

SUMMARY OF RECOMMENDATIONS

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

<i>Number</i>	<i>Recommendation</i>	<i>Proponents</i>	<i>Legislative or Commission Action Required</i>	<i>Fiscal Impact</i>
<b>Goal 1</b>				
<b>Americans Understand That Mental Health Is Essential to Overall Health</b>				
1	Advocate in the media and in other forums against the stigmatization of the mentally ill and the criminalization of those who are homeless.	Richard Siegel, President, and Gary Peck, Executive Director, American Civil Liberties Union (ACLU) of Nevada		✓
2	Develop bilingual public service announcements for distribution to radio and television stations. The announcements should emphasize good health care rather than welfare ( <i>Mohatt</i> ).	Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (DMHDS), Nevada's Department of Human Resources (DHR); Dennis Mohatt, Senior Program Director, Mental Health Program, Western Interstate Commission for Higher Education (WICHE); Josie Torralba-Romero, M.S.W., L.C.S.W., President, Board of Directors, National Latino Behavioral Health Association; Bridget and Wesley Kittel		✓
3	Develop English and Spanish consumer-friendly information packets for all consumers contacting the agencies.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
4	Publicize the need for identification, clinical assessment, and treatment of pathological gambling and prescription drug and alcohol abuse in older Nevadans.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
5	Prioritize education on mental health and aging to seniors, family caregivers, and the general public in order to reduce the stigma associated with mental illness and treatment and increase acceptance of needed services.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
6	Provide contact data to primary care providers, e.g., agency brochures.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
7	Develop a team approach with primary care physicians in rural Nevada who make referrals to Rural Clinics to ensure continuity of care.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		
	Include problem gambling education as part of	Carol O'Hare, Executive		

8	any addiction treatment program.	Director, Nevada Council on Problem Gambling		✓
9	Retain one or more grant writers for DMHDS to secure available federal and other grants relating to mental health.	Commission on Mental Health and Developmental Services		✓
10	Urge DHR to fill the significant vacancies in division staff.	Commission on Mental Health and Developmental Services	✓	✓
11	Include mental illness and mental health in the school health curriculum.	Dennis Mohatt, Senior Program Director, Mental Health Program, WICHE; Bridget and Wesley Kittel	✓	✓
12	Include gambling prevention programs in schools as part of health education classes (similar to drug and substance abuse prevention programs).	Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, University of Nevada School of Medicine (UNSOM), and Medical Advisor, Nevada Chapter, American Foundation for Suicide Prevention (AFSP)	✓	✓
13	Hire a grant writer for DMHDS to access federal funding for housing.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
14	Develop a “housing first” program modeled after Tennessee’s Creating Homes Initiative whereby certain funds from the state budget would be utilized to capitalize on available housing funds from other sources.	Shawna Parker, M.S.W., Management Analyst II, Clark County Community Resources Management; Assemblywoman Sheila Leslie		✓
15	Establish a tenant-based rental assistance (TBRA) program for special populations whereby the client is subsidized in housing available within the community.	Shawna Parker, M.S.W., Management Analyst II, Clark County Community Resources Management		✓
16	Provide leadership with regard to efforts in the Las Vegas Valley to address homelessness by increasing services to each community and by working with the coordinator, when hired, and the newly formed technical committee.	Frank Perna		✓
17	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	✓	
18	Promote, encourage, and facilitate greater access to safe, decent, and affordable community-based housing and support services, including permanent supportive housing, by using an array of resources within the U.S. Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), and the Veterans Administration (VA) as leverage.	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		✓
<b>Goal 2</b>				
<b>Mental Health Care Is Consumer- and Family-Driven</b>				
	Propose legislation requiring that consumers be participants in developing their own care	Daniel B. Fisher, M.D., Co-Director, National		

19	plans, e.g., as was done in Michigan.	Empowerment Center, and Commissioner, President's New Freedom Commission on Mental Health	✓	
20	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	✓	
21	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, UNSOM, and Medical Advisor, Nevada Chapter, AFSP	✓	
22	Urge the mental health community and appropriate governmental entities to involve consumers and families fully in orienting the mental health system toward recovery and resilience.	Jane Adams, Ph.D., Keys for Networking	✓	
23	Urge DHR to work to align relevant federal programs to improve access and accountability for mental health services.	Jane Adams, Ph.D., Keys for Networking	✓	
24	Establish targeted case management services for children diagnosed as severely emotionally disturbed (SED) as introduced in Nevada Medicaid's 2003 Behavioral Health System Redesign Plan.	Jone M. Bosworth, Administrator, Division of Child and Family Services (DCFS), DHR		✓
25	Implement the federal Ticket to Work Incentive Act at all sites.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
26	Provide mental health care in nontraditional settings such as in-home services for older Nevadans.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
27	Provide necessary funding to base the office of the Senior Mental Health Outreach Program in a centralized location within the Las Vegas Valley to prevent loss of productivity due to increased driving distances and driving times especially given the growing volume of traffic.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
28	Establish a Supplemental Security Income (SSI) outreach team for the homeless. The outreach team should link the homeless to services other than SSI. <i>(Leslie)</i>	Shawna Parker, M.S.W., Management Analyst II, Clark County Community Resources Management; Assemblywoman Sheila Leslie		✓
29	Provide visiting mental health personnel to small towns to accommodate rural needs (including diagnosis).	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada		✓
30	Improve emergency or community-based mental health services in rural areas.	Commission on Mental Health and Developmental Services		
31	Fund Program of Assertive Community Treatment (PACT) teams to meet the needs of previously institutionalized individuals in	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada		✓

