the sign-in sheet.

MEMBERS PRESENT IN LAS VEGAS:

Rene Norris, BHPAC Vice Chair – Family Member (Las Vegas)
Cynthia Matteson – Consumer (Mesquite)
Dawn Walker – Family Member/Consumer/Provider (Henderson)
Judy Bousquet – Co-occurring Consumer (Las Vegas)

MEMBERS PRESENT IN SPARKS:

Barbara Jackson – Consumer (Sparks)
Sharon Wilson – Department of Corrections (Carson City)
Dave Caloiaro – Division of Public & Behavioral Health (Carson City)

MEMBERS PRESENT IN CARSON CITY:

Bill Kirby – SAPTA (Carson City)
Debra Parra – Department of Housing (Carson City)

MEMBERS ATTENDING VIA TELECONFERENCE CALL:

Alyce Thomas, Council Chair – Consumer (Las Vegas)
Ann Polakowski – DCFS / Child Planner (Las Vegas)
Mechelle Merrill – DETR Bureau Chief (Carson City)

MEMBERS ABSENT:

Marion Scott – Consumer (Las Vegas) (excused)
Coleen Lawrence – DHCFP/Medicaid (excused)
Susan Maunder – Consumer (Las Vegas) (excused)
Lisa Ford – DOE (Las Vegas) (excused)

STAFF AND GUESTS ATTENDING IN CARSON CITY:

Laura Hall – Division of Public & Behavioral Health
Charlene Howard – SAPTA
Barry Lovgren – Member of the Public

STAFF AND GUESTS ATTENDING IN LAS VEGAS:

Susanne Sliwa, Deputy Attorney General
Chelsea Szklany – SNAMHS Administrator
Dan Musgrove, Clark County Mental Health Consortium & Private Sector Lobbyist
La June Primous, Member of the Public/Pending Council Member
Steve McLaughlin, SAPTA Supervisor

STAFF AND GUESTS ATTENDING IN SPARKS:

Member of the Nevada Psychiatric Association
Dr. Stephanie Woodard
Luana Ritch – Division of Public & Behavioral Health
Diane Dempsey – DBPH/Administrative Support for BHPAC

2. PUBLIC COMMENT

Barry Lovgren, private citizen, had a point of order for the Chair and when the Council gets to agenda items 8 and 9, he is likely to have a couple of questions for the presenters. Mr. Lovgren asked if the Chair would prefer when he ask those questions at that time or wait until agenda item 13. The Vice Chair conferred with the Deputy Attorney General who recommended Mr. Lovgren wait until Agenda Item 13.

Dave said the Division has decided to apply for a BRASS TAC, which is bringing supports and technical assistance for people having mental health and substance abuse needs for supportive employment. It is not a grant, it is for technical

assistance and eight states will apply for it and the states that are accepted would receive technical assistance from SAMHSA through a contractor. It is a three day planning session in two segments to develop a strategic plan for supportive employment for individuals with behavioral health needs. Several volunteers have agreed to be on the Strategic Planning team, one being the Council's Chair, Alyce Thomas. Dave also gave kudos to Council member Mechelle Merrill for supporting one of her staff to be on the team. Dave made the announcement at the SAPTA Advisory Board last week and several people at that meeting also volunteered right on the spot. The commitment for these team members is to attend planning sessions over the next four to six months, if the state is accepted, and ultimately develop a strategic plan for supportive employment opportunities. The financial award is \$50,000 to help states get a start on the right path for funding opportunities. If anyone is interested, please let Dave know.

Judy asked Dave for clarification on the change of the Council from mental health to behavioral health. Dave said the change and expansion of the Council means the Council will now recruit those consumers who are in recovery for alcohol and/or drugs, as well as co-occurring, including providers of services for these consumers and their family members.

