Behavioral Health and Wellness Council
Action Minutes
March 24, 2014

Meeting Location
Grant Sawyer State Office Building
555 East Washington Avenue, Room 4401
Las Vegas, NV 89101

Videoconference Location
Legislative Building
401 South Carson Street, Room 2134
Carson City, NV 89701

Members Present	Members Absent	Assisting Staff
Joel Dvoskin, Chair	Dr. Dale Carrison	Melissa Slayden
Jackie Glass, Vice-Chair	Doug Gillespie (arrived at 10)	
Michael Kelley-Babbitt	Katherine Miller	
Tim Burch	Susan Roske	
Sue Gaines	Debbie Smith	
Marilyn Kirkpatrick		
Karla Perez		
Michael Roberson		
Dick Steinberg		
Randolph Townsend		
Richard Whitley		
Michael Willden		
Steven Wolfson		
Monte Miller		
Carson City:		
Pat Hickey		

I. Call to Order, Welcome, Roll Call, Announcements

Dr. Joel Dvoskin, Chair, called the meeting to order at 9:12 AM. Melissa Slayden called roll. The Chair reminded the Council of the upcoming May 31 deadline. He went on to describe how the Council would approach creating the recommendations. He suggested the Council should be prepared to make some recommendations in the April meetings. Specifically, he asked that the Speaker expand on her comments about what can be done within the existing budget. The Chair asked the Council to be sure that every priority has been properly addressed and that no priorities have been overlooked. Steve Wolfson asked that the Council really examine the current state of the Legal 2000 () and reach a consensus on recommendations. The Chair discussed the issues at hand concerning the Legal 2000: de-certification, hospital policy, and liability. Senator Townsend asked what the State's role is concerning Medicaid and liability; if the State is providing funds then does that relieve the hospital from liability? Karla Perez clarified that the hospitals do not have protection based on payor source. Dick Steinberg suggested field training on certification and allowing APNs to "de-certify" consumers. Dr. Joel Dvoskin asked that a

cogent formal presentation be made concerning all aspects of the Legal 2000 process. A. J. Delap was called to the table. He let the Council know that if the a person meets the requirements for an L2K but wants to go voluntarily there is no mandate requiring an L2K. There were no other issues brought up by the Council at this time.

II. Public Comment
There were no public comments.

III. Presentation on Consumer Success
Sue Gaines, National Alliance on Mental Illness (NAMI) of Southern Nevada, President
Michael Kelley-Babbitt, NAMI of Southern Nevada, Connections Coordinator
Chelsea Szklany (called to the table), Agency Director, Southern Nevada Adult Mental Health Services

President Sue Gaines gave several accounts about the successes of consumers living with mental illness who were considered "frequent fliers." One man with Schizophrenia took three years to graduate from Mental Health Court. He joined NAMI and became a liaison to Mental Health Court and a Peer Support Group Coordinator for NAMI. While in Mental Health Court he lived at Pathways and after graduation he utilized State housing. The second man she described was diagnosed with bipolar disorder. Also considered a frequent flier he was ordered to Mental Health Court. After graduation he became a NAMI Nevada board member and liaison to Mental Health Court. Finally, Ms. Gaines described the cycle of one man who had his first break at 18, diagnosed with schizophrenia. He was institutionalized, released, quit taking his meds, and returned to the hospital. This happened twice, but during his third hospitalization he became stable enough that he continued to take his medication after release. He is now employed and has been promoted into a supervisory role. Mrs. Gaines then described her experience with a family member who was diagnosed with bipolar disorder and is co-occurring. As with many consumers, she forgot to reapply and lost her Medicaid. Then she became a State client; hospitalized at SNAMHS and received Intensive Outpatient (IOP) services. Her mental illness and addiction had to be addressed at the same time. She went through Solutions for Recovery, received housing, and eventually received social security disability benefits.

