



BHPAC Overview

State of Nevada

Behavioral Health Planning and Advisory Council

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Rules and Guidelines

Executive Order, Bylaws, Nevada Open Meeting Law,
Robert's Rules of Order, SAMHSA Trainings

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BHPAC Functions: By Executive Order

Established March 15, 1989,

Amended January 17, 2013



1. **MISSION:** The Nevada State Mental Health Planning and Advisory Council will hereafter be known as the Behavioral Health Planning and Advisory Council ("Council"). *The Council will serve as an advocate for chronically mentally ill individuals, severely emotionally disturbed children and youth, and other individuals with mental illnesses or emotional problems, and persons with substance use and co-occurring disorders.*
2. **FUNCTIONS:**
 - a. *The Council shall advise the Division of Mental Health and Developmental Services or Its successor Division on development of the state's behavioral health plan.*
 - b. *The Council shall monitor, review and evaluate, no less than once each year the allocation and adequacy of behavioral health services within the state.*
3. **ADMINISTRATION:** The Division of Mental Health and Developmental Services or its successor Division will be responsible for ensuring that the Nevada State Behavioral Health Planning and Advisory Council carries out its function in the best interest of persons having mental illness, and persons with substance use and co-occurring disorders in the State of Nevada. The Division of Mental Health and Developmental Services or its successor Division will provide administrative support to the Nevada State Behavioral Health Planning and Advisory Council.
4. **APPOINTMENT OF COMMITTEE MEMBERS:** *The Governor shall appoint twenty-three (23) members* of the Nevada State Behavioral Health Planning and Advisory Council.
 - a. **Composition:** Council membership will be composed of residents of the state, including representatives of:
 - i. The principal state agencies with respect to mental health, education, housing, vocational rehabilitation, criminal justice, social services, and substance abuse;
 - ii. Advise in the development of the Medicaid plan submitted pursuant to Title XIX of the Social Security Act;

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BHPAC Functions: By Executive Order

- iii. Public and private entities concerned with the need, planning, operation, funding, providing, and use of mental health, substance use and co-occurring disorder services, and related support services;
- iv. Chronically mentally ill individuals who are receiving (or have received) mental health services;
- v. Persons with substance use and co-occurring disorders who are receiving (or have received) services; and
- vi. The families of such individuals.
- vii. Not less than 50 percent of the members of the Council will be individuals who are not state employees or providers of behavioral health services.

b. Reimbursement: Members shall be reimbursed toe travel and per diem costs, in accordance with state regulations, when attending regularly scheduled meetings of the Nevada State Behavioral Health Planning and Advisory Council.

c. Frequency of Meetings: The Nevada State Behavioral Health Planning and Advisory Council shall *meet at least annually*

5. SOURCES OF FUNDS: Joint Mental Health and Substance Abuse Federal Block Grant.

[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/EO_2013-01%20\(Executive%20Order\).pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/EO_2013-01%20(Executive%20Order).pdf)

BHPAC Bylaws

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<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/9.9.16%20BHPAC%20Bylaws.pdf>

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BHPAC Bylaws

I. Authorization and Purpose

Purpose:

1. ***Mission: ...advocate for individuals with chronic mental illness, children and youth with severe emotional disturbance, other individuals with mental illnesses or emotional problems, and person with substance abuse and co-occurring disorders.***
2. ***Under federal statutes, the specific duties and responsibilities of the Council are 1) ...advise DPBH and DCFS on the development of the state behavioral health plan. 2) ...advocate for adults with SMI, children with SED, other individuals with mental illnesses or emotional problems and persons with substance abuse and co-occurring disorders. 3) ...monitor, review, and evaluate, no less than once each year, the allocation and adequacy of behavioral health services within the state***

II. Membership

1. Appointments: Governor shall appoint 23 members...
2. Composition: 1. State residents including representatives as described. 2: At least 50% of the members are not state employees or providers...
3. Term of Appointment is four years with unlimited reappointments. Does not apply to those appointed "at the pleasure of the governor"
4. Reappointments: 1. Admin Assistant keeps list of members and their appointment terms, members complete paperwork 6 months prior to their term ends for submission, and 2. Reappointment becomes official once signed by Office of Governor. 3. No discrimination. 4. New members must attend Orientation within 6 months, then refresher training biannually if made available
5. Oath

III. Vacancies

1. Absences: Excused and unexcused absences, and recommendation for removal process
2. ***Removal from membership after 3 unexcused absences within 12 months and the process***
3. Filling vacancies other than state representatives (Admin Assistant maintains a list, applications are reviewed, Nominating Committee nominates candidates, majority vote by the Council for recommendations, Office of the governor approval, no discrimination, orientation within 6 months)
4. Filling vacancies for State Representatives: Admin Assistant sends a letter to that agency with request, Office of the governor approval, orientation within 6 months
5. Resignations: Submit a resignation notification to the Chair

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BHPAC Bylaws

IV. Reimbursement

- V. Travel and Per Diem costs at State rates are processed by the Admin Assistant and taken from the Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant
- VI. Stipends for non-government employees at \$80 per day/\$40 per half-day for Council meetings and Council Committee meetings. Other reimbursements available

V. Meetings

- 1. Frequency at least x4 per year. Special meetings may be called at any time by the Chair, Exec Committee, or by a quorum
- 2. Meetings comply with Nevada Open Meeting Law and include a Public Comment item
- 3. Agenda Items: Council members may request Agenda items via email at least 30 days prior to next scheduled meeting. Exec Committee will review and approve the final Agenda.
- 4. DBPH handles requests for tapes/transcripts per established policy and procedures

VI. Officers

- 1. Council elects a Chair and Vice Chair. Immediate past Chair is an officer of the Council and member of Executive Committee
- 2. Terms of Office are 2 years; may serve an additional term with Council approval; maximum is 4 years unless Council approves 70%; et. al.
- 3. Each meeting after October 1, Nominating Committee or Council members make nominations for open positions et. al.
- 4. Executive Committee consists of current Chair, current Vice Chair, immediate past Chair, representative from principal state agencies with respect to Mental Health Services for Children and Adolescents and Behavioral Health Services for Adults. Executive Committee may make decisions concerning the affairs of the Council in the interim between meetings, must report at the next meeting
- 5. Unexpired term vacancies are filled by Council election for the remainder of that term; if immediate past Chair cannot serve, current Chair appoints successor
- 6. Chair presides at all meetings and consults with Executive Committee and Admin Assistant to determine agenda
- 7. Vice Chair presides in absence of the Chair
- 8. Past Chair presides in the absence of the Chair and Vice Chair
- 9. Secretary is the Administrative Assistant

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BHPAC Bylaws

VII. Committees

1. Chair will consult with Council and appoint chairs and members of all committees established by the Council except for the Nominating Committee (appointed by the Council) and Executive Committee (VI, 4 above). *Each Council member will serve on at least one committee.*
2. Appointed committees may make decisions by majority of quorum at regularly called meetings. Committee chairs are responsible for keeping minutes and reporting to the Council.
3. The Chair or any committee member may be removed by a majority of quorum of any regularly called Council meeting

VIII. Quorum = more than one-half total membership

IX. **Voting:** Only with Quorum. Members with a conflict of interest shall abstain from voting, members must disclose conflict of interest and not exploit membership

X. Grievance

1. Rights limited by bylaws
2. Procedure is fair and impartial; no discrimination or retaliation; grievance submitted to Executive Committee; Executive Committee process; Council may appoint an ad hoc Grievance Committee in certain situation

XI. **Amendments:** Amendments and repeals of Bylaws procedure

XII. **Other Functions:** Refer to Robert's Rules of Order, Revised when needed

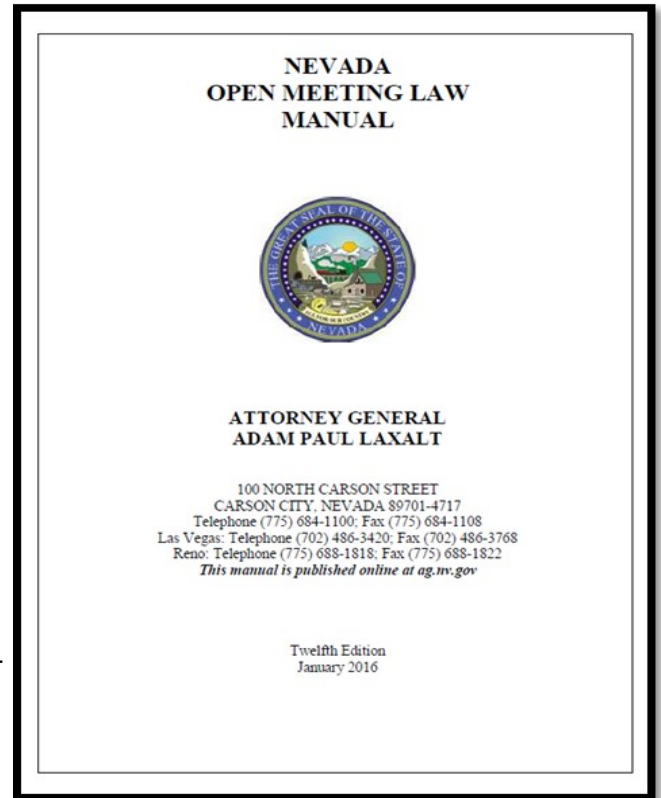
Last update 2016

[http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/EO_2013-01%20\(Executive%20Order\).pdf](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/EO_2013-01%20(Executive%20Order).pdf)

