

**SUMMARY OF RECOMMENDATIONS WITHOUT FISCAL IMPACT
REQUIRING LEGISLATIVE/COMMISSION ACTION**

**NEVADA MENTAL HEALTH PLAN IMPLEMENTATION COMMISSION
Senate Bill 301 (Chapter 445, *Statutes of Nevada 2003*)**

Goal 1

Americans Understand That Mental Health Is Essential to Overall Health

Goal 2

Mental Health Care Is Consumer- and Family-Driven

1. Propose legislation requiring that consumers be participants in developing their own care plans, e.g., as was done in Michigan.
(Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health)
2. Appoint consumers to participate on the Commission on Mental Health and Developmental Services.
(Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services [DMHDS], Department of Human Resources [DHR])
3. Urge the mental health community to include more parents of seriously emotionally disturbed (SED) children and adolescents on boards, committees, and commissions dealing with SED issues.
(Nevada P.E.P.)
4. Urge the mental health community to include consumer representation on mental health advisory committees.
(Assemblywoman Sheila Leslie)
5. Urge the Nevada Legislature to continue its support of suicide prevention efforts and suicide support programs.
(Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS)
6. Urge the Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS) to eliminate the need to trade custody for care by working with the state to change Medicaid eligibility to cover all at-risk children.
(Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health)

EXHIBIT S MentalHealth

Document consists of 10 pages.

☒ Entire document provided.

☐ Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us.

Meeting Date 12/18/03

7. Request a bill draft request (BDR) to ensure persons with disabilities are not unfairly excluded from accessing Millennium Scholarship funds.
(Bridget and Wesley Kittel)
8. Urge the appropriate governmental agencies to change categorical, or “silo,” funding streams to decrease duplication of services and encourage creativity in coordinating funding sources to best meet the needs of consumers.
(Frances M. Murphy, M.D., M.P.H., Deputy Under Secretary for Health Policy Coordination, Department of Veterans Affairs, (VA), Veterans Health Administration, and Commissioner, President’s New Freedom Commission on Mental Health; Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS)
9. Urge DHR to link state mental health resources for easier access for families of children and adolescents with serious emotional disturbance.
(Nevada P.E.P.)
10. Urge that any Medicaid redesign plan for behavioral health care include family support.
(Nevada P.E.P.)
11. Consider realignment of children’s mental health services from DCFS to DMHDS.
(Assemblywoman Sheila Leslie)
12. Urge DHR to update the appropriate memorandum of understanding to facilitate the transition of children from children’s services agencies to adult services.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
13. Urge DHR to provide a cross-systems family support hotline in Clark County by building on existing funding resources.
(Clark County Children’s Mental Health Consortium)
14. Urge that the Division of Health Care Financing and Policy Draft Document, which contains provisions governing the operation of all the division’s boards and committees generally as well as provisions specific to the operation of the Pharmacy and Therapeutics Committee, be revised as follows (changes in bold, deletions stricken out):
 - Amend paragraph 3a(2) of Section IV as follows: “**At the chair’s discretion**, public comment ~~shall~~ **may** be limited to five minutes per individual, organization or agency.”
 - Amend paragraph 3b of Section IV as follows: “Exhibits for discussion topics ~~shall~~ **may** include the following items, as applicable.” Many of the listed items are not applicable to all boards and committees. This section should either be moved to the specific entity to which it would always apply or should be amended.