	urban areas and the larger small counties.			
32	Establish a “warm line” for at-risk individuals to call to assist them in avoiding full-blown crises.	Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President’s New Freedom Commission on Mental Health		✓
33	Authorize DMHDS to enter into a contractual arrangement with a public or nonprofit private hospital/medical center for acute care psychiatric inpatient services for up to ten days in a general acute care hospital setting for up to 12 patients.	Ole J. Thienhaus, M.D., FACPsych, UNSOM	✓	✓
34	Adopt a plan for the implementation of a nonprofit psychiatric facility to care for “legal 2000” patients.	James R. Osti, M.P.H., Psychiatric HealthCare Consulting	✓	✓
35	Establish and support programs that provide evaluation, treatment, crisis intervention, and other services for problem gamblers and their families.	Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, UNSOM, and Medical Advisor, Nevada Chapter, AFSP		✓
36	Using the national model, establish a mental health and aging coalition.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
37	Establish a program that utilizes community workers such as mail carriers and utility workers to assist in identifying at-risk seniors. This program could be modeled after the Gatekeeper Program in Washington.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
38	Implement the strategic health plan (Ten-Year Targets to Preserve the Health and Independence of Nevada Seniors) developed by the Nevada Senior Services Task Force.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		
39	Write a letter to Nevada Governor Kenny C. Guinn expressing the Commission’s support for funding and implementation of DHCFP’s proposed Behavioral Health Plan System Redesign. The plan recommendations include, but are not limited to standardizing the infrastructure of the system, developing specialty clinics, eliminating state-devised reimbursable codes for Nevada Medicaid; delivering targeted case management services through state agencies, and defining mechanisms for utilization.	Assemblywoman Sheila Leslie	✓	✓
40	Do not target the Medicaid program for reductions. This includes restrictions on eligibility for optional Medicaid populations and reductions for optional services such as prescription drugs and case management. Further, do not limit access to newer and more effective medications for severe mental illness through preferred drug lists, prior	Rosetta Johnson, M.P.A., President and Chief Executive Officer, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness		✓

	authorization, and “fail first” policies.			
41	Address concerns with the Medicaid preferred drug list (PDL) process. These concerns include, but are not limited to, public notice of hearings regarding the PDL process, consideration of the special needs of Nevada’s Medicaid population, and the provision of opportunities for public comment and review of the proposed use of “step therapy” whereby a patient must fail on a less expensive drug before having access to the physician’s choice of medication.	Rosetta Johnson, M.P.A., President and Chief Executive Officer, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness		✓
42	Support full funding of medication needs of the mentally ill and full implementation of the state’s medication algorithm plan.	Commission on Mental Health and Developmental Services		✓
43	Expand community-based Medicaid waivers for persons with serious mental illness.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
44	Improve the Medicaid program to simplify access to behavioral health services, expand the number of private providers of Medicaid in rural Nevada, and provide community-based alternatives to expensive residential and group care services.	Rural Mental Health Consortium		
45	Urge that the <i>Medicaid Services Manual</i> be revised as follows: <ul style="list-style-type: none"> <li>Amend Section 1208.18 to specify that the duties of the Pharmacy and Therapeutics Committee must comport with Assembly Bill 384 (Chapter 247, <i>Statutes of Nevada 2003</i>).</li> <li>Delete entirely subsection 1(a)3 of Section 1203.1A, or in the alternative, carefully define “step therapy” to ensure the legislative intent in establishing a PDL is not circumvented.</li> </ul>	Rosetta Johnson, M.P.A., President and Chief Executive Officer, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness	✓	
46	Reorganize state budgets to unify funding streams for behavioral health care services.	Rural Mental Health Consortium		
47	Allow various agencies to pool funds for client services.	Washoe County Mental Health Consortium		
48	Redirect current funds through mental health, substance abuse, child welfare, and juvenile justice into an integrated early access program for prevention and early intervention to cut the cost of acute care and residential placements.	Rural Mental Health Consortium		
49	Establish a program to pair mentally ill consumers with community leaders (e.g., Wisconsin program).	Dennis Mohatt, Senior Program Director, Mental Health Program, WICHE		✓
50	Take steps to reduce the number of mentally ill persons in the correctional system. Extend diversion programs of Clark County statewide.	Richard Siegel, President, and Gary Peck, Executive Director, ACLU		✓
51	Increase competencies to work with older adults with mental illness through training	Laurie Moore, M.S.G., L.A.S.W., Director, Senior		