Nevada Open Meeting Law (OML)

http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/2016-01-25_OML_12TH_AGOMANUAL.pdf

- Part 1 Compliance Checklist (follows on the next pages)
- Part 2 “Public Body” includes the BHPAC
- Part 3 Exempt activities
- Part 4 Which gatherings must be conducted in compliance with the NVOML
- Part 5 Notice Requirements
- Part 6 Requirements for Preparing and Following an Agenda
- Part 7 Requirements for Conducting an Open Meeting
- Part 8 Closed Meetings
- Part 9 Records
- Part 10 Violations
- Part 11 Interpreting and Applying the OML
- Part 12 What else?



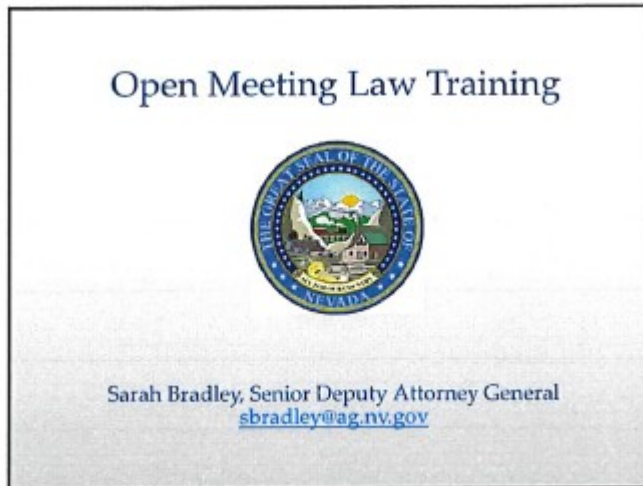
Some notes:

- There's a Table of Contents and Index in the document
- Section 4 includes definitions of “gathering”, “quorum”, “present”, “deliberate”, and “action”. Clarification is made between various types of gatherings
- Section 5 describes the details and deadlines for posting the finalized agenda
- Section 6 includes details regarding setting and following an agenda
- The full NRS 241-Meetings of State and Local Agencies is at <https://www.leg.state.nv.us/nrs/NRS-241.html>

Compliance list to follow

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Nevada Open Meeting Law (OML)



Sarah Bradley, Senior Deputy Attorney General provided a training for the BHAPAC. She emphasized several points

- Nevada Attorney General Open Meeting Law Website http://ag.nv.gov/About/Governmental_Affairs/OML/

- We are representing the State of Nevada. We owe a fiduciary duty to the public to help make decisions in the public's best interest.
- Open meetings are essential to democracy, the spirit and policy behind the OML are reflected in BHPAC meetings, and the BHPAC must conform to these requirements
- A MEETING consists of a QUORUM of members GATHERING with DELIBERATION toward a decision and/or ACTION.
- She emphasized meeting notice and agenda requirements
- She defined Deliberation, Action, Quorum,, Discussion, Working Day, Clear and Complete
- She spelled out rules regarding administrative actions regarding a person
- She outlined additional requirements, mailing requirements, posting requirements, documentation requirements
- She provided the Nevada Public Notice Website at <https://notice.nv.gov/>
- She described what happens when OML is violated
- She discussed OML and Social Media
- She provided more resources
- The training is here: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/RBHPB/Meetings/2018/Open%20Meeting%20Law%20Training.pdf>

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Nevada Open Meeting Law (OML)

COMPLIANCE CHECKLIST

This is a checklist to reference when applying the Open Meeting Law. References in brackets are to the NRS and to sections of this manual.

- ⇒ Does the Open Meeting Law apply?
- ⇒ Is the entity a public body? [NRS 241.015(4), §§ 3.01-3.10]
- ⇒ Is there an exemption or exception from the Open Meeting Law? [§§ 4.01-4.07]
- ⇒ Is a meeting going to occur? [NRS 241.015(3), §§ 5.01-5.13]
- ⇒ Will a quorum of the members of the public body be present? [§ 5.01]
- ⇒ Will a quorum deliberate toward a decision or take action on any matter over which the public body has supervision, control, jurisdiction, or advisory power? [§ 5.01]

Agenda (see Sample Form 1)

- ⇒ Has a clear and complete agenda of all topics to be considered been prepared? NRS 241.020(2)(d) (1) §§ 6.02, 7.02]
- ⇒ Does the agenda list all topics scheduled to be considered during the meeting? [§§ 6.02, 7.02]
- ⇒ Have all the topics been described clearly in the agenda in order to give the public adequate notice? [§§ 6.02, 7.02]
- ⇒ Does the agenda include designated periods for public comment?
- ⇒ Does the agenda state that action may not be taken on the matters discussed during this period until specifically included on an agenda as an action item? [§§ 6.02, 7.04, 8.04]
- ⇒ Does the notice inform the public that (1) items may be taken out of the order listed on the agenda, and (2) agenda items may be combined for consideration, and (3) items may be delayed or removed at any time? [§ 6.02]
- ⇒ Does the agenda (1) describe the items on which action may be taken and (2) clearly denote that these items are for possible action? [§§ 6.02, 7.01, 7.02]
- ⇒ Has each closed session been denoted, including the name of the person being considered in the closed session, and if action is to be taken in an open session after the closed session, was it indicated on the agenda? [§§ 7.02, 9.06, NRS 241.020(2)(d)(4)]

Notice, posting, and mailing (see Sample Form 1)

- ⇒ Has written notice of the meeting been prepared? [NRS 241.020(2), § 6.01]
 - Does the notice include:
 - The time, place, and location of the meeting? [§ 6.02]
 - An agenda of topics for discussion or possible action; for further information, see Sample Form 1, this manual, or Index under “Agenda.”
 - A list of places where the notice was posted? [§ 6.03]
 - A statement regarding assistance and accommodations for physically handicapped people? [§ 6.02]
- ⇒ Was the written notice [NRS 241.020(3)(a), § 6.03]:
 - Posted at the principal office of the public body (or if there is no principal office, at the building in which the meeting is to be held)? [§ 6.03]
 - Posted at not less than three other separate, prominent places within the jurisdiction of the

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Nevada Open Meeting Law (OML)

public body? [§ 6.03]

Posted on the official website of the State, <https://notice.nv.gov>? [§ 6.03]

Posted on the public body's website if the public body maintains a website? [§ 6.03]

Posted no later than 9 a.m. of the third working day before the meeting? (Do not count day of meeting) [§§ 6.03, 6.05]

In compliance with minimum public notice, is there written documentation for the public body's record of meeting? [NRS 241.020(4)]

- ⇒ Was the written notice mailed at no charge to those who requested a copy? [§§ 6.04, 6.07]
- ⇒ Was it mailed in the same manner in which the notice is required to be mailed to a member of the body? [§ 6.04]
- ⇒ Was it delivered to the postal service used by the body no later than 9 a.m. of the third working day before the meeting? [§ 6.04]
- ⇒ Have persons who requested notices of the meeting been informed with the first notice sent to them that their request lapses after six months? [NRS 241.020(3)(c), § 6.04]
- ⇒ If a person's character, alleged misconduct, professional competence, or physical or mental health is going to be considered at the meeting, has that person been given written notice of the time and place of the meeting? [NRS 241.033(1), § 6.09]
- ⇒ Does the notice contain a list of the general topics concerning the person, inform the person that he/she may attend the closed session, bring a representative, present evidence, provide testimony, and present witnesses? [NRS §241.033(4)]
- ⇒ Does the notice inform the person that the public body may take administrative action against the person? If so, then the requirements of NRS 241.034 have been met. [NRS §241.033(2)(b)]
- ⇒ Was the notice personally delivered to the person at least five working days before the meeting or sent by certified mail to the last known address of that person at least 21 working days before the meeting? (Nevada Athletic Commission is exempt from these timing requirements.) [NRS 241.033(1)-(2)]
- ⇒ Did the public body receive proof of service of the notice before holding the meeting? (Nevada Athletic Commission not exempt from this requirement.) [NRS 241.033(1)(a) and (b)]
- ⇒ Does the notice inform the person that the public body may take administrative action against the person? If so, then the requirements of NRS 241.034 have been met. [NRS §241.033(2)(b)]
- ⇒ Was the notice personally delivered to the person at least five working days before the meeting or sent by certified mail to the last known address of that person at least 21 working days before the meeting? (Nevada Athletic Commission is exempt from these timing requirements.) [NRS 241.033(1)-(2)]
- ⇒ Did the public body receive proof of service of the notice before holding the meeting? (Nevada Athletic Commission not exempt from this requirement.) [NRS 241.033(1)(a) and (b)]