3. REVIEW AND VOTE TO APPROVE MINUTES FROM THE BHPAC ORIENTATION/REFRESHER TRAINING ON OCTOBER 16, 2013 “For Possible Action”

Bill Kirby noted a typo in the minutes, stating the year of this meeting should be changed from 2012 to 2013.

MOTION: Sharon moved to accept the minutes, with the change in the date as noted. Alyce seconded. Motion passed with one abstention.

4. REVIEW AND VOTE TO APPROVE THE MINUTES FROM THE BHPAC QUARTERLY MEETING ON OCTOBER 17, 2013 “For Possible Action”

MOTION: Judy moved to approve the minutes as written. Dawn seconded. Motion passed unanimously.

5. NEVADA COMMISSION ON BEHAVIORAL HEALTH - UPDATE “For Possible Action”

In Kevin Quint's absence, Dave Caloiaro served as Chair Quint's designee.

Dave reported the Commission's Nominating Committee is looking for potential Commissioners to fulfill two client advocate roles, one from the mental health prospective and one from the disability services prospective.

On a personal note, Dave stated Council member Barbara Jackson created one of the vacancies on the Commission, adding she has served both public bodies very well and with great dedication.

Dave continued that in March 2014, the Commission will be examining behavioral health data to be able to connect with knowledge at agencies in order to explore policy and/or legislative opportunities to better our system. The Commission is presenting their priorities to the Governor and legislature through a letter scheduled to be reviewed on Friday, January 17, 2014. They hope the letter generates discussion with key leaders to enact change. The Commission is also reviewing procedures around seclusion and restraints at the Northern Nevada Adult Mental Health and Southern Nevada Adult Mental Health facilities to streamline and ensure accountability.

6. REVIEW OF MENTAL HEALTH CLINIC CLOSURES AND PUBLIC TRANSPORTATION ASSISTANCE FOR MENTAL HEALTH CONSUMERS IN LAS VEGAS – CHELSEA SZKLANY
“For Possible Action”

Dave began by thanking Chelsea for coming today to address this agenda item that was raised by a member of the public at the last quarterly meeting. Chelsea thanked Dave and introduced herself for the record as Chelsea Szklany, the Administrator for Southern Nevada Adult Mental Health (SNAMHS) in Las Vegas, Nevada. Chelsea stated they had a mental health clinic called the Downtown Clinic, which was located around Gass and 4th, and at the last budget cycle that staff were transferred over to the Rawson Neal Hospital building. They had a roll out plan for the 700 individuals served at the Downtown Clinic; whereby, they were notified, counseled, and had some choice as to where they wanted to go, either three miles to the West Charleston site, or four and a half to five miles to the East Las Vegas site. Many chose the East Las Vegas site because of the bus lines. SNAMHS has maintained a temporary presence there in case patients show up. Additionally, staff from a sister state agency in the area will refer patients to SNAMHS or SNAMHS will go and get them. There are no plans to close any further clinics in the upcoming budgets. Chelsea asked if there were any questions.

Rene asked if the closure affected the wait times of new clientele. Chelsea said it did not because the Rawson Neal clinic extended its hours after 5:00 and on Saturdays. For the record, Chelsea said there will be volume issues in Las Vegas, but they hoped to expand hours at Rawson Neal. It is not on the table right now to open new clinics.

Judy asked what the hours were for the Rawson Neal Clinic. Chelsea stated they are open Tuesday through Friday from 8:00 a.m. to 11:00 p.m., Monday 8:00 a.m. to 5:00 p.m., and Saturday from 8:00 a.m. to 1:00 p.m.

Chelsea further stated that one of the recent citations they received was related to the Emergency Medical and Transfer Leave Act (EMTALA). They are going to have to come into compliance with EMTALA. The Federal Agency said since we have that clinic on our hospital site, it meets the criteria of a dedicated emergency room of a hospital. They are capable of meeting the behavioral health needs but we are not capable of meeting emergency primary care needs. They are trying to appeal that . They also have to address the one-third rule, which says if one-third of your people are walk-ins, then again you meet the criteria of this dedicated emergency room to a hospital. They are trying to find the regulatory way of not becoming a dedicated emergency room, but rather a 24/7 behavioral health clinic that is available where people can access timely services.