Connections Coordinator, Michael Kelley-Babbitt described his own experiences living with mental illness. He described himself as a product of the State of Nevada's mental health recovery system. He has been diagnosed with clinical depression, social anxiety disorder, childhood PTSD, and has attempted suicide 17 times. His last attempt was 5 years ago, a noteworthy anniversary. The peer support he received through the Consumer Assistance Program (CAP) at SNAMHS helped him through recovery and led him to NAMI. Peer-to-Peer saved his life. It works and has enabled him to help others through relating, "I know what you are going through." Understanding your diagnosis is the most powerful tool a person can have. Taking medication for an illness can help a person stay well. Within NAMI Mr. Babbitt is a facilitator and a state trainer. Unfortunately few people are taking advantage of what NAMI currently offers. Networking is lacking to get the information out to other consumers.

IV. Discussion regarding Consumer Success
The Chair noted recurrent themes from both of the presenters, one of which was approaching a problem the same way multiple times. He asked why the consumers finally "got it" and how recovery could happen sooner and less painfully. Mrs. Gaines suggested that perhaps it was the length of stay which allowed medication to be more effective before release from the hospital. Other times perhaps the medication allows the consumer the insight they need to address their illness. The Vice-Chair shared her experience with Mental Health Court and its wrap-around services. Mental Health Court has a different dynamic, because for many individuals, if they are not successful they are facing jail or prison. Mr. Babbitt noted that the individual has to "own" his or her diagnosis. The Chair asked for suggestions to have offered resources accessed more often. Mr. Babbitt noted some of the problem is in "getting the word out," though the NAMI resources are open to anyone with a diagnosis. Mr. Babbitt mentioned a partnership with the State would help while explaining his frustration advertising for NAMI at the State

hospital. Chelsea Szklany came to the table to make the hospital, drop-in center, and clinics available for NAMI to post their group meeting flyers. Karla Perez also recommended that every mental health patient discharged from the UHS ERs could receive materials to enable them to follow-up with support groups. Mike Willden noted that NAMI contacts need to be part of discharge planning. He then asked about Medicaid enrollment, medication adherence, and discharge planning.

Ms. Gaines spoke to discharge and medication. When discharged an individual is given a small supply of medication and asked to follow-up with their provider. In many instances this is not enough to carry the patient to the appointment. It would be helpful to make the appointment with the provider and provide enough medication to last until said appointment. Access to medication is an issue as clinics are overwhelmed. Steven Wolfson asked what we should be doing differently concerning provision of services and stigma. Mr. Babbitt replied that it is really about compassion and respect when dealing with consumers. It is about the person with a diagnosis, not the diagnosis. Marilyn Kirkpatrick asked how the Consumer Assistance Program could be improved and which portions of Peer-to-Peer are assets. Dick Steinberg asked if there is a certification process through the State for these sorts of counselors and reimbursement. The State is working on Peer Certification infrastructure, even though it already exists in the State Medicaid plan.

V. Presentation regarding Suicide Prevention
Mary Wherry, Deputy Administrator, Community Services, DPBH
Misty Vaughan Allen, Suicide Prevention Coordinator, Nevada Office of Suicide Prevention, DPBH
Richard Egan, Suicide Prevention Training and Outreach Facilitator, Nevada Office of Suicide Prevention, DPBH

Ms. Wherry gave an overview of the following suicide prevention topics: national key facts, national milestones, federal policies, state policies, initiatives and plans, training for school personnel, anti-bullying and anti-cyberbullying policies, mental health parity and access to treatment, access to firearms for those at risk of suicide, and the national strategy for suicide prevention. She identified suicide as a public health issue aligned with the 10 Essential Public Health Services, the Public Health System, and other injury prevention activities in public health. Ms. Wherry then focused on CDC activities, resources, and strategies related to suicide prevention.