Agenda support material made available to public

- ⇒ Has at least one copy of an agenda, a proposed ordinance or regulation that will be discussed at the meeting, and any other supporting material (except confidential material as detailed in the statute) been provided at no charge to each person who so requests copies? [NRS 241.020(6) and (7) §§ 6.06, 6.07]
- ⇒ Has the governing body of a city or county whose population is greater than 45,000 posted its supporting materials to its website no later than the time the material is provided to members of the gov-

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Nevada Open Meeting Law (OML)

governing body? Material provided to the governing body during its meeting must be uploaded to its website within 24 hours after conclusion of the meeting. [NRS 241.020(8)]

- ⇒ Does each agenda list the contact information for the person(s) from whom a requester may obtain a copy of meeting supporting materials or the place where a copy may be obtained?

Emergency Meeting

- ⇒ Is this an emergency meeting? [NRS 241.020(2) and (10), § 6.08]
- ⇒ Were the circumstances giving rise to the meeting unforeseen?
- ⇒ Is immediate action required?
- ⇒ Has the entity documented the emergency?
- ⇒ Has an agenda been prepared limiting the meeting to the emergency item?
- ⇒ Has an attempt been made to give public notice?
- ⇒ While the notice and agenda requirements may be relaxed in an emergency, are other provisions of the Open Meeting Law complied with (e.g., meeting open and public, minutes kept, etc.)?

Closed Session (*see Sample Form 3*)

- ⇒ Is a closed session specifically authorized by statute? [NRS 241.020(1); NRS 241.030(1), §§ 9.01-9.07]

Have all the requirements of that statute been met?

If a closed session is being conducted to consider character, misconduct, competence, or physical or mental health of a person or to consider an appeal by a person of the results of an examination, see NRS 241.033:

Is the subject person an elected member of a public body? If so, a closed session is not authorized. [NRS 241.031, § 9.04]

Is the closed session to consider the character, alleged misconduct, or professional competence of an appointed public officer or a chief executive or administrative officer in a comparable position of a public body (i.e., president of a university, state college or community college within NSHE system, county school superintendent, or city or county manager)? If so, a closed meeting is prohibited. [NRS 241.031(1)(b)]

Is the closed session to discuss the appointment of any person to public office or as a member of a public body? If so, a closed session is not authorized. [NRS 241.030(4)(d), § 9.03]

Has the subject been notified as provided above? Has proof of service been returned to the public body? NRS 241.033(1), [§ 6.09]

If a recording was made of the open session, was a recording also made of the closed session? [NRS 241.035(4), § 9.06]

Was the subject person given a copy of the recording of the closed session if requested? [NRS 241.035(6), NRS 241.033(6), § 9.06]

Have minutes been kept of the closed session? [NRS 241.035(2) § 10.02]

Have minutes and recordings of the closed session been retained and disposed of in accordance with NRS 241.035(2)? [§ 10.03]

Was a motion made to go into closed session which specifies the nature of the business to be considered and the statutory authority pursuant to which the public body is authorized to close the meeting? [NRS 241.030(3), § 9.06]

Was the discussion limited to specific matters specified in the motion? [§ 9.06]

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Nevada Open Meeting Law (OML)

Meeting open to public; accommodations

- ⇒ Have all persons been permitted to attend? [NRS 241.020, § 8.01]
- ⇒ Was exclusion of witnesses at hearings during the testimony of other witnesses handled properly? [NRS 241.030(4)(b), 241.033(5), § 8.07]
- ⇒ Was exclusion of persons who willfully disrupted a meeting to the extent that its orderly conduct is made impractical handled properly? [NRS 241.030(4)(a), § 8.06]
- ⇒ Have members of the public been given an opportunity to speak during the public comment period? [NRS 241.020(2)(d)(3), § 8.04]
- ⇒ Are facilities adequate and open? [§ 8.02]
- ⇒ Have reasonable efforts been made to assist and accommodate physically handicapped persons desiring to attend? [NRS 241.020(1), § 8.03]
- ⇒ If the meeting is by telephone or video conference, can the public hear each member of the body? [§ 5.05]
- ⇒ Have members of the general public been allowed to record public meetings on audiotape or other means of sound reproduction as long as it in no way interferes with the conduct of the meeting? [NRS 241.035(3), § 8.08]

Stick to agenda; emergency agenda items

- ⇒ Have actual discussions and actions at the meeting been limited to only those items on the agenda? [§ 7.03]
- ⇒ If an item has been added to the agenda as an emergency item: [NRS 241.020(2) and (10), § 6.08]
 - Was it due to an unforeseen circumstance?
 - Was immediate action required?
 - Has the emergency been documented in the minutes?
 - Did the body refrain from taking action on discussion items or public comment items? [NRS 241.020(2)(d)(3), § 7.04]

Recordings

- ⇒ The public body shall record its public meeting [NRS 241.035(4), § 10.04]:
 - Have recordings been made of the closed session as well as open sessions? [NRS 241.035(4), § 9.06]
 - Recordings of public meetings must be made available to the public within 30 working days after adjournment of the meeting. [NRS 241.035(2)]
 - Recordings must be retained for at least one year after the adjournment of the meeting. [NRS 241.035(4)(a)]
 - Recordings of public meetings must be treated as public records in accordance with public records statutes. [NRS 241.035(4)(b)]
 - Have recordings of closed sessions been made available to the subjects of those sessions, if requested? [NRS 241.033(6)]

Minutes (see Sample Form 2)

- ⇒ Have minutes or an audio recording been made available for both open and closed sessions? [NRS 241.035(2), (4) and (6), § 10.02]
- ⇒ Do they include at a minimum the material required by NRS 241.035(1)? [§ 10.02]

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Nevada Open Meeting Law (OML)

- ⇒ Are minutes of open sessions kept as public records under the public record statutes and NRS 241.035(2)?
- ⇒ Have minutes of open sessions been made available for inspection by the public within 30 working days after the adjournment of the meeting, retained for at least five years, and otherwise treated as provided in NRS 241.035(2)?
- ⇒ Have minutes of closed sessions been made available to the subjects of those sessions if requested? [NRS 241.033(6)]

Non-compliance

- ⇒ Have any areas of noncompliance been corrected?
- ⇒ [§§ 11.01, 11.02, 11.03, 11.04]
- ⇒ If litigation is brought to void an action or seek injunctive or declaratory relief, was it brought within the time periods in NRS 241.037(3)? [§ 11.07]

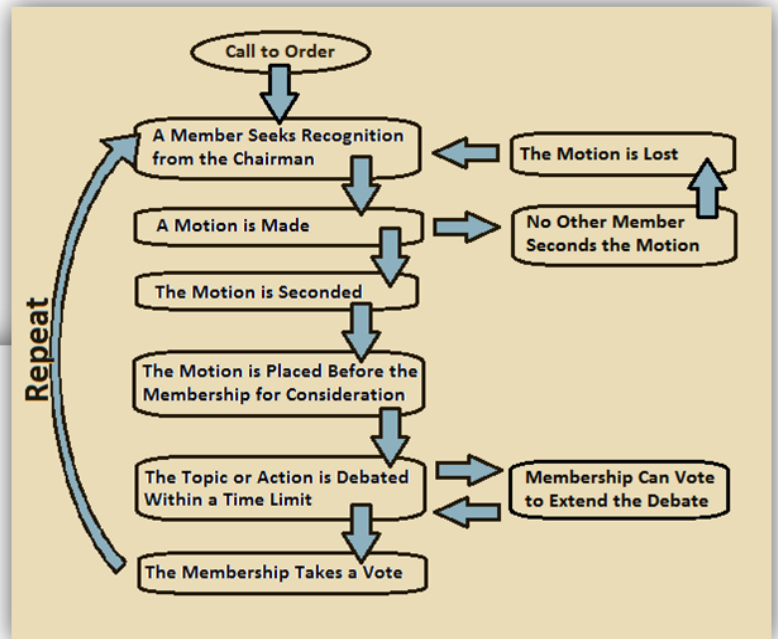
http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalBHSP/Meetings/2016-01-25_OML_12TH_AGOMANUAL.pdf