- Delete paragraph 3c(1) of Section IV or reword it so that manufacturers or providers are aware that marketing claims or similar information will not be considered in the committee's deliberations.
- Amend Paragraph 3c(2) of Section IV as follows: "Proposals, **handouts, or other exhibits submitted to the board** are limited to two pages, **unless the chair, or a member through the chair, requests additional information from a person appearing before the board.**" To strike a balance between the free flow of information to a public entity and the committee's need to operate as efficiently and expeditiously as possible, it is recommended that setting guidelines, at the discretion of the chair, would allow additional information to be requested and submitted. Further, it should be made clear that it is the manufacturer's or witness' obligation to ensure sufficient copies of any additional information are provided to the division, the members, and the public.
- Amend the fourth line, final sentence of paragraph 2, Section VII, as follows: "These drugs include, **but are not limited to:**" Paragraph (g), section 5 of Assembly Bill 384 (Chapter 247, *Statutes of Nevada 2003*) authorizes the Pharmacy and Therapeutics Committee to add to the list of exclusions. Although that authority is reflected in Section VIIB2(g) of the proposed regulations, the language in paragraph 2 generally should confirm to the bill.
- Amend Section VII, subsection D, paragraph 5, first line as follows: "Members serving on the DUR Board **or P&T Committee** may not have a current affiliation, while serving the board/committee term, with a business or corporation that manufactures prescription drugs."

(Rosetta Johnson, M.P.A., President and Chief Executive Officer, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness)

15. Urge the appropriate public and private mental health providers that family-driven care be an integral part of all children's mental health programs.
(Nevada P.E.P.)
16. Prohibit questions on job applications regarding mental health and hospitalization or gaps in employment.
(Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health)

17. Urge the DHR to request technical assistance from the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, to develop systems to hire consumers as reimbursable peer specialists.
(Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health)
18. Urge the CMS to provide technical assistance to the states on how to use the Medicaid rehabilitation option to fund supported employment.
(Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health)
19. Urge the Social Security Administration (SSA) to eliminate disincentives to work.
(Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health)

Goal 3
Disparities in Mental Health Services Are Eliminated

20. Include tribal representation on boards, commissions, and statewide health forums.
(Sherrada James, Executive Director, Nevada Indian Commission)
21. Send a letter to Indian Health Services (IHS), HHS, requesting increased funding, resources, and services for tribal mental health programs.
(Sherrada James, Executive Director, Nevada Indian Commission)
22. Include in Nevada's mental health plan the needs of Native Americans so tribes may use the plan as a tool to justify funding, programs, and resources by HHS and IHS.
(Sherrada James, Executive Director, Nevada Indian Commission)
23. Urge the DHR to devise a cultural competency plan for the provision of mental health service in Nevada.
(Josie Torralba-Romero, M.S.W., L.C.S.W., President, Board of Directors, National Latino Behavioral Health Association)
24. Urge governmental agencies that provide mental health services to provide training to their staff on Nevada's tribal structure and how to work with the tribes.
(Sherrada James, Executive Director, Nevada Indian Commission)
25. Urge DHR to establish recruiting efforts for bilingual and minority mental health professionals.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)

26. Review the licensure process for foreign mental health providers.
(Senator Bob Coffin)
27. Appoint representatives from minority communities to the Commission on Mental Health and Developmental Services.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)

Goal 4
Early Mental Health Screening, Assessment, and
Referral to Service Are Common Practice

28. Require mental health providers to receive training in comorbidity (co-occurring disorders).
(Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, University of Nevada Reno, and Member, Board of Psychological Examiners)
29. Urge the DMHDS and the Bureau of Alcohol and Drug Abuse (BADA), Health Division, DHR to work with major stakeholder associations and boards in all the related fields to bring together a coalition to create a plan of action for training staff to provide services and to develop specific programming to treat appropriately individuals and families trying to cope with co-occurring disorders. The Board of Psychology Examiners, the Board of Social Work Examiners, the Board of Examiners for Marriage and Family Therapy, Nevada AADAPTS, the Nevada Chapter of the National Association of Social Workers, the Nevada Chapter of the American Psychological Association, the State Board of Nursing, the Board of Pharmacy, and the medical boards or any related professional organizations or their interested representatives should be candidates for participation in this effort. This may or may not include specific facilities with integrated staff members from several agencies.
(Tom Murtha, Chief Executive Officer, Bristlecone Family Resources, and President, Nevada Alliance for Addictive Disorders, Advocacy, Prevention, and Treatment Services [Nevada AADAPTS])
30. Urge DHR to require that treatment plans for persons with co-occurring disorders be biased toward treating the substance abuse.
(Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, University of Nevada Reno, and Member, Board of Psychological Examiners)
31. Encourage mental health and substance abuse agencies and professionals to work together as equal partners to provide services to persons with co-occurring disorders.
(Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, University of Nevada Reno, and Member, Board of Psychological Examiners)