	service providers.	Mental Health Outreach Program, DMHDS		✓
52	Create a law that will help the mentally ill gain access to treatment. The American Psychiatric Association supports assisted treatment and views the issue of mandated treatment as critical.	Rosetta Johnson, M.P.A., President and Chief Executive Officer, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness	✓	✓
53	Appoint consumers to participate on the Commission on Mental Health and Developmental Services.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
54	Urge the mental health community to include more parents of SED children and adolescents on boards, committees, and commissions dealing with SED issues.	Nevada P.E.P.	✓	
55	Urge the mental health community to include consumer representation on mental health advisory committees.	Assemblywoman Sheila Leslie	✓	
56	Urge the Centers for Medicare & Medicaid Services (CMS), 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; Jane Adams, Ph.D., Keys for Networking	✓	✓
57	Request a bill draft request (BDR) to ensure persons with disabilities are not unfairly excluded from accessing Millennium Scholarship funds.	Bridget and Wesley Kittel	✓	
58	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	✓	
59	Urge DHR to link state mental health resources for easier access for families of children and adolescents with SED.	Nevada P.E.P.	✓	
60	Provide expanded service to teens through improved provider partnerships.	Amy Bobo, Mental Health Program Coordinator, School-Based Health Centers, Clark County Health District		✓
61	Urge the Division of Health Care Financing and Policy (DHCFP), DHR, to include family support in any Medicaid redesign plan for behavioral health care.	Nevada P.E.P.	✓	
62	Consider realignment of children's mental health services from DCFS to DMHDS.	Assemblywoman Sheila Leslie	✓	

63	Urge DHR to update the appropriate memoranda of understanding to facilitate the transition of children from children’s services agencies to adult services.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
64	Encourage DMHDS, DCFS, Nevada Medicaid, and Clark County to collaborate to develop an integrated program to serve youth through age 21. These efforts should focus on developing a comprehensive and integrated plan to support youth in the child welfare and juvenile justice systems in their transition from childhood to adulthood.	Clark County Children’s Mental Health Consortium		✓
65	Urge DHR to provide a cross-systems family support hotline in Clark County by building on existing revenue sources within DHR.	Clark County Mental Health Consortium	✓	
66	<p>Urge that the DHCFP 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:</p> <ul style="list-style-type: none"><li>▪ Amend paragraph 3a(2) of Section IV as follows (changes in bold): “<b>At the chair’s discretion</b>, public comment <del>shall</del> <b>may</b> be limited to five minutes per individual, organization or agency.”</li><li>▪ Amend paragraph 3b of Section IV as follows: “Exhibits for discussion topics <del>shall</del> <b>may</b> 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.</li><li>▪ 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.</li><li>▪ Amend Paragraph 3c(2) of Section IV as follows: “Proposals, <b>handouts, or other exhibits submitted to the board</b> are limited to two pages, <b>unless the chair, or a member through the chair, requests additional information from a person appearing before the board.</b>” 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</li></ul>	Rosetta Johnson, M.P.A., President and Chief Executive Officer, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness	✓	

	<p>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.</p> <ul style="list-style-type: none"><li>Amend the fourth line, final sentence of paragraph 2, Section VII, as follows: “These drugs include, <b>but are not limited to:</b>” Paragraph (g), section 5 of A.B. 384 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.</li><li>Amend Section VII, subsection D, paragraph 5, first line as follows: “Members serving on the DUR Board <b>or P&amp;T Committee</b> may not have a current affiliation, while serving the board/committee term, with a business or corporation that manufactures prescription drugs.”</li></ul>			
67	Urge that family-driven care be an integral part of all children’s mental health programs.	Nevada P.E.P.	✓	
68	Prohibit questions on job applications regarding mental health and hospitalization.	Daniel B. Fisher, M.D., Co-Director, National Empowerment Center, and Commissioner, President’s New Freedom Commission on Mental Health	✓	
69	Urge 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	✓	
70	Urge DHR to facilitate the creation of peer-run, consumer-driven organizations to provide support to the families of mentally ill persons. In the alternative, urge DHR to hire individuals who have successfully navigated the mental health system to provide support to the parents of mentally ill children.	Jane Adams, Ph.D., Keys for Networking	✓	✓
71	Urge 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	✓	
72	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		
73	Forced treatment should be utilized only where and when there is grave danger to the client and/or others.	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada		
74	Reinforce support of efforts to minimize, and if possible eliminate, seclusion and restraints in mental health treatment.	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada		
<b>Goal 3</b>				
<b>Disparities in Mental Health Services Are Eliminated</b>				
75	Develop a funding plan between the state and tribal clinic programs.	Robert Norman, Ed.D., Mental Health Director, Indian Health Services (IHS), HHS, Shurz Service Unit		✓
76	Increase the number of trained interpreters.	Josie Torralba-Romero, M.S.W., L.C.S.W., President, Board of Directors, National Latino Behavioral Health Association		✓
77	Develop Spanish language public service announcements regarding mental health.	Josie Torralba-Romero, M.S.W., L.C.S.W., President, Board of Directors, National Latino Behavioral Health Association		✓
78	Integrate mental health into a public health model or “one-stop shop” to provide seamless care to consumers (e.g., holistic intervention).	Josie Torralba-Romero, M.S.W., L.C.S.W., President, Board of Directors, National Latino Behavioral Health Association		✓
79	Encourage bilingual persons to become mental health providers.	Assemblywoman Sheila Leslie		
80	Develop a rural recruitment and retention program that acknowledges difficulties in hiring and retaining qualified professionals in rural Nevada. Collaboration among the following programs will be necessary: (1) Executive Branch of state government, including DHR, DMHDS, and Rural Clinics; (2) Legislative Branch of government, (3) University and Community College System of Nevada (UCCSN); (4) occupational boards; and (5) WICHE. Improving recruitment and retention will improve accessibility in rural Nevada. Impress upon those who make budgetary decisions that rural Nevada programs can succeed only if they are developed and evaluated with a “rural yardstick” (not urban).	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
81	Include tribal representation on boards, commissions, and statewide health forums.	Sherrada James, Executive Director, Nevada Indian Commission	✓	
82	Send a letter to IHS, requesting increased funding, resources, and services for tribal mental health programs.	Sherrada James, Executive Director, Nevada Indian Commission	✓	
83	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,	Sherrada James, Executive Director, Nevada Indian Commission	✓	

