Division of Public and Behavioral Health Bureau of Behavioral Health Wellness and Prevention

Behavioral Health Planning and Advisory Council Nomination Subcommittee

MINUTES

DATE:November 9, 2017TIME:10:00 a.m.

TELECONFERENCE: (888) 363-4734 / Access Code: 3865799

BOARD MEMBERS PRESENT

Dawn Walker Ali Jai Faison Barbara Jackson

Alyce Thomas

BOARD MEMBERS ABSENT

Rene Norris

STAFF & GUESTS PRESENT

Charlene Frost, Nevada PEP Raul Martinez, SAPTA Joan Waldock, SAPTA

- Introductions, Announcements, and Roll Call Mr. Faison opened the meeting at 10:16 a.m. He determined a quorum was present.
- 2. Public Comment There was no public comment.
- Approval of Minutes from the August 31, 2017 Meeting Ms. Walker moved to approve the minutes of the August 31 meeting. Ms. Jackson seconded the motion. The motion passed.
- 4. Interview Candidates Over the Phone—Joni Sonsalla and Charlene Frost Ms. Sonsalla was unable to participate in the meeting. Mr. Martinez said he hoped she would be available for the next Nomination Subcommittee meeting.

Ms. Frost stated she was the current Statewide Family Network director for Nevada for Nevada PEP. She explained that the Statewide Family Network was set up to empower families to have the needs of their children with mental health issues addressed in an effective manner, making sure the family voice was heard at all levels of the system families work in. She continued that she was the parent of two young adult children who have mental health needs, one of whom was still living at home. She stated she raised both of her children in Nevada, so was well acquainted with the mental health system—both for children and for adults.

Ms. Walker asked Ms. Frost what the biggest struggle was in getting services for her children. Ms. Frost replied that the biggest barrier was access to services, from both the private and public health insurance sides. She said her oldest son entered the Nevada mental health system through the Victims' Assistance Program. His need was for help in addressing his post-traumatic stress syndrome (PTSD) following that event. She remarked that they finally found a therapist her son could work with and was comfortable with, then had to transition to using their private insurance—at which time they found out the therapist did not accept their private insurance. Her youngest son was covered through Medicaid, which was more workable. She said they still struggled to get the services he needed based on his age at the time he was

Division of Public and Behavioral Health Bureau of Behavioral Health Wellness and Prevention

diagnosed with autism—it was a late diagnosis, as he was 13 years old. Finding Americans with Disabilities Act (ADA) therapy was difficult—therapy that would address the mental health component associated with the diagnosis. She noted that, as a family, they were persistent in getting the services needed. She went on to say that in working with and supporting many other families in their journeys through the mental health system she has seen the same kinds of struggles with Medicaid versus private insurance and how to get family-centered practice rather than just focusing on the child. She added she did not have the ability to tell another family what would be right for them, but could give them all the options that were available for them. She could help them make their first phone call or could explain the lingo to them. She said she would not recommend the therapist that worked for her child, but would share that a particular form of therapy worked well for her family or another family, giving families as much information as possible about the help available in their community then letting them make the best decision for their family.

Ms. Walker asked what changes she would make to the mental health system if she could. Ms. Frost replied that she would like to see more providers available and a greater focus placed on individualizing the care based on the specific needs. She said she did not feel that the cookie cutter approach worked and that families did not know what they did not know. She pointed out that if parents are told, "You have a child with mental health needs, you need to attend parenting classes," there would be a large number of families who would be turned off to the entire system. She would like to see a focus on the underlying needs of the family and the child or young adult, then targeting those needs.

Ms. Faison asked Ms. Frost, based on her knowledge of the gaps and having experience with system, what she saw as her role in helping to advocate for people who suffer from mental health, substance abuse, and co-occurring disorders. Ms. Frost answered that she currently sat on multiple care workgroups and saw her role as being the family voice, which has been her personal and professional path. She said she does not have to worry about which hat she was wearing—she was always wearing the hat of a consumer and bringing the family perspective. She added that as her boys have gotten older, she has been able to share their perspectives together to create services that were successful because the outcomes matter. She thought it unfortunate to have children with severe emotional disturbance transition to serious mental illness. She noted the system was convoluted and difficult to understand, saying she saw a need to bring in the education piece, to focus on what would work for families as a whole, and to try to educate the professionals around then. She would like to see a continuing focus on bringing evidence-based practices to Nevada, not just the next big theory that has not been borne out.