Ms. Allen provided an overview from the State perspective on Suicide Prevention activities. She began with the history of suicide prevention efforts in Nevada, funding, and public-private partnership. She compared Nevada and US data regarding suicide rates (1999-2010) and expenditures. Ms. Allen outlined facts about suicide in the US and Nevada, trends in Nevada, risk factors (i.e., certain forms of mental illness and addiction, major life events, stressors, and access to means to commit suicide). She was able to categorize key risk factors by age group and discussed warning signs for suicidal older adults, middle-aged adults, and adolescents. Nevada seniors have the highest suicide rate in the nation, and have for decades. Nevada veterans are three to four times higher than the national rate, female Nevada veterans are three times more likely to die by suicide than the general female Nevadan. Ms. Allen then asked Mr. Egan to speak to the Gatekeeper Training program which decreases stigma and makes change in communities at the local level. She explained that gatekeeping is for anyone who might come into contact with a person at risk for suicide. So, everyone should be a gatekeeper. This exemplifies the need for state of the art suicide prevention education courses to be required at the university level.

Mr. Egan described the trainings he provides and the types of groups which he provides the trainings to. The ability to offer free continuing medical education (CMEs) will drastically improve the suicide literacy of physicians (and all other professions) who need CME. The Office of Suicide Prevention is looking in to ways to pinpoint how many veterans live in the state of Nevada (by county).

Ms. Allen continued to speak to the activities conducted through the Office of Suicide Prevention. The suicide crisis call line and texting line are offered alongside many other services at the Crisis Call Center.

As part of the national life line (one of 160 centers) they receive nearly 32,000 calls and texts a year. Ms. Allen spoke to the committee to review suicide fatalities which determines risks and trends. She also identified ways in which access to lethal means can be reduced. Mr. Egan and Ms. Allen attend gun shows to get the word out to gun owners about suicide prevention, access to lethal means, and reducing the risk.

Finally, Ms. Allen identified gaps in continuity of care, including discharge follow-up.

VI. Discussion regarding Suicide Prevention

Discussion on Suicide Prevention was held during the presentation. Speaker Kirkpatrick raised concerns about securing permanent funding versus grant funding. The Chair asked building infrastructure in order to support sustainability within the program.

The Chair asked why Nevada has a higher risk of suicide. Ms. Allen responded by noting the "suicide belt of the intermountain West." This area has increased isolation, lack of access to resources, and higher access to lethal means. In Nevada specifically there is a very high rate stigma.

Senator Townsend noted that suicide prevention in schools was mentioned several times. He asked who would need to be trained, how they would be trained, what it looks like in schools, how much it would cost. Ms. Wherry explained that a recent grant (Safe Schools/Healthy Students) has the school implementation as an outcome. It is expected that this would operate, in part, through school-based health centers. The Chair raised his concerns that licensed teachers are not required to take college courses in suicide prevention. Bob Weires, Director of Psychological Services for Clark County School District joined the table for discussion. He discussed Signs of Suicide (screening and education for the students) to identify and intervene with those at risk. It includes training for site-based staff, primarily for intervention with those at risk. Mr. Willden asked how this is funded and about access to students for preventative work. Dr. Weires explained that funding is through general funding from the school. Senator Roberson asked about the time and professional development involved to train every teacher. Dr. Weires explain this is a huge undertaking and screening versus intervention has to be delineated. He then explained there are limits to allowing outside entities into the educational setting and there needs to be better interface with the community. He described suicide prevention as a continuous professional development target for the District.

The Chair summarized items which will need to be identified by the Council for recommendations. He again asked for written recommendations from the Council.

VII. Public Comment

Al Noyola spoke as a patient advocate and on behalf of his son. Mr. Noyola described his experiences during and after his son's hospitalization following diagnosis with a mental health illness. He had to have his son declared incompetent in order to have him hospitalized, because his son was over 18. A second issue was having advanced directives. He asked that advanced directives be looked at legislatively to allow a psychiatrist or some other health professional indicated that an individual is not able to make rational decisions for him/herself and that a family member can make decisions on his/her behalf. Inpatient facilities and outpatient care need to be better coordinated for patient care. PAC treatment teams need to have all the integral parties (including patient advocates) included in their meetings. Not every patient has advocates and may be dependent on these teams. He asked the Council to beware the dangers of cutting services, as it results in increased likelihood of relapse and increased inpatient cost. He asked that the hospital have a designated patient advocate to help a patient navigate the system.

VIII. Adjournment

The Chair adjourned the meeting at 4 PM.