	and resources to IHS and HHS.			
84	Urge DHR to develop a cultural competency plan for the state.	Josie Torralba-Romero, M.S.W., L.C.S.W., President, Board of Directors, National Latino Behavioral Health Association	✓	
85	Urge governmental agencies that provide mental health services to provide training to state and county agencies on Nevada's tribal structure and how to work with the tribes.	Sherrada James, Executive Director, Nevada Indian Commission	✓	✓
86	Urge the DHR to establish recruiting efforts for bilingual and minority mental health professionals.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
87	Review the licensure process for foreign mental health providers.	Senator Bob Coffin	✓	
88	Appoint representatives from minority communities to the Commission on Mental Health and Developmental Services.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
89	Provide effective assistance for minorities, particularly those who face cultural barriers and lack English proficiency, in receiving inpatient and outpatient mental health services. This is a training, resource, and recruitment policy recommendation.	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada		✓
<b>Goal 4</b>				
<b>Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice</b>				
90	Increase medical staff at the state's mental hospital to accommodate mentally ill patients with physical health issues, e.g., through UNSOM.	Assemblywoman Sheila Leslie; Senator Randolph J. Townsend		✓
91	Express support for the expansion of SNAMHS with additional 130 inpatient beds to meet the challenge of a rapidly growing client base coupled with inadequate staff to provide appropriate and necessary care.	Commission on Mental Health and Developmental Services	✓	
92	Extend residency training to southern Nevada with funding through DMHDS.	Ole J. Thienhaus, M.D., FACPpsych, UNSOM		✓
93	Maintain UNSOM's psychiatry residency training program in northern Nevada and support the establishment of a new psychiatry residency training program in Las Vegas. It is anticipated that graduates from these programs will most likely remain in Nevada and establish practice in our state.	Commission on Mental Health and Developmental Services		✓
94	Establish a certification program for peer counselors.	Alyce Thomas, Statewide Coordinator, Consumer Services Assistance Program, DMHDS; Assemblywoman Sheila Leslie		✓
95	To address rural mental health needs, establish a paraprofessional counselor program such as Alaska's university/state partnership.	Dennis Mohatt, Senior Program Director, Mental Health Program, WICHE		✓
	Broaden the pool of qualified geriatric clinicians through the licensing of professional counselors in Nevada; further, require	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach		

96	certification of professional staff working with older adults such as completion of a Providers Certificate of Specialization in Aging offered by the Geriatric Education Center at UNSOM.	Program, DMHDS	✓	✓
97	Facilitate collaboration among the Legislature, universities, and professional boards (e.g., social work, psychology, marriage and family) to establish <i>paid</i> (Smalley) internships that include alcohol and drug training.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS; Alicia Smalley, Field Director, School of Social Work, University of Nevada, Reno (UNR)		✓
98	Mandate requirements for the state's educational institutions and continuing education programs that support holistic mental health, substance abuse, and medical health care such as the curriculum of the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR).	Theresa Lemus, Executive Director, Nevada Alliance for Addictive Disorders, Advocacy, Prevention, and Treatment Services (Nevada AADAPTS)	✓	✓
99	Reduce the shortage of child and adolescent psychiatrists in Nevada through fiscal support for psychiatry fellows from the UNSOM Child and Adolescent Psychiatry Fellowship Training Program.	Jone M. Bosworth, Administrator, DCFS		✓
100	Require two hours of continuing education classes on suicide prevention for renewal of license to practice within any area of health care.	Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, UNSOM, and Medical Advisor, Nevada Chapter, AFSP	✓	✓
101	Expand the scope of practice for licensed alcohol and drug counselors (LADCs) to assess for and oversee the treatment for Axis 2 mental health disorders.	Theresa Lemus, Executive Director, Nevada AADAPTS	✓	
102	Urge mental health providers to adopt a continuing care model similar to that utilized in treating chronic physical ailments that are characterized by periods of remission and exacerbation such as diabetes.	Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, UNR, and Member, Board of Psychological Examiners	✓	
103	Improve and expand mental health programs in schools.	Jane Adams, Ph.D., Keys for Networking		
104	Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.	Jane Adams, Ph.D., Keys for Networking		
105	Establish a program such as the Dallas model where a public school site is used to provide a variety of services, including mental health care.	Senator Randolph J. Townsend	✓	✓
106	Assure that criminal justice agencies that provide mental health services meet community standard of care and provide consumers with appropriate transition to the community upon their release from detention.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
107	Develop and implement formalized training for staff who interact with offenders with mental health disorders.	Amy Wright, Chief, Division of Parole and Probation (P&P), Department of Public Safety (DPS)		✓