5. Discuss Membership Vacancies and Recommend Candidates to the Behavioral Health Planning Mr. Martinez explained there have been no new candidates—the ones interviewed in the last meeting were still in process, the only additions being that Ms. Frost has been interviewed and there is a pending interview for Ms. Sonsalla. He added the Subcommittee would need to decide if they wanted to recommend Ms. Frost as a candidate for BHPAC. The next step in the process would be at the BHPAC meeting, making her candidacy, then it would go to the Governor's Office for its application. Mr. Faison asked what the normal timeline for the process was—from the time the Subcommittee interviewed a candidate to membership on the Council. Mr. Martinez said he did not know—once it has gone to the Governor's Office, they communicate with candidates. He thought the process took quite some time. He said some applications have been in process for more than two months.

Mr. Faison asked members of the Subcommittee if they thought Ms. Frost was a good candidate for BHPAC. Ms. Jackson and Ms. Walker both thought she was. Ms. Walker asked how many seats on the Council were filled by family members. Mr. Martinez said there were nine current members that were consumers/family members, leaving three vacant positions. He reminded the Subcommittee that more

Division of Public and Behavioral Health Bureau of Behavioral Health Wellness and Prevention

than 50 percent of the members must be consumers/family members. Mr. Faison stated he thought Ms. Frost's background, what she currently does, and her passion would be a great asset to BHPAC. He asked if there was a motion to accept her as a candidate for BHPAC. Ms. Jackson so moved. Ms. Walker seconded the motion. The motion passed.

6. Discuss and Determine Membership Application Process

Mr. Faison pointed out that once a candidate was accepted by BHPAC, the candidate's name would be sent to the Governor's Office, at which point that office's system would take over. Mr. Martinez reported that after the last meeting one of the attorneys general mentioned she did not think it was necessary for BHPAC to have an internal application. Mr. Faison asked if anyone thought there was a reason to have candidates fill out two separate applications. Ms. Jackson said the application for the Governor's Office was very detailed. She thought the one sent out by BHPAC would not frighten anyone away, but the one from the Governor's Office might frighten someone. With consumers and family members, there is a high rate of incarceration—receiving an initial application from the Governor's Office might be intimidating. Mr. Martinez pointed out that BHPAC cannot do away with the Governor's Office application. Ms. Jackson thought having them fill out BHPAC's application first would make the Governor's application less intimidating. Ms. Walker pointed out that the BHPAC application process allowed questions specific to BHPAC, while the one from the Governor's Office was more generic. She said that, in a sense, candidates were applying for two separate things that just happen to go together. Mr. Faison agreed. He thought it was important that the council maintain its own application, keeping the process as it has been. Mr. Martinez said he would relay that information to the Attorney General's Office. He mentioned that office might come back with a requirement that the process be added to the by-laws. Mr. Martinez suggested adding the issue to the agenda for the next BHPAC meeting so that all the members could discuss it. Ms. Jackson agreed it should be added to the next agenda for possible action.

7. Discuss and Determine Date for Next Meeting and Propose Agenda Items

Mr. Faison asked Mr. Martinez to send out a doodle to determine the date for the next meeting of the Subcommittee. Mr. Martinez noted there was one person in process for being a consumer/family member representative on BHPAC, Ms. Sonsalla was applying as a family member, and Dr. Karen Torry Greene was with Medicaid but was also a consumer. Mr. Martinez said if all the applications in process went through, they would be filling the five vacant positions for the State agencies—criminal justice, education, vocational rehabilitation, housing, and Medicaid. Mr. Faison expressed hope that in 2018 BHPAC would regularly meet quorum.

8. Public Comment There was no public comment.

9. Adjourn

Mr. Faison moved to adjourn the meeting. Ms. Walker seconded the motion. The meeting was adjourned at 10:48 a.m.