Judy asked if they would be able to place holds when the clinic becomes 24/7. Chelsea said no. A Legal 2000 hold is tied to a bed and there are no beds at the clinic.

Chelsea moved to the next review under this agenda item, stating, there is a rumor they have halted all bus passes to assist individuals and that is not true. Bus passes are still provided in their medication clinic, case management and service coordinator programs, and for anybody in their housing programs. Their Housing providers also help with transportation. Chelsea briefly spoke of the scrutiny they have recently received in the media about bus passes.

Mechelle Merrill asked for the address of the clinic that closed. Chelsea said it was the Downtown Clinic located at 7th and Gass in Las Vegas.

7. POWER POINT PRESENTATION ON THE GAPS ANALYSIS OF BEHAVIORAL HEALTH SERVICES IN NEVADA, EXECUTIVE SUMMARY – LAURA HALE “For Possible Action”

Laura introduced herself as the Manager of the Primary Care Office in Division of Public and Behavioral Health. She is filling in for Kelly Marschall who is one of the authors for this report. Laura said her involvement comes because they had funding available to the State Health Access Program Grant that allowed them to fund this effort. Laura added that the slides speak to some of the problems with our state mental health facilities. Laura went on to review the content, method, context and limitations of the report, including the description of current service system, the profile of current consumers, the unmet needs for adults and children and consumer survey, the gaps in services, and recommendations. Laura asked if there were any questions.

Susanne Sliwa from the Deputy Attorney’s Office stated she earlier gave the opinion that any public comment on a particular item would best be given at the end under Agenda Item 13, but she rethought that and said it would be fine if any member of the public wanted to present their questions or comments during the end a particular item.

Bill Kirby asked Laura about the profile of the current behavioral health consumers in the 25-44 population who are being served and if there was any idea of what percentage of that group was involuntary as opposed to voluntary. Laura did not know but will follow up with the Council on that question.

Laura commented that they had a lot more data and said the full report is available at: www.dhhs.nv.gov; click on Mental Health & Development Services, located at the top of the page, below the state logo; click on “Comprehensive Gap Analysis...” in the Useful Information box, located on the right side of the page.

Dan Musgrove commented that this is the first real high-level synopsis he has seen in the Gaps Analysis and he was wondering if it would be on the internet. Laura said she would like to wait for Mike Willden’s office to come out with the updated data on expenditures, which should be next week. Laura will let Director Willden know that there is a real quest for this kind of synopsis and perhaps they can update some of the slides so they better reflect the full Medicaid expenditures. Dan was fine with that and thanked Laura.

Dawn asked if there was any information on where people by race are receiving their services. Laura said Clark County reflects 80% of the population and that influences the data for the whole state. Laura can break that information down if Dawn would like. Dawn interjected that questions concerning data may be sent to Diane Dempsey, the Administrative support for the Council. Diane will forward these to Laura who will review them at the next Council meeting.

8. REPORT ON THE INTEGRATED SYSTEM OF CARE INITIATIVE FOR INDIVIDUALS WITH CO-OCCURRING TREATMENT NEEDS – DR. STEPHANIE WOODARD AND STEVE MCLAUGHLIN “*For Possible Action*”