108	Improve communication between P&P and mental health providers.	Amy Wright, Chief, P&P		
109	Increase resources to accommodate specialized mental health caseloads at levels less than standard supervision.	Amy Wright, Chief, P&P		✓
110	Develop and implement life skills training for mentally ill offenders.	Amy Wright, Chief, P&P		✓
111	Urge the mental health and 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	✓	
112	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	✓	
113	Urge the appropriate state and local governmental agencies to establish a consistent 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	✓	
114	Urge the mental health and corrections communities to develop strategies to ensure that 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	✓	
115	Urge 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; Senator Bob Coffin; Sharon Wilson, NDOC	✓	
116	Establish a release center in the community specifically designed for mentally ill inmates being released from prison, including sex offenders.	Sharon Wilson, Nevada's Department of Corrections (NDOC)	✓	✓
117	Urge NDOC to contract for beds in board and care and group homes in the community to provide transitional housing for mentally ill inmates being released from prison	Sharon Wilson, NDOC		✓
118	Urge HUD to change low-income housing requirements that make persons convicted of a violent felony ineligible for services.	Sharon Wilson, NDOC	✓	
119	Urge the Legislature and appropriate governmental agencies to allocate additional funding to provide housing for the mentally ill through legislation, grants, etc.	Sharon Wilson, NDOC		✓
120	Establish Medicaid eligibility prior to release from prison.	Sharon Wilson, NDOC		✓
121	Hire statewide and county coordinators for suicide prevention.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
	Support and maintain a Nevada Statewide Suicide Prevention Plan that will include	Commission on Mental Health and Developmental Services		

122	evaluation; prevention and postvention services; education and training for gatekeepers, professionals, the media, and the public; youth suicide prevention in schools; and careful attention to the relationship between suicide and co-occurring disorders.			✓
123	Establish drop-in centers or clubhouses through DMHDS service sites.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
124	Urge DHCFP to implement a plan to open Medicaid reimbursement to licensed clinical social workers (LCSWs) and marriage and family therapist (MFT) agencies that meet stringent criteria, with the state serving as a gatekeeper.	Stuart C. Gordon Jr., L.C.S.W., L.A.D.C., Executive Director, Family Counseling Service	✓	✓
125	Include screening for problem gambling in all regular mental health assessments.	Carol O'Hare, Executive Director, Nevada Council on Problem Gambling		✓
126	Establish a state funding mechanism to support the treatment of problem gamblers and their families.	Carol O'Hare, Executive Director, Nevada Council on Problem Gambling	✓	✓
127	Incorporate care of problem gamblers in mental health services and programs.	Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, UNSOM, and Medical Advisor, Nevada Chapter, AFSP		✓
128	Enhance Senior Mental Health Outreach Program services with Psychiatric Registered Nurse II and Senior Psychiatrist positions with geriatric training and experience to conduct assessments and provide medication monitoring in the community as well as in a clinic setting.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
129	Allocate funding for a Psychologist V position with the Senior Mental Health Outreach Program to provide diagnostic assessment and testing.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS		✓
130	Establish mechanism to reduce "dumping" of older clients.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS	✓	
131	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	✓	
132	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 (OACMHA).	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS	✓	
133	Improve specialized geriatric mental health services to address needs of residents as well as staff in group care (including assisted	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach		

	living) and skilled nursing facilities.	Program, DMHDS		
134	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.	✓	
135	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.	✓	✓
136	Provide better access of wraparound services for all Nevada children and adolescents.	Nevada P.E.P.		
137	Increase funding and improve early assessment and treatment of autism.	Commission on Mental Health and Developmental Services		✓
138	Establish a pilot project to provide school-based wraparound service for 100 youth in the juvenile justice system with SEDs. This would require the addition of eight wraparound facilitators and funding of the children's behavioral health services.	Clark County Children's Mental Health Consortium		✓
139	Implement a pilot project to provide wraparound service for 100 children entering the child welfare system who have severe emotional disorders to divert them from custody and out-of-home placement. This would require the addition of eight wraparound facilitators and funding of the children's behavioral health services.	Clark County Children's Mental Health Consortium		✓
140	Request an additional funding allocation specifically for the mental health treatment of juvenile delinquents with SED.	Jone M. Bosworth, Administrator, DCFS		✓
141	Increase school-based services for children and adolescents with SEDs.	Nevada P.E.P.		✓
142	Develop integrated, evidence-based, community-based youth mental health and substance abuse programs that are consumer- and family-driven that utilize natural settings (schools, homes, juvenile facilities, wherever children are), natural caretakers, and a variety of modes of presentation, e.g., face-to-face therapy, telemedicine.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS		✓
143	Consider the long-term effects of adolescent bullying and violence on both the perpetrator and the victim.	Assemblyman Joseph Hardy		
144	Improve early intervention by having schools budget for and hire (or contract) dually licensed professionals to screen and treat youth at schools and at juvenile detention facilities.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS		✓
145	Expand or reorganize Assembly Bill 1 funding to provide wraparound positions in Rural Clinics and schools to serve non-DCFS custody children that may be referred by	Rural Mental Health Consortium	✓	✓