32. Urge the public and private mental health and substance abuse communities to provide integrated treatment for clients with co-occurring disorders.
(Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, University of Nevada Reno, and Member, Board of Psychological Examiners)
33. Urge DHR to utilize mechanisms such as targeted case management or Medicaid waiver designations for publicly supported substance abuse facilities in order to leverage BADA funding and Medicaid reimbursement to provide seamless, integrated care.
(Tom Murtha, Chief Executive Officer, Bristlecone Family Resources, and President, Nevada AADAPTS)
34. Urge DHR to allow the Clark County Children's Mental Health Consortium to participate in the allocation of discretionary funding administered by DHR for preventative and early intervention services for vulnerable children.
(Clark County Children's Mental Health Consortium)
35. Urge the appropriate governmental agencies to develop agency strategic plans in conjunction with community stakeholders.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
36. Write a letter to Nevada Governor Kenny C. Guinn asking that he take the necessary steps to request Nevada's participation in a SAMHSA conference on co-occurring disorders scheduled to take place in April 2004.
(Theresa Lemus, Executive Director, Nevada AADAPTS)
37. Urge DHR to establish a "no wrong door" service approach for individuals with co-occurring disorders.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
38. Urge DHR to amend Medicaid reimbursement requirements to allow licensed alcohol and drug counselors (LADCs) with the appropriate training and experience to be added to the list of minimum qualifications for reimbursement for the treatment and case management of persons suffering from co-occurring disorders who are Medicaid-eligible.
(Tom Murtha, Chief Executive Officer, Bristlecone Family Resources, and President, Nevada AADAPTS)
39. Urge DHR to amend the rules for Medicaid's "mental health specialty clinic" designation to allow substance abuse facilities capable of treating co-occurring disorders that meet the specialty clinic designation requirements to be reimbursed for providing such services.
(Tom Murtha, Chief Executive Officer, Bristlecone Family Resources, and President, Nevada AADAPTS)

40. Review confidentiality laws to allow for greater sharing of information to allow for continuum of services.
(Washoe County Mental Health Consortium)
41. Urge the DMHDS to partner with the Veterans Administration to provide mental health services.
(Frank Perna)
42. Develop and implement community centralized triage programs, as needed, to decrease the overuse of hospital emergency rooms for psychiatric care.
(Assemblywoman Sheila Leslie)
43. Combine DMHDS and BADA.
(Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, University of Nevada Reno, and Member, Board of Psychological Examiners)
44. Request a BDR to require parity for chemical dependency treatment with the goal of enhancing access and affordability of treatment for all Nevadans.
(Theresa Lemus, Executive Director, Nevada AADAPTS)
45. Urge DHR to develop a liaison with public health clinics in urban areas.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
46. Urge DHR to cultivate public-private partnerships to improve access to benefits provided through Supplemental Security Income (SSI), Medicaid, etc.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
47. Establish a mechanism to reduce “dumping” of older clients.
(Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS)
48. Urge the appropriate governmental agencies to identify nationally recognized programs for establishing a peer counseling program to allow nonprofessional seniors to assist other seniors.
(Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS)
49. Urge the appropriate governmental agencies to organize and support older adult consumer advocacy in Nevada modeled after the National Older Adult Consumers of Mental Health Alliance.
(Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS)