Please note that our Administrative Assistant may need 7-16 days to get certain items on the agenda due to the process

Robert's Rules of Order

From

<https://robertsrules-team1.weebly.com/meeting-process.html>



Robert's Rules— Cheat Sheet

Types of Motions

- Main Motion:** Introduce a new item
- Subsidiary Motion:** Change or affect how to handle a main motion (vote on this before main motion)
- Privileged Motion:** Urgent or important matter unrelated to pending business
- Incidental Motion:** Questions procedure of other motions (must consider before the other motion)
- Motion to Table:** Kills a motion
- Motion to Postpone:** Delays a vote (can reopen debate on the main motion)

Every Motion Has 6 Steps:

- Motion:** A member rises or raises a hand to signal the chairperson.
- Second:** Another member seconds the motion.
- Restate motion:** The chairperson restates the motion.
- Debate:** The members debate the motion.
- Vote:** The chairperson restates the motion, and then first asks for affirmative votes, and then negative votes.
- Announce the vote:** The chairperson announces the result of the vote and any instructions.

TIP! If the board is in obvious agreement, the chairperson may save time by stating, "If there is no objection, we will adopt the motion to..." Then wait for any objections. Then say, "Hearing no objections, (state the motion) is adopted." And then state any instructions. If a member objects, first ask for debate, then vote and then announce the vote.

Requesting Points of Something

Certain situations need attention during the meeting, but they don't require a motion, second, debate or voting. It's permissible to state a point during a meeting where the chairperson needs to handle a situation right away. Board members can declare a Point of Order, Point of Information, Point of Inquiry or Point of Personal Privilege.

Point of Order: Draws attention to a breach of rules, improper procedure, breaching of established practices, etc.

Point of Information: A member may need to bring up an additional point or additional information (in the form of a non-debatable statement) so that the other members can make fully informed votes.

Point of Inquiry: A member may use point of inquiry to ask for clarification in a report to make better voting decisions.

Point of Personal Privilege: A member may use point of personal privilege to address the physical comfort of the setting such as temperature or noise. Members may also use it to address the accuracy of published reports or the accuracy of a member's conduct.

*A member may make a motion to reconsider something that was already disposed; however, the reconsidered motion may not be subsequently reconsidered. A motion to reconsider must be made during the same meeting and can extend to a meeting that lasts for more than one day.

From

<http://boardeffect.com/wp-content/uploads/2018/12/Roberts-Rules-Cheat-Sheet.pdf>

Robert's Rules of Order



BoardEffect

boardeffect.com

ACTION	WHAT TO SAY	CAN I INTERRUPT SPEAKER?	NEED A SECOND?	CAN BE DEBATED?	CAN BE AMENDED?	VOTES NEEDED
Introduce main motion	"I move to..."	No	Yes	Yes	Yes	Majority
Amend a motion	"I move to amend the motion by..." (Add or strike words or both)	No	Yes	Yes	Yes	Majority
Move item to committee	"I move that we refer the matter to committee."	No	Yes	Yes	No	Majority
Postpone item	"I move to postpone the matter until..."	No	Yes	Yes	No	Majority
End debate	"I move the previous question."	No	Yes	Yes	No	Majority
Object to procedure	"Point of order."	Yes	No	No	No	Chair decision
Recess the meeting	"I move that we recess until..."	No	Yes	No	No	Majority
Adjourn the meeting	"I move to adjourn the meeting."	No	Yes	No	No	Majority
Request information	"Point of information."	Yes	No	No	No	No vote
Overrule the chair's ruling	"I move to overrule the chair's ruling."	Yes	Yes	Yes	No	Majority
Extend the allotted time	"I move to extend the time by ____ minutes."	No	Yes	No	Yes	2/3 vote
Enforce the rules or point out incorrect procedure	"Point of order."	Yes	No	No	No	No vote
Table a motion	"I move to table."	No	Yes	No	No	Majority

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From

<http://boardeffect.com/wp-content/uploads/2018/12/Roberts-Rules-Cheat-Sheet.pdf>

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2

SAMHSA Trainings

A Series of Three Trainings specific to Planning Council participants (Us!)

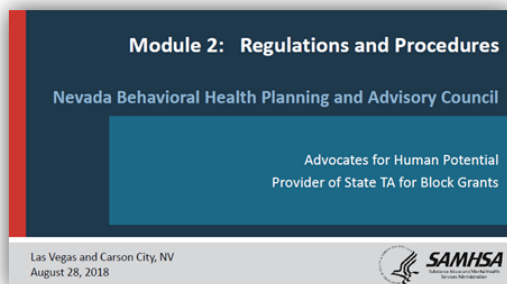
Planning Councils 101:

<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/PlanningCouncils101%20Module%201%20NV%20BHPAC%2008%2028%202018.pdf>



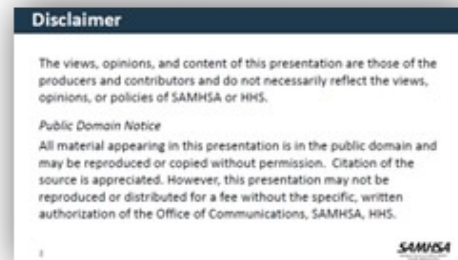
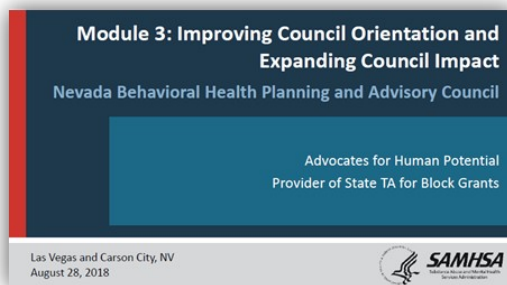
Module 2: Regulations and Procedures

<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/PlanningCouncils%20Module%202%20NV%20BHPAC%2008%2028%202018.pdf>



Module 3: Improving Council Orientation and Expanding Council Impact

<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/PlanningCouncils%20Module%203%20NV%20BHPAC%2008%2028%202018.pdf>



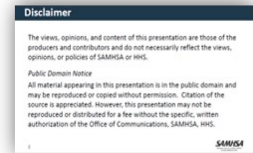
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SAMHSA Trainings: BHPAC 101

BHPAC 101

<http://dpbh.nv.gov/uploadedFiles/dpbhnv.gov/content/Programs/ClinicalBHSP/Meetings/PlanningCouncils101%20Module%201%20NV%20BHPAC%2008%2028%202018.pdf>

- Introduction and Terminology
- Connection between State Behavioral Health needs, Planning Councils, and \$\$\$\$\$
- Block Grants Overview including the Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention & Treatment Block Grant (SABG)
- Planning Council History and Membership Requirements
- Council Duties including Review; Advocate; and Monitor, Review and Evaluate
- Resources for Councils including Best Practices Guides and Examples



Planning Councils 101 NOTES:

- Grants are administered by SAMHSA and require BHPAC involvement.
- State staff can help BHPAC members gain access to BGAS reporting system
- Block Grants fund priority treatment and support services
- BHPAC membership composition requirements are specific
- BHPAC should monitor, review, and evaluate block grant plan at least annually
- BHPAC should submit comments and recommendations to SAMHSA
- BHPAC works with the State Planner all year long
- BHPAC advocates when state employees cannot, leveraging alliances, educating, using various formats, speaking with one voice, using data, and framing approach independent of the state authority
- Suggestions include recruiting members with data and evaluation expertise; designating a state liaison to regularly attend meetings and build BHPAC understanding; and attending State Epidemiology Outcomes Workgroups
- Focus is on current and evolving factors, increasing members' knowledge, and supporting action-oriented roles within the BHPAC vision