	juvenile probation, schools, and parents. This would divert children from custody and out-of-home placement.			
146	Improve collaboration among schools, Rural Clinics, and juvenile detention facilities to enhance early intervention efforts. Treatment in the natural settings (e.g., homes, schools) is typically more effective because “natural caretakers” (e.g., parents and teachers) are involved in the treatment process.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		
147	Urge Rural Clinics to develop a more specific child and adolescent program by hiring child specialists (including behavior technicians at the AA and BA levels) and a clinical program manager to develop and manage the program. Child psychiatrists could provide traditional face-to-face services and utilize telemental health technology. Further, use evidence-based programs such as the Functional Family Therapy model developed and researched by James Alexander, Ph.D. at the University of Utah.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	✓
148	Require public schools to provide 30 minutes of physical training each day for all children.	Glen Martin, Nevada RSVP Rural Counties, Inc.	✓	✓
149	Through DCFS, fund a 24-hours-per-day, 7-days-per-week mobile crisis service for Clark County.	Clark County Children’s Mental Health Consortium		✓
150	Create a citywide crisis intervention team with a set standard of care for youth.	Laurie Rhymer, R.N., University Medical Center		✓
151	Add a Clinical Program Planner II position to ensure that DCFS fulfills its accountability for meeting rural children’s mental health needs.	Jone M. Bosworth, Administrator, DCFS		✓
152	Include family support services in Nevada’s mental health plan.	Nevada P.E.P.	✓	✓
153	Integrate treatment centers to address both diagnoses of persons with co-occurring disorders.	Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, UNR, and Member, Board of Psychological Examiners		✓
154	Assess the use of benzodiazepines for persons diagnosed with substance abuse.	Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, UNR, and Member, Board of Psychological Examiners		
155	Give substance to the insanity plea by formalizing a study of American Law Institute and other standards that could replace the 150-year-old McNaghton standard.	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada		
156	Create adequate services for co-occurring disorders.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
157	Establish state-of-the-art evaluation and treatment centers for co-occurring disorders with integrated programs and services.	Commission on Mental Health and Developmental Services		✓
158	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	✓	✓
159	Urge DMHDS and the Bureau of Alcohol and Drug Abuse, Health Division, DHR (BADA) 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 for developing 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, and 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 AADAPTS; Theresa Lemus, Executive Director, Nevada AADAPTS	✓	
160	Address the challenges in providing appropriate medications to individuals with co-occurring disorders by demanding fair and equitable access to reduced-price psychiatric medications in American Society of Addiction Medicine (ASAM)-enhanced or capable substance abuse treatment programs.	Theresa Lemus, Executive Director, Nevada AADAPTS		✓
161	Duplicate in southern Nevada the co-occurring recovery (CORE) treatment model currently in place in northern Nevada.	David A. Rosin, M.D., Statewide Medical Director, DMHDS		✓
162	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, UNR, and Member, Board of Psychological Examiners	✓	
163	Urge 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, UNR, and Member, Board of Psychological Examiners	✓	
164	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, UNR, and Member, Board of Psychological Examiners	✓	
165	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	Theresa Lemus, Executive Director, Nevada AADAPTS	✓	



	2004.			
166	Establish “no wrong door” service approach for individuals with co-occurring disorders.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		
167	Seek and convert \$300,000 of BADA grant monies to fund four full-time state positions to treat persons with co-occurring disorders in Pahrump, Mesquite, Overton, Caliente, Ely, Hawthorne, and Tonopah in order to improve cost-effectiveness and integration of treatment. These staff positions could also provide court evaluations and mental health screenings.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS		✓
168	Continue and expand BADA grants to fund integrated services in the isolated areas currently served: Pahrump, Mesquite, Overton, Caliente, Ely, Hawthorne, and Tonopah.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS		✓
169	Increase training budgets to support training of existing staff to provide services.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS		✓
170	Increase number of dually licensed DMHDS staff.	Harold Cook, Ph.D., Director, Northern Nevada Adult Mental Health Services (NNAMHS), DMHDS, DHR		✓
171	Urge the appropriate governmental agencies to review salary classifications of persons who provide clinical services.	Maria Canfield, Administrator, BADA	✓	✓
172	Provide appropriate funding for private/contracted providers to enable them to hire and retain qualified staff and maintain appropriate and efficient services.	Commission on Mental Health and Developmental Services		✓
173	Place mental health clinicians in county public health agencies to screen for mental illness and refer to mental health services.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
174	Create a permanent liaison position between DMHDS and BADA.	David A. Rosin, M.D., Statewide Medical Director, DMHDS		✓
175	Allow Medicaid reimbursement to mental health providers other than psychologists and psychiatrists, e.g., LCSWs, MFTs.	Assemblywoman Sheila Leslie		✓
176	Urge DHCFP to change the Medicaid program to expand the number of providers of direct services to children with behavioral health care needs by establishing specialty clinics designed to provide outpatient services as well as care coordination, family support, and preventative service. Facilitate access to Medicaid services through a single level-of-care determination that allows the child to obtain a flexible array of services based on the child’s level of need.	Clark County Children’s Mental Health Consortium	✓	✓
177	Urge DHCFP to expand the Medicaid program to cover family-to-family support services and mobile crisis services and adopt rate-setting methodologies to incentivize providers to develop these services.	Clark County Children’s Mental Health Consortium	✓	✓
	Urge DHCFP to amend Medicaid	Tom Murtha, Chief Executive		