Dr. Woodard introduced herself and Steve McLaughlin as the presenters of the strategic plan for establishing and sustaining an integrated system of care for co-occurring disorder treatment in Nevada. Dr. Woodard reviewed background information on how this plan was developed in May, 2013, just prior to the development of the Division of Public and Behavioral Health and the system alignment in July. They identified that the system level integration change related to developing a system of care for individuals with co-occurring mental health and substance use disorder, as well as addressing it at the service level. They are currently in the beginning of phase one to determine the needs of the system. They have site visits that they will be conducting and they are working to partner with programs as they engage in their efforts to increase their capabilities to treat individuals with co-occurring, behavioral health needs. Due to time constraints, Steve and Dr. Woodard gave a brief overview of some of the report content on The History, National Data, State of Nevada Mental Health and SAPTA data, the Mission, and Strategic Plan. Dr. Woodard stated that part of phase two will be to summarize all of the findings they discover within phase one and return to the table

with the Advisory Boards to present what their findings and key recommendations. Dr. Woodard discussed some of the ways to determine the needs of the system and stated when they talk about integration, what they are looking at is integration of behavioral health that includes mental health treatment and substance use disorder treatment. How then does behavioral health integrate into primary medical care? The individuals are receiving full person care and no longer are seen as separate entities, linking them to the providers who can address their needs most efficiently. Dr. Woodard asked if there were any questions.

Sharon asked if the toolkits mentioned in the Introduction to the Dual Diagnosis Capability Toolkits would have any applicability in a correctional setting. Dr. Woodard answered that tool kits have not been developed specifically to be used within the criminal justice setting. Significant efforts have recently been made to determine the needs of that system; and, once they figure out the needs for the rest of the correctional system, criminal justice and the prison system will be engaged in this process.

Steve described Good and Modern Care, reviewed the Vision for a Good and Modern System, and the Principles of Effective Care in a Good and Modern System (person centered, population based, data driven, and evidence based). Dr. Woodard followed with a review of the Four Quadrants of Behavioral Health and the 4 Pillars of Nevada's Integrated System of Care for Co-occurring Disorders (quality assurance, workforce development, clinical care, and leadership). Dr. Woodard said they will be providing site visits to every state run mental health program or clinic within Nevada, which includes every inpatient and outpatient treatment as well as designated co-occurring disorder programs and all of the satellite mental health clinics that are under the state's umbrella. They will also visit a number of SAPTA funded suppliers certified to provide co-occurring treatment and work with the primary care office to identify federally qualified health centers within all three regions to identify which of those health care settings they will engage in developing their co-occurring capabilities.

The Chair opened the floor for questions and comments. There being none, Dr. Woodard thanked the Council for the opportunity to present phase one of this plan and would like to return to present phase two for the Council's feedback on their findings and recommendations.

9. SUBSTANCE ABUSE PREVENTION & TREATMENT AGENCY (SAPTA) UPDATES: (1) PROJECT THAT PROVIDES SUBSTANCE ABUSE SCREENING AT PRENATAL CARE FACILITIES AND REFERRALS TO TREATMENT; AND, (2) SAPTA AND MATERNAL AND CHILD HEALTH PARTNERSHIP IN A STATEWIDE RADIO AND TELEVISION PUBLIC EDUCATION CAMPAIGN ABOUT THE TREATMENT AND ADMISSION PRIORITY AVAILABLE TO PREGNANT

**WOMEN AT EACH SAPTA FUNDED TREATMENT PROGRAM
– CHARLENE HOWARD AND STEVE MCLAUGHLIN “For
Possible Action”**

Charlene introduced herself as the Prevention Analyst at SAPTA and she was here to briefly address fetal alcohol spectrum disorder (FASD), saying one of SAPTA’s primary goals is to educate and treat pregnant woman that are abusing drugs or women struggling with addiction and may want to get pregnant. Charlene said Dr. Ira Chaznoff who is a well known pediatrician who works in the FASD arena had a grant that lasted about 5 years. Approximately 20,000 pregnant women that were coming in for services were screened for drugs, alcohol, and/or tobacco. During that time it was found that 11 percent of the pregnant women were using alcohol. In Winnemucca, it was as high as 20 percent, with 20 percent of the women using tobacco. Dr. Chaznoff lost funding but there are Pregnancy Centers in the state that are continuing to do the screenings. They discovered that even though they were doing all these screenings, they really didn’t know whether or not the screenings and brief interventions were working. The Governor got involved and formed a collaborative to improve birth outcomes and the health of children in Nevada. They met in December to put together a strategic plan to identify the goals and mission of this group. The Division of Public and Behavioral Health is putting out a website, created and marketed by KPS3 and it is a website for women who may be struggling with addiction and wish to seek help. The website should be out in two months. Charlene said she will send Diane a link to forward to the Council members if they are interested. Charlene asked if there were any questions.