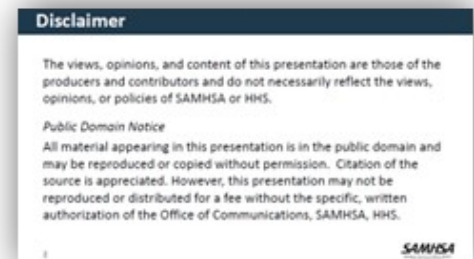
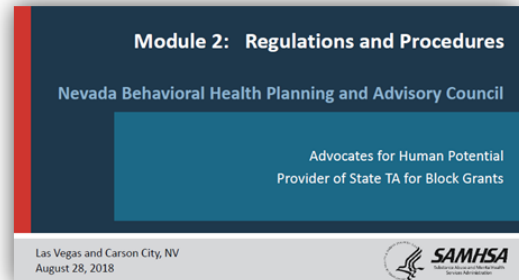
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SAMHSA Trainings: Module 2

Module 2: Regulations & Procedures

<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/PlanningCouncils%20Module%202%20NV%20BHPAC%2008%2028%202018.pdf>

- Enhances members' knowledge and expands foundation for active Council participation including Federal Council Mandates, NV Statutory Authority, and other areas covered herein (structure, bylaws, duties, authority, mission, committees, agendas, Robert's Rules, etc.)
- BHPAC mandated by SAMHSA for mental health planning.
- Members should mark meetings on their calendars; notify secretary for absences or tardiness; read the meeting minutes, agenda, and materials ahead of time; ask questions ahead of time
- Reviews NV BHPAC background
- Aligns NV info with federally required duties of planning and advisory councils
- Provides overview Council meeting procedures
- Summarizes supports available for members
- www.samhsa.gov 1 877 726 4727



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SAMHSA Trainings: Module 3

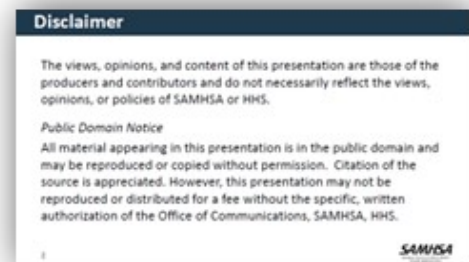
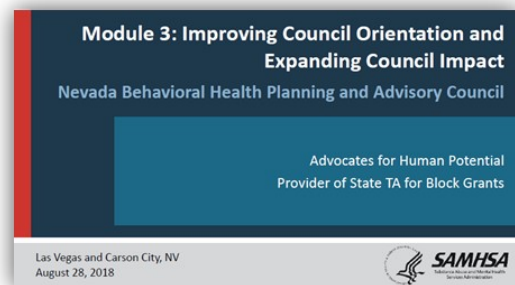
Module 3: Improving Council Orientation & Expanding Council Impact

<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalBHSP/Meetings/PlanningCouncils%20Module%203%20NV%20BHPAC%2008%2028%202018.pdf>



- Discusses conditions and characteristics which affect BHPAC operations and impact including social/demographic, economic, leadership, political, legal/legislative, tech
- Clarifies info on BHPAC's role and scope
- Identifies priorities to solidify BHPAC operations
- Proposes next steps and resources needed, specifically to solidify BHPAC operations and focus on broader mission
- www.samhsa.gov 1 877 726 4727
- BHPAC Training
- Other Rules and Guidance
- Resources
- BHPAC Website, Nevada's Community Health Behavior Integration, Regional Behavioral Health Boards, Community Mental Health Services Block Grant
- BHPAC Website
- Nevada's Behavioral Health Community Integration Strategic Plan
- 27 field experts contributed to this compilation and process
- It includes
 - Executive Summary (to follow)
 - Background and Guiding Principles
 - Situational Analysis with Community Integration Self-Assessment (CISA) and Data Collection
 - Priorities
 - Goals and Strategies
 - Implementation Planning
- States are required to provide integrated community services and supports for people with disabili-

ties. This aims to reduce unnecessary segregation and institutionalization. Unnecessary placements outside of community settings is a form of discrimination and prohibited under the ADA


- BHPAC Members should be familiar with it.



BHPAC Training



Brian Sandoval
Governor




Richard Whitley
Director

State of Nevada
Department of Health and Human Services
Behavioral Health Wellness and Prevention

Behavioral Health Policy and Advisory Commission

Stephanie Woodard, Psy.D.
DHHS Senior Advisor on Behavioral Health
Behavioral Health Commissioner



Helping People. It's who we are and what we do.

Mental Health Block Grant and the Council's Role

Advocacy Suggestions

- **Educate** members on issues—share with others beyond the Council.
- **Use various formats and approaches**—letter writing, working with media, educational and social events with decision makers.
- Council leaders should help the Council **speak with ONE VOICE**. Find the points of consensus.
- Present information in powerful ways; **use data and illustrate** with real life stories.
- Frame **legislative advocacy as information and education**—independent from the state behavioral health authority.

Continued next page

BHPAC Training

Mental Health Block Grant and the Council's role.

Monitor, Review & Evaluate

- Focus on allocation and adequacy of services within the state.
- Numerous strategies fulfill requirement.
 - Peer-review organizations and programs.
 - Presentations to Council from block grant funded organizations.
 - Design outcome and evaluation activities to monitor improvements and systemic changes.
- Include information on monitoring activities in report to SAMHSA.

SAMSHA

Helping People. It's who we are and what we do.

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Mental Health Block Grant and the Council's Role

Monitor, Review & Evaluate

- Recruit members with data and evaluation expertise.
- Consider a designated liaison from the state data staff to regularly attend planning council meetings to:
 - Identify, access, and explain available data.
 - Develop understandings of the role and needs of the Council.
 - Translate Council priorities into data and evaluation points.
- Access the State Epidemiology Outcomes Workgroup.
 - SEOWs sponsored/required by SAMHSA for each state
 - Population based data utilized by prevention networks
 - Helpful resource to assist Council with monitoring duties.

SAMSHA

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Other Rules and Guidance





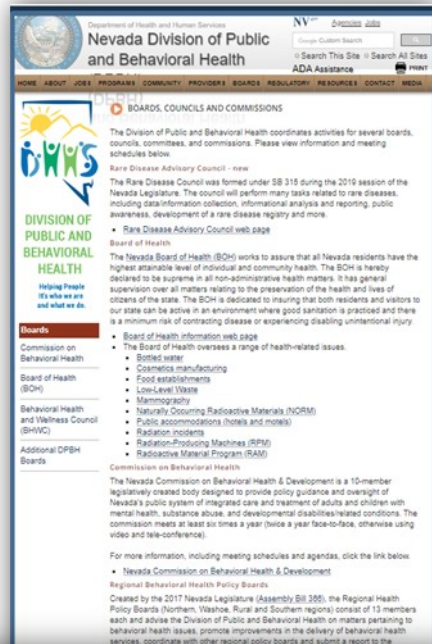
Resources

BHPAC Website, Nevada’s Community Health Behavior Integration, Regional Behavioral Health Boards, Community Mental Health Services Block Grant

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BHPAC Website

<http://dphh.nv.gov/Programs/ClinicalBHSP/Meetings/Behavioral Health Planning and Advisory Council/>



The Nevada Commission on Behavioral Health & Development is a 10-member legislatively created body designed to provide policy guidance and oversight of Nevada's public system of integrated care and treatment of adults and children with mental health, substance abuse, and developmental disabilities/related conditions. The commission meets at least six times a year (twice a year face-to-face, otherwise using video and tele-conference).

For more information, including meeting schedules and agendas, click the link below.

- [Nevada Commission on Behavioral Health & Development](#)

Regional Behavioral Health Policy Boards

Created by the 2017 Nevada Legislature (Assembly Bill 368), the Regional Health Policy Boards (Northern, Washoe, Rural and Southern regions) consist of 13 members each and advise the Division of Public and Behavioral Health on matters pertaining to behavioral health issues, promote improvements in the delivery of behavioral health services, coordinate with other regional policy boards and submit a report to the Commission on Behavioral Health.

- [Regional meeting information](#)

Behavioral Health and Wellness Council

The Behavioral Health and Wellness Council (BHW) will examine ways of improving and strengthening the systems of support for the delivery of services to those living with behavioral health conditions in Nevada.