178	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.	Officer, Bristlecone Family Resources, and President, Nevada AADAPTS; Theresa Lemus, Executive Director, Nevada AADAPTS	✓	✓
179	Urge DHCFP 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; Theresa Lemus, Executive Director, Nevada AADAPTS	✓	✓
180	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	✓	
181	Urge DHR to modify Nevada's disability application process to make it easier for Medicaid to be provided without qualifying for SSI.	Assemblywoman Sheila Leslie	✓	
182	Reorganize state budgets to unify funding streams for behavioral healthcare services that can be locally monitored and controlled by collaborative bodies such as the Clark County Children's Mental Health Consortium.	Clark County Children's Mental Health Consortium		✓
183	Establish comprehensive, statewide approaches for suicide prevention and intervention programs that include survivors of suicide.	Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, UNSOM, and Medical Advisor, Nevada Chapter, AFSP		✓
184	Urge the Nevada Legislature to continue its efforts to address suicide prevention and survivors of suicide support programs.	Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, DMHDS	✓	
185	Add BADA grant dollars to fund court evaluations and screenings.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS		✓
186	Expand mental health courts statewide.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	✓
187	Increase availability of drug and mental health courts.	Larry Buel, Ph.D., Director, Rural Clinics, DMHDS	✓	✓
188	Provide funding and support of the mental health courts in northern and southern Nevada.	Commission on Mental Health and Developmental Services		✓
189	Provide training to police and other personnel to deal humanely and effectively with the mentally ill. Mandate and fund training for police in nonlethal force in the face of "extreme behavior" by the mentally ill.	Richard Siegel, President, and Gary Peck, Executive Director, ACLU of Nevada	✓	✓
	Provide awareness training for Nevada law	Nevada P.E.P.		

190	enforcement and judicial personnel on child and adolescent mental health issues and how to deal with them and their families.			✓
191	Amend Chapter 433 of <i>Nevada Revised Statutes</i> to eliminate the requirement that a person be free of alcohol or substance abuse in order to be placed on a “legal 2000” hold.	Harold Cook, Ph.D., Director, NNAMHS	✓	✓
192	Combine DMHDS and BADA.	Steven Graybar, Ph.D., Clinical Psychologist, Counseling and Testing Center, UNR, and Member, Board of Psychological Examiners	✓	✓
193	Combine DMHDS and BADA services into one division and cross-train all providers in order to provide access to treatment for individuals with co-occurring disorders.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	✓
194	Request a BDR that requires parity for mental health and substance abuse treatment with the goal of enhancing access and affordability of treatment for all Nevadans.	Tom Bolan, Chief Executive Officer, Step 2/Lighthouse of the Sierra; Nevada AADAPTS	✓	✓
195	Improve health insurance reimbursement benefits for treatment of addictions including gambling.	Rena Nora, Commissioner, Commission on Mental Health and Developmental Services, Clinical Professor of Psychiatry, UNSOM, and Medical Advisor, Nevada Chapter, AFSP		
196	Conclusions must be reached about the effectiveness of prior state mental health parity legislation. This will likely lead to proposed reforms to strengthen this legislation and its implementation	Richard Siegel, President, and Gary Peck, Executive Director, ACLU	✓	✓
197	Urge local governments to implement steps to reduce the overuse of hospital emergency rooms for psychiatric care, including community centralized triage programs to serve the mentally ill, chronic public inebriates, and persons with co-occurring disorders.	Assemblywoman Sheila Leslie	✓	✓
198	Increase availability and access to emergency mental health services, especially for high risk individuals who are on involuntary commitment (legal 2000) status based on dangerousness to self or others.	Commission on Mental Health and Developmental Services		✓
199	Increase the number of mental health facilities to ensure consumers have access to treatment on a regular basis or when in crisis.	Marilyn Rogan, Captain, South Tower Bureau, Clark County Detention Center	✓	✓
200	Provide an appropriate facility for referral of mentally ill children.	Natalie White, R.N., University Medical Center	✓	✓
201	Urge DMHDS to partner with the VA to provide mental health services.	Frank Perna	✓	
202	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	Clark County Mental Health Consortium	✓	

	children.			
203	Urge the appropriate governmental agencies to develop agency strategic plans in conjunction with community stakeholders.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
204	Review confidentiality laws to allow for greater sharing of information to allow for continuum of services.	Washoe County Mental Health Consortium	✓	
205	Urge DHR to develop a liaison with public health clinics in urban areas.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
206	Urge the DHR to cultivate public/private partnerships to improve access to benefits provided through SSI, Nevada Medicaid, etc.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
207	Urge hospitals to utilize an assessment tool to determine the level of care needed for mental health patients.	Natalie White, R.N., University Medical Center	✓	
208	Urge hospitals to provide education and training for hospital nurses and workers who have contact with individuals needing mental health services.	Laurie Rhymer, R.N., University Medical Center	✓	
209	Require hospital staff that monitor mental health patients (“sitters”) to be trained mental health technicians.	Natalie White, R.N., University Medical Center	✓	
<b>Goal 5</b> <b>Excellent Mental Health Care Is Delivered and Research Is Accelerated</b>				
210	Establish a mechanism to monitor the effectiveness of mental health service efforts.	Anil G. Godbole, M.D., Chairman, Advocate Illinois Masonic Medical Center, and Commissioner, President’s New Freedom Commission on Mental Health	✓	✓
211	Encourage the University and Community College System of Nevada to assist governmental agencies with data collection issues.	Assemblywoman Sheila Leslie	✓	✓
212	Establish funding mechanisms/incentives to implement an evidence-based practices (EPBs) agenda.	Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability	✓	✓
213	Provide training to consumers and family members, mental health providers and clinicians, management and program leaders, legislators, and funders on the benefits of EPBs.	Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability		✓
214	Create an infrastructure for the development and integration of EBP in Nevada, e.g., training, information systems/data reports, contracts, licensure/standards, quality improvement, and monitoring/feedback.	Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability		✓
215	Establish a mechanism to measure consumer fidelity and treatment outcomes of EPBs.	Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability	✓	✓
216	Implement EBP demonstration projects.	Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability	✓	✓
217	Identify and advance EBP for children.	Jane Adams, Ph.D., Keys for Networking		✓
	Research the impact of family involvement on	Jane Adams, Ph.D., Keys for		