Mr. Lovgren said the agenda calls for a report on public service announcements and asked Charlene if her report was in addition to the public service announcements or instead of. Charlene apologized to Mr. Lovgren and said she has not been as involved with this process but public service announcements, radio and television ads, are in addition to the website. Mr. Lovgren commented that he was really glad they were still on track with that, but said with the Screening Referral Project, not so much. Mr. Lovgren said the report was not quite as forthright and referred the Council to the October 16, 2013, minutes, wherein he commented at that meeting on the state block grant’s excellent progress for publicizing the availability of treatment, screening, and referral priorities, and for expanding the 4 P’s Project. Mr. Lovgren further commented that the State Plan is crucial to what this Council is about and that the 4 P’s Project provided for prenatal substance abuse screening and referral for pregnant women and that funding ran out at the end of June, 2013. Mr. Lovgren explained why he was troubled with SAPTA’s State Plan and the loss of funding, stating, when you reduce the number of those screenings, as we are doing, you increase the frequency of substance related birth defects.

Charlene responded that she believes the block grant application was written and sent in before they knew Dr. Chaznoff was not going to be doing this project, and she believes they then amended the block grant. Mr. Lovgren continued discussion,

and Charlene will follow up, adding that the Governor's project is probably going to look very closely at screening and making this project a lot larger than it was before.

Barbara commented that she is concerned about the educational part of prenatal care, giving some examples, and saying education does not seem to be included with prevention. Charlene responded saying there probably is a lack of education. If women are waiting very late in the pregnancies to get care, education is late. What they are trying to do with the website is to begin the whole education process and allow them to have a source of education, and Charlene believes education will be a huge piece of the Governor's strategic plan.

Luana asked if that education would include access to primary care and is that effort also addressing education about Nevada Healthlink and other resources that could provide preventative care for women. Charlene said she was not involved in the first meeting but knows there are many individuals involved in the Governor's Project from Medicaid and Nevada Health Centers and she imagines this will be addressed.

10. OVERVIEW OF THE NEWLY FORMED COUNCIL ON BEHAVIORAL HEALTH AND WELLNESS – DAVE CALOJARO *“For Possible Action”*

Dave reported that the Governor issued an Executive Order to create the Governor's Behavioral Health and Wellness Council and created to address a lot of the issues in Nevada. The Council was established on December 19, 2013. The key aspects of this Council is to create a strategic plan to provide a cohesive and comprehensive system of delivery for services to those affected by behavioral health conditions. The Council shall address any gaps in the delivery of behavioral health services and shall make recommendations to improve how our communities, state, and nation implement and deliver services. The 18 members on the Council are: Chair Dr. Joel Dvoskin, University of Arizona, College of Medicine; Vice Chair Jackie Glass, Retired District Court Judge; Mike Willden, Director of the Nevada Department of Health and Human Services; Richard Whitley, Administrator of the Nevada Division of Public and Behavioral Health; Marilyn Kirkpatrick, Speaker, Nevada State Assembly; Michael Roberson, Minority Leader, Nevada State Senate; Pat Hickey, Minority Leader, Nevada State Assembly; Debbie Smith, Assistant Majority Leader, Nevada State Senate; Katherine Miller, Director, Nevada State Veteran's Services; Dr. Dale Carrison, Chief of Staff at the University Medical Center, Las Vegas; Karla Perez, Regional Vice President, Universal Health Services; Richard Steinberg, President/CEO of Westcare Foundation; Steve Wolfson, District Attorney, Clark County; Susan Roske, Chief Public Defender, Clark County; Randolph Townsend, former Nevada State Senator; Doug Gillespie, Sheriff, Las Vegas Metropolitan Police; Timothy Burch, Director of Clark County Department of Social Services; and, Monte Miller, CEO of Key State Corporate Management. Dave advised that the Council will have its first meeting on Wednesday, January 29, 2014, and the agenda will be posted on the website. Dave stated they will utilize the Gaps Analysis report that was presented by Laura Hale today.