[BHW home page](#)

Behavioral Health Planning and Advisory Council (BHPAC)

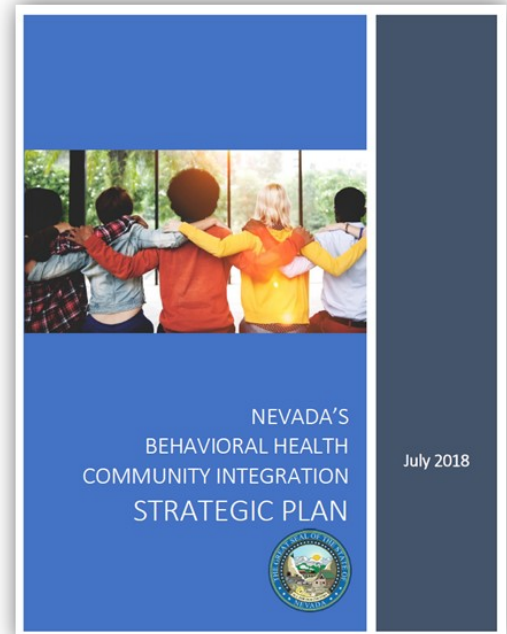
- [2018 Meeting Agendas & Minutes](#)
 - [2018 & 2017 Meeting Agendas & Minutes](#)
- [Bylaws & Boards](#)

Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease provides recommendations to the Chronic Disease Prevention and Health

Nevada's Behavioral Health Community Integration Strategic Plan

- <http://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Programs/ClinicalBHSP/Meetings/DHHS%20BHCI%20Strategic%20Plan%20final%207-23-18.pdf>
- 27 field experts contributed to this compilation and process
- It includes
 - Executive Summary (to follow)
 - Background and Guiding Principles
 - Situational Analysis with Community Integration Self-Assessment (CISA) and Data Collection
 - Priorities
 - Goals and Strategies
 - Implementation Planning
- States are required to provide integrated community services and supports for people with disabilities. This aims to reduce unnecessary segregation and institutionalization. Unnecessary placements outside of community settings is a form of discrimination and prohibited under the ADA
- BHPAC Members should be familiar with it.



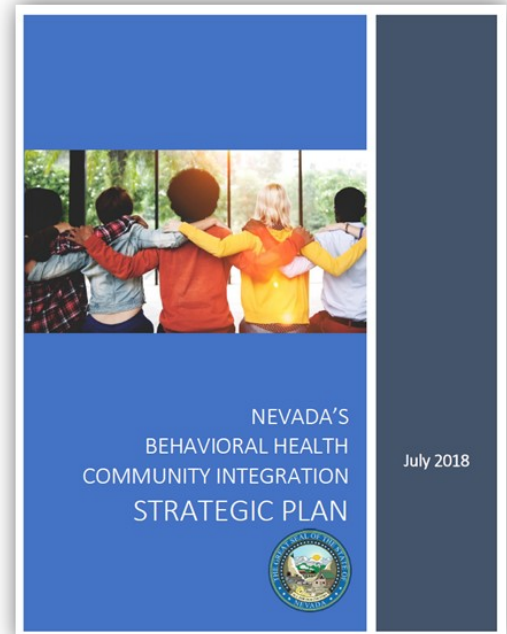
NBHCISP NOTES to follow

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Nevada's Behavioral Health Community Integration Strategic Plan

NBHCISP NOTES:

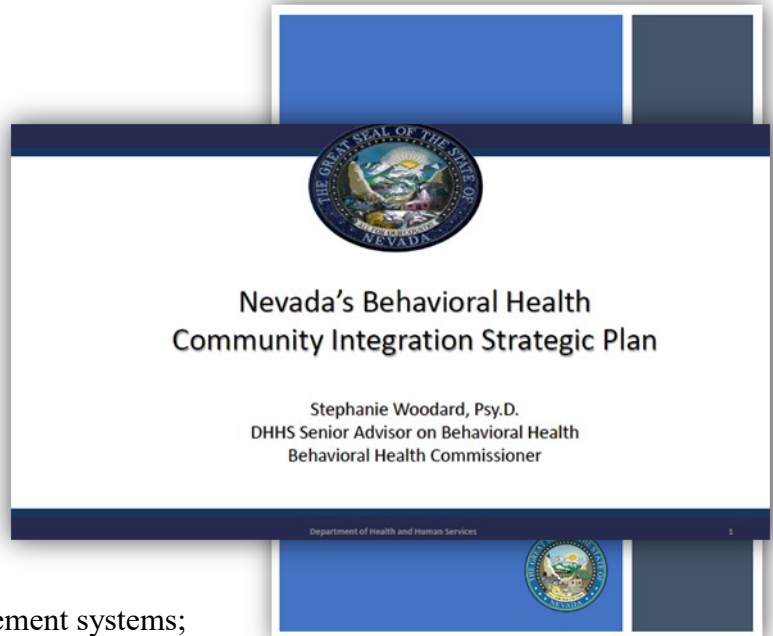
- DHHS DPBH began a planning process in 2016 that was driven by the Olmstead Plan. SAMHSA approved a TA request which led to DBPH utilizing the CISA to evaluate performance and create a framework for change, specifically community integration efforts
- Guiding Principles include independence, access, dignity, integration, quality, and sustainability
- Priorities for adults include criminal justice diversion, supported housing, Assertive Community Treatment, and access to providers for crisis and community-based treatment
 - Priorities for children include juvenile justice diversion, residential treatment services and linkages, Transitional Age Youth services, access to a variety of services
- Goals with numerous strategies include
 - Ensure there is a continuum of high quality recovery support and care to achieve and maintain stability
 - Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan
- Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement



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Nevada's Behavioral Health Community Integration Strategic Plan

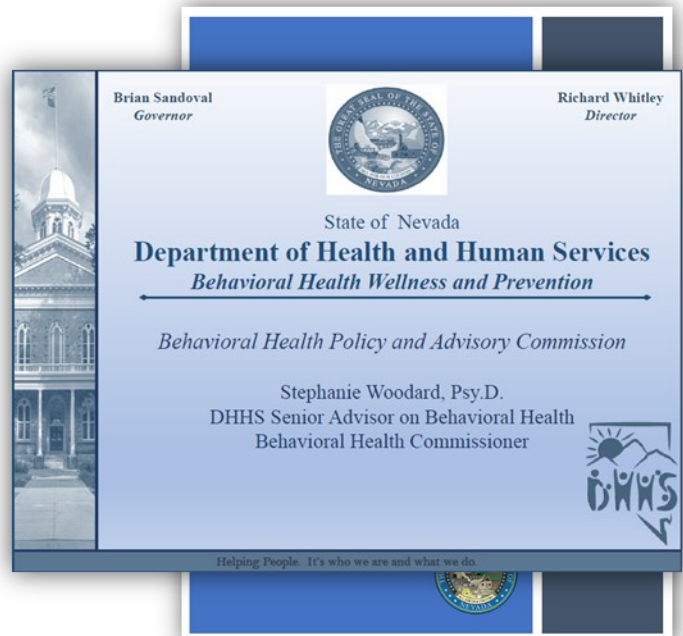
- Dr. Woodard provided a PowerPoint summary of the publication using the same title.
- [http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/RBHPB/Meetings/2018/Nevada's%20Behavioral%20Health%20Priorities\(1\).pptx](http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/RBHPB/Meetings/2018/Nevada's%20Behavioral%20Health%20Priorities(1).pptx)
- Key points not already mentioned include
 - The ROLE of the State Behavioral Health Authority includes design, plan, and implement systems; provide oversight and quality assurance; guide financing options for sustainability; evaluate outcomes.
 - Current implementation strategies include
 - 1115 Substance Use Disorder Demonstration Program to expand CCBHCs, create alternative payment methodology for office-based opioid treatment and waive IMD restrictions in certain cases
 - 1915(i) Home and Community Based Services Options
 - Early SMI and FEP Interventions, ACT, Zero Suicide
 - Expansion of services into healthcare settings
 - Targeted response to the Opioid Crisis



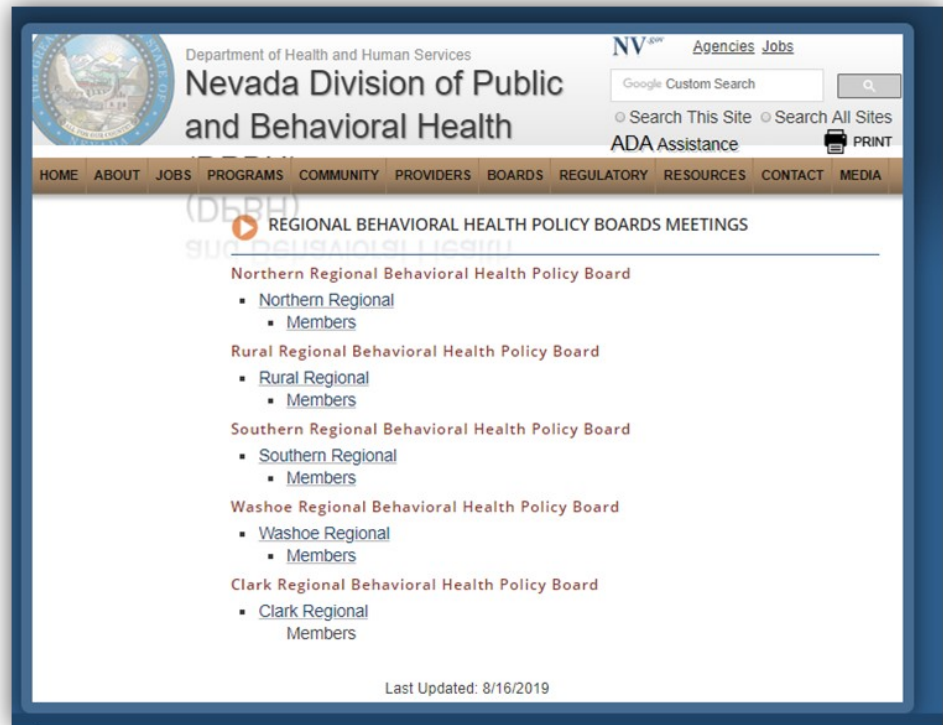
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NBHCISP Implementation Strategies