50. Urge DHR to explore the possibility of utilizing Nevada's retired workforce to assist in providing mental health services.
(Glen Martin, Nevada RSVP Rural Counties, Inc.)
51. Urge DMHDS to incorporate exercise into mental health wellness efforts by encouraging senior centers, trailer parks, and retirement facilities to provide aerobic and resistance training exercise programs. Further, support and strengthen the present volunteer resistance training program funded by the Division of Aging Services and operated by Nevada RSVP Rural Counties.
(Glen Martin, Nevada RSVP Rural Counties, Inc.)
52. Encourage hospitals to utilize an assessment tool to determine the level of care needed for mental health patients.
(Natalie White, R.N., University Medical Center)
53. Urge hospitals to provide education and training for hospital nurses and other staff that have contact with individuals needing mental health services.
(Laurie Rhymer, R.N., University Medical Center)
54. Require that hospital staff that monitor mental health patients ("sitters") must be trained mental health technicians.
(Natalie White, R.N., University Medical Center)
55. Expand the scope of practice for licensed alcohol and drug counselors to assess for and oversee the treatment for Axis 2 mental health disorders.
(Theresa Lemus, Executive Director, Nevada AADAPTS)

Goal 5

Excellent Mental Health Care Is Delivered and Research Is Accelerated

56. Create a consortium of all mental health groups in the state (public-private partnership) to advance the implementation of evidence-based practices.
(Anil G. Godbole, M.D., Chairman, Advocate Illinois Masonic Medical Center, and Commissioner, President's New Freedom Commission on Mental Health)
57. Form an HHS-initiated public-private partnership similar to the Annapolis Coalition to develop a comprehensive strategic plan to improve workforce recruitment, retention, diversity, and skills training.
(Anil G. Godbole, M.D., Chairman, Advocate Illinois Masonic Medical Center, and Commissioner, President's New Freedom Commission on Mental Health)

58. In developing a state mental health plan, ensure the plan centers on the consumer and then address needed resources, both financial and workforce.
(Anil G. Godbole, M.D., Chairman, Advocate Illinois Masonic Medical Center, and Commissioner, President's New Freedom Commission on Mental Health)
59. Include in the state's mental health plan some strategy addressing the issue of problem gambling.
(Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, University of Nevada School of Medicine [UNSON], and Medical Advisor, Nevada Chapter, American Foundation for Suicide Prevention)
60. Urge the appropriate state and local governmental agencies to establish a consistent medication formulary for use by state and local governments to ensure the same medications are provided to individuals who are incarcerated that they received in the community.
(Marilyn Rogan, Captain, South Tower Bureau, Clark County Detention Center)
61. Urge DHR to develop an action plan to build consensus support for the development and implementation of evidence-based practices.
(Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability)
62. Urge the mental health and the corrections communities to develop and implement a streamlined process to facilitate the transition of mentally ill inmates from jail to the community to ensure there is no interruption in mental health services.
(Marilyn Rogan, Captain, South Tower Bureau, Clark County Detention Center)
63. Urge the DMHDS and Nevada's Department of Corrections (DOC) to work together to facilitate the transition of mentally ill inmates back into the community upon their release from a correctional facility.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
64. Urge DHR to develop an integrated, comprehensive service delivery system that requires the sharing or pooling of resources. This approach will broaden the array of services available to consortia agencies and to the children and families being served. Further, this approach will strengthen the coordination of services to the child.
(Rural and Washoe County Consortia)
65. Urge DHR to expand the role of the Statewide Pharmacy Oversight Committee to ensure that medication management is driven by clinical evidence-based outcome studies.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)

66. Urge the mental health and the corrections communities to develop strategies to ensure the formularies for psychiatric services in detention centers and prisons are consistent with formularies in community hospitals and mental health centers.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
67. Encourage the acceleration and expansion of EBPs and best practices.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
68. Urge DHR to take the necessary steps to ensure services are tied to outcome measures.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
69. Urge the appropriate state agencies to become active participants with local municipalities in accessing residential support through the U.S. Department of Housing and Urban Development, etc.
(Carlos Brandenburg, Ph.D., Administrator, DMHDS)
70. Encourage research and education on the impact of problem gambling in our state including risk factors such as suicide, job-related problems, bankruptcy, and criminal activities related to gambling.
(Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, UNSOM, and Medical Advisor, Nevada Chapter, American Foundation for Suicide Prevention)