Judy complimented the combination of health and wellness into treatment.

11. ADVOCACY ORGANIZATION REPORTS “*For Possible Action*”

Hope House – Judy Bousquet

Judy sadly reported that Hope House would not make it and this would likely be the last report given. Judy thanked the Council for their longstanding support.

Peer Link and the Development of Peer Services – Alyce Thomas/Barbara Jackson

Alyce reported that on November 12, 2013, they had a meeting with the Peer Group staff and they talked about ideas on moving forward and action steps, like peers presenting at a number of venues in northern and southern Nevada and in the rural areas on who they are and what they are trying to create in Nevada. This is a volunteer project where providers will do a half-day on recovery, peer support, and consumer involvement and the other half of the day will be consumers on recovery and different peer support options. Dave advised that the next meeting will be in the spring.

12. COMMITTEE UPDATE “*For Possible Action*”

Executive Committee – Rene

Rene reported that at the meeting on December 19, 2013, the Committee noted Denice Pinder’s term was expiring on January 14, 2014, which would leave another family member vacancy. The Council’s total number of vacancies is seven. A temporary recruitment flyer designed specifically for interested persons with co-occurring and substance abuse disorders, their family members, and family members of children and adolescents with serious emotional disorders will be going out to mental health and SAPTA certified program facilities. Rene also advised that the members proposed the next quarterly meeting occur on April 14, 2014, which would be discussed under Agenda Item 14.

Behavioral Health Promotion Committee – Rene

Rene said this Committee is making preparations for Behavioral Health Month in May, 2014, and last met on November 7, 2013. The members motioned and approved to use public Service Announcement messages on Recovery and reducing stigma; prevention on substance and alcohol abuse during pregnancy, with a possibility of a co-occurring disorder; and, mental illness and gun safety. In that same motion it was approved that formal newspaper inserts will not be done this year but the inserts that were done earlier in the year, including educational materials from SAMHSA will be used as handouts. There was also discussion to add a PTSD message on DETR’s PSA in May and perhaps focus on a children and adolescents’

mental health message. The next meeting will be held on January 30, 2014, at 9:00 a.m.

Consumer & Family Member Advocacy Committee – Rene

There was no update for this Committee since the last meeting was on April 11, 2013.

Nominating Committee – Rene

The two pending Council members, La June Primous, representing family members, and Elizabeth Burcio, representing consumers, are currently in background at the Governor’s Office. The Nominating Committee will conduct interviews in the near future to fill the Council’s vacancies.

Rural Monitoring Committee – Dave

Dave sadly reported that, due to many changes, they would not continue with Rural Monitoring and will instead focus their efforts on the entire system. Dave stated that Rural Clinics Administration agreed with and supported this decision, and further commented that Rural Monitoring was valuable and more appropriate under the MHDS model. Dave thanked Alyce for her conceptualization and support of this Committee.

13. PUBLIC COMMENT

There was no public comment.

14. SET DATE AND DISCUSS POSSIBLE TOPICS FOR THE NEXT BHPAC QUARTERLY MEETING “*For Possible Action*”

MOTION: Dawn moved to hold the next full Council Meeting on April 10, 2014, at 9:00 a.m. Judy seconded. Motion passed unanimously.

15. ADJOURNMENT

Judy motioned to adjourn at 12:14 p.m.

Diane Dempsey
Recording Secretary