- 1115 SUD Demonstration Program
 - Expand CCBHCs
 - Waive the IMD restrictions for SUDs for residential and withdrawal management
 - 1915(i) Home and Community Based Services
 - Establish supportive housing services and supports for people who are homeless
 - Decent, safe, and affordable community-based housing with rights and linked to services
 - Permanent supportive housing affordable for people on SSI
 - Adequate wraparound supports
 - Early SMI and FEP services including training, expedited diagnosis, EBTs, Specialty Care Teams, wraparound interventions, and ongoing treatment and case management
 - Assertive Community Treatment
 - Zero Suicide
- Expansion of services into healthcare settings including FQHCs



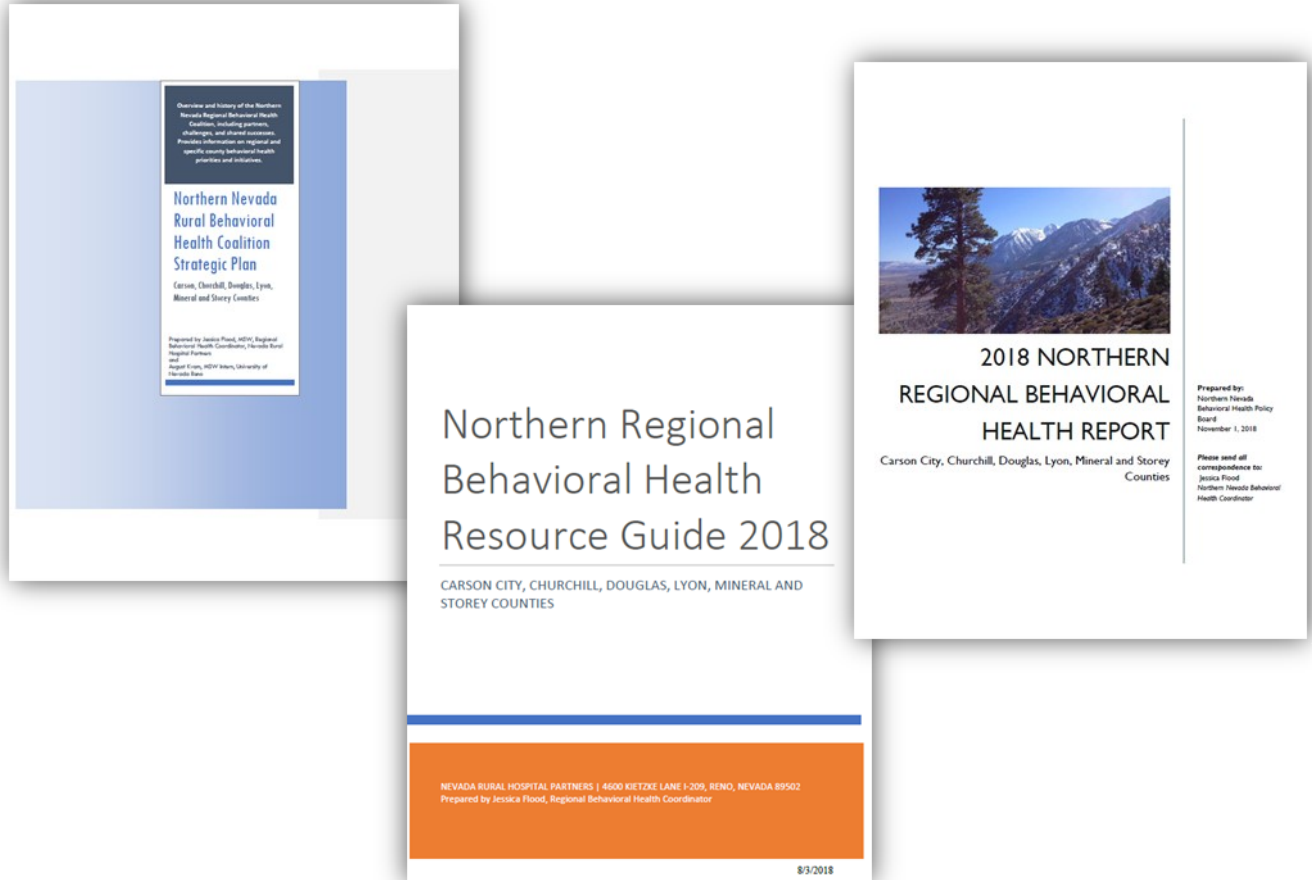
Regional Behavioral Health Boards



- http://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/Meetings/
- Created by the 2017 Nevada Legislature Assembly Bill 366, the Regional Health Policy Boards (Northern, Washoe, Rural and Southern regions) consist of 13 members each and advise the Division of Public and Behavioral Health on matters pertaining to behavioral health issues, promote improvements in the delivery of behavioral health services, coordinate with other regional policy boards and submit a report to the Commission on Behavioral Health.
- Each Board submits one BDR

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Regional Behavioral Health Boards



Examples of RBHB reports that could prove to be valuable resources

2018 Northern Regional Behavioral Health Resource Guide <http://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Boards/RBHPB/Meetings/2018/Northern%20Regional%20Behavioral%20Health%20Resource%20Guide%20for%20Community%20Providers%2008.3.18.pdf>

2018 Northern Regional Behavioral Health Report <http://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Boards/RBHPB/Meetings/2018/2018%20Northern%20Regional%20Report-%20draft%2010.31.18.pdf>

Northern Nevada Rural Behavioral Health Coalition Strategic Plan <http://dpbh.nv.gov/uploadedFiles/dpbhgov/content/Boards/RBHPB/Meetings/2018/Nevada%20Rural%20Behavioral%20Health%20Coalition%20Strategic%20Plan%20Draft-%2009.13.18.pdf>

Community Mental Health Services Block Grant

<https://www.samhsa.gov/grants/block-grants>

What is a Block Grant? A block grant is a noncompetitive, formula grant mandated by the U.S. Congress. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding. SAMHSA is responsible for two block grant programs:

Substance Abuse Prevention and Treatment Block Grant (SABG) The SABG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity. Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.

Community Mental Health Services Block Grant (MHBG) The MHBG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions. Grantees use the funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system.

What are the Purposes of a Block Grant?

Grantees use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. Specifically, block grant recipients use the awards for the following purposes:

Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.

Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.

Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.

Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

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Community Mental Health Services Block Grant

<http://dphh.nv.gov/uploadedFiles/dphhgov/content/Programs/ClinicalBHSP/Meetings/Community%20Mental%20Health%20Services%20Block%20Grant.pdf>

- **Nevada CMHSBG 2018-2020**
- Every 2 years (“Biennium”)
- Target Populations are Children (0-17) SED, Adults (18-64) SMI, Older Adults (65+) SMI, Rural and Homeless SMI/SED, People with Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP)
- Key Priority Areas with Objectives and Performance Indicators
- Improve the quality and disorder-relevance of mental health services for Serious Emotional Disturbance (SED) population
- Improve access to evidence-based program services for individuals with Early Serious Mental Illness (ESMI), including First Episode of Psychosis (FEP). (Mental Health Block Grant, 10% Set Aside)
- Promote professional competence and development of Nevada’s mental health workforce
- Increase the integration of suicide prevention efforts, clinical services and postmortem reviews within the State’s mental health system
- Organize clinical data to enable tracking of empirically-based clinical outcomes.