218	child outcomes (New Wave of Evidence).	Networking		
219	Seek funding to purchase materials and train clinicians in evidence-based psychological practices. Such practices for the treatment of depression (cognitive behavior therapy [see A. Beck, D. Burns]), panic disorder (see D. Barlow), and obsessive-compulsive disorder (see E. Foa) are readily available, and material costs are minimal.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
220	Request a BDR for the appropriation of funds to contract with a consultant to provide technical assistance to examine existing models of interagency collaborations and braided funding formulas that have proven successful in other states.	Rural and Washoe County Consortia	✓	✓
221	Create an office to monitor, evaluate, and assist systems integration activities and report quarterly to the Legislature.	Rosetta Johnson, M.P.A., President and CEO, Human Potential Development, and Project Director, Systems Integration for People With Serious Mental Illness	✓	✓
222	Create a state registry to track the application for the emergency admission of a mentally ill person to a psychiatric facility (“legal 2000”).	James R. Osti, M.P.H., Psychiatric HealthCare Consulting	✓	✓
223	Establish a center of excellence with participation of federal, state, and academic representatives to consider mental health best practices.	Anil G. Godbole, M.D., Chairman, Advocate Illinois Masonic Medical Center, and Commissioner, President’s New Freedom Commission on Mental Health	✓	✓
224	Create a consortium of all mental health groups in the state (public-private partnership) to advance the implementation of EBPs.	Anil G. Godbole, M.D., Chairman, Advocate Illinois Masonic Medical Center, and Commissioner, President’s New Freedom Commission on Mental Health	✓	✓
225	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	✓	✓
226	Develop an action plan to build consensus support for the development and implementation of EBPs.	Vijay Ganju, Ph.D., Director, Center for Mental Health Quality and Accountability		
227	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		
228	Encourage the acceleration and expansion of the use of EBPs and best practices.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		

229	Urge DHR to take the necessary steps to ensure services are tied to outcome measures.	Carlos Brandenburg, Ph.D., Administrator, DMHDS	✓	
230	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, AFSP	✓	✓
231	Recruit the assistance of celebrities to raise funds for mental health research.	Bridget and Wesley Kittel		
<b>Goal 6</b> <b>Technology Is Used to Access Mental Health Care and Information</b>				
232	Implement electronic medical records for all DMHDS clients.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
233	Increase coordination, communication, and continuity between and within state and private agencies. A new computerized medical information system is an essential element of this. This will not only facilitate continuity of care and seamless services for children, adults, and senior clients but will also be cost effective and reduce duplication and delay of services.	Commission on Mental Health and Developmental Services		✓
234	Establish telehealth-based psychiatric services at each of the three state-operated youth (correctional) training facilities: the Nevada Youth Training Center in Elko, the Caliente Youth Center in Caliente, and the Summit View Correctional Center in Las Vegas.	Jone M. Bosworth, Administrator, DCFS		✓
235	Develop telemental health capability for rural Nevada for all disciplines, including psychiatry, psychology, social work, marriage and family therapy, dually licensed (substance abuse and mental health) providers, service coordination, and nursing. Collaboration with the UNSOM Outreach Office, and Nevada's Department of Information Technology will be essential for cost containment and expediency of implementation. Savings in travel costs would be significant, allowing the agency to purchase additional treatment hours. The technology also could be used for meetings, case staffing across offices, and various administrative and performance improvement tasks.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
236	Alleviate concerns of public schools regarding the use of school property for telehealth.	Gerald Ackerman, Associate Director, Office of Rural Health, UNSOM		
237	Establish teleconferencing connection between DMHDS forensic units and the courts to allow for hearings that meet due process requirements to have the defendant present for competency and involuntary medication proceedings.	Carlos Brandenburg, Ph.D., Administrator, DMHDS		✓
	Establish a Web-based mental health service	Stephen W. Mayberg, Ph.D.,		

SUMMARY OF RECOMMENDATIONS

238	program similar to that offered in California.	Director, California Department of Mental Health, and Commissioner, President's New Freedom Commission on Mental Health	✓	✓
239	Encourage a study, pilot project, or funding for telemental health services.	Stephen W. Mayberg, Ph.D., Director, California Department of Mental Health, and Commissioner, President's New Freedom Commission on Mental Health	✓	✓