Olmstead Plan

<https://www.ada.gov/olmstead/>

In 2009, the Civil Rights Division launched an aggressive effort to enforce the Supreme Court's decision in *Olmstead v. L.C.*, a ruling that requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. President Obama issued a proclamation launching the "Year of Community Living," and has directed the Administration to redouble enforcement efforts. The Division has responded by working with state and local governments officials, disability rights groups and attorneys around the country, and with representatives of the Department of Health and Human Services, to fashion an effective, nationwide program to enforce the integration mandate of the Department's regulation implementing title II of the ADA

1115 Waivers

<https://www.commonwealthfund.org/publications/explainer/2018/apr/1115-medicaid-waivers-care-delivery-innovations-work-requirements>

What is a Medicaid Section 1115 waiver?

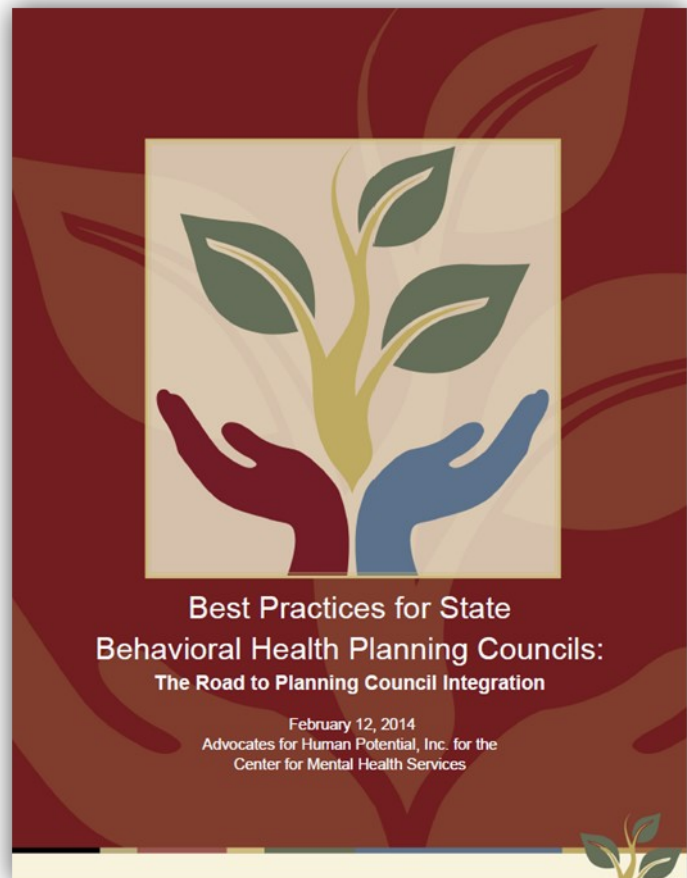
Medicaid grants states autonomy in how they run their programs. Under a provision of the Social Security Act, Section 1115, the U.S. Secretary of Health and Human Services (HHS) can waive federal guidelines on Medicaid to allow states to pilot and evaluate innovative approaches to serving beneficiaries. Most waivers are granted for a limited period and can be withdrawn once they expire.

States seek 1115 waivers to test the effects of changes both in coverage and in how care is delivered to patients. The Centers for Medicare and Medicaid Services (CMS), a government agency, reviews each waiver application to ensure not only that it furthers the core objective of Medicaid — to meet the health needs of low-income and vulnerable populations — but also that the proposed demonstration does not require the federal government to spend more on the state's Medicaid program than it otherwise would.

Best Practices for BHPACs

<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

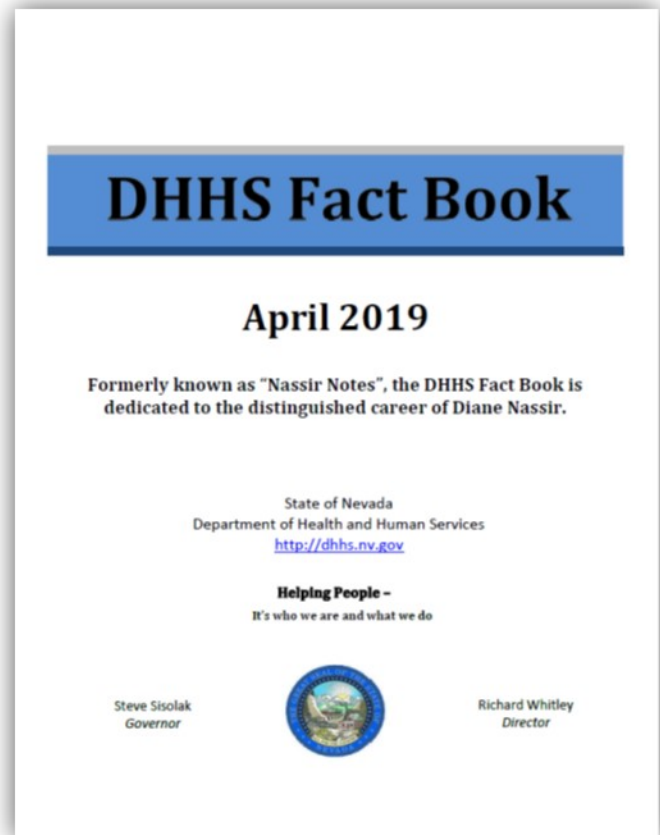
Includes information, explanations, rationale, assessments, abbreviations, knowledge requirements, processes, what to do, and how to do it



DHHS Fact Book

<http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Reports/DHHS-Fact-Book-042019.pdf>

- Annually updated
- Data and updates from every division
 - Director's Office
 - Aging and Disability Services Division
 - Division of Child and Family Services
 - Division of Health Care Finance and Policy
 - Division of Welfare and Supportive Services
 - Division of Public and Behavioral Health
 - Public Defender
- Nevada Data and Key Comparisons
- Includes maps, spreadsheets, acronyms, index, NRS Chapters, Organizational Charts, hours, funding streams, services, web links, eligibility, historical and trends, expenditures



Other Resources





Current State of Affairs

History, Subcommittees, Goals, Members

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BHPAC Members

Membership Structure and Provisions

- 23 members
- 4-year terms
- No term limits except if appointed “at pleasure of Governor”
- Travel reimbursement, per diem, and stipends available
- Executive Committee
 - Chair
 - Vice Chair
 - Immediate Past Chair
 - Principle agencies representatives with respect to Mental Health Services for Children and Adolescents and Behavioral Health Services for Adults

11

SAMHSA

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SAMHSA

Dr. Stephanie Woodard, Director

Rhonda Buckley, Administrative Assistant

State Representative Members

1. x

Community Members

1. Ali Jai Faison, Chair
2. Dr. Karen Torry Greene, Vice Chair
3. Rene Norris, Immediate Past Chair
4. Sondra Cosgrove
5. Susan Maunder
6. Drew Skeen
7. Dawn Walker
8. Charlene Frost
9. Gillian Rae Stover
10. Stacy Kollias
11. Amber Neff
12. Alyce Thomas
13. Arians Saunders in process

BHPAC Subcommittees

- Executive Committee: Ali Jai Faison, KTG, Rene Norris, Stephanie Woodard, Rhonda Buckley
- Nominating Committee: Rene Norris, Alyce Thomas, Ali Jai Faison, Gillian Stover, and Stacy Kollias
- Legislative (inactive)
- Bylaws (Ad Hoc)
- Promotions (inactive)
- Rural Monitoring (Ad Hoc)
- Other Committees as needed

BHPAC History

“The BHPAC has participated for years in the SAMHSA Block grant funding application, and has entertained many ideas and opportunities from advocates and providers, both public and private, that are involved in the behavioral health arena. As a Council, we have voted on many actionable items, and have helped to influence, shape, and direct the mission and vision of these entities, while listening attentively to complaints and concerns from all parties involved and affected by mental and behavioral health, as well as substance abuse, addictions, and recovery

“Individually, members of BHPAC have worked directly and indirectly with organizations, providers, and recipients of care, treatment, counseling, and services.”

~Ali Jai Faison, 2019-2021 Chair

BHPAC Goals

- ▶ To upgrade and increase Council membership and community participation
- ▶ To have confirmed results from our decision-making and voting
- ▶ To be actively involved in promoting mental health awareness and validate resources within our State
- ▶ To establish data tracking and information verification for agencies that receive direct and indirect funding from the advocacy and voting that BHPAC performs
- ▶ To have a more direct relationship with the Governor who has appointed members of BHPAC, and who has established this Council
- ▶ To make all subcommittees active and effectively engaged in their duties and purposes
- ▶ To certify a budget for the BHPAC and use those funds wisely to achieve our mission and goals

“These are my goals as Chairman to which I will lend my energy and time.”

~Ali Jai Faison, 2019-2021 Chair

Other



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