

**NEVADA OFFICE OF MINORITY HEALTH
ADVISORY COMMITTEE MINUTES**

August 28, 2007

9:30 a.m.

**Department of Health and Human Services
Health Division
4150 Technology Way, Room 204
Carson City, NV 89706**

COMMITTEE MEMBERS PRESENT:

Elena Brady
Larry Curley
William Dougan, M.D.
Emilia Guenechea, MA
Maggie Arias-Petrel
Somphool Premsrirut, PhD
Sherria Taylor
Debra Toney, Ph.D., Chairman

COMMITTEE MEMBERS NOT PRESENT:

Gerold Dermid (excused)

DEPARTMENT OF HEALTH AND HUMAN SERVICES STAFF PRESENT:

Michael Willden, Director, Department of Health and Human Services
Mary Liveratti, Deputy Director, Department of Health and Human Services
Richard Whitley, Deputy Administrator, Health Division
Mae E. Norris, Interim Manager, Office of Minority Health
Miki Allard, Staff Specialist, Welfare & Supportive Services
Chrystal Main, Social Services Chief Systems Advocate, Division of Child and Family Services
Sharon James, Division of Child and Family Services
Carol Sala, Division of Aging Services
Misty Allen, Office of Suicide Prevention, Mental Health & Developmental Services
Charlene Herst, NSHD / Chronic Disease Section
Dr. Carlos Brandenburg, Administrator, Mental Health & Developmental Services
Charles Duarte, Administrator, Department of Health Care Finance and Policy
Betsy Aiello, Chief, Nevada Check Up, Department of Health Care Financing & Policy
Mary Wherry, Deputy Administrator, Department of Health Care Financing & Policy
Amy Rouke, MBA, Administrative Services Officer IV, Health Division
Linda Anderson, Senior Deputy Attorney General, Office of the Attorney General
Alicia Hansen, Bio-Statistician, Center for Health Data Research
Beverly Schaeffgen, Racial & Ethnicity Disparity and HIV/AIDS Coordinator, Medicare/Medicaid

Dr. Debra Toney opened the meeting at 9:30 a.m.

- 1. Roll Call and approval of minutes from the May 30, 2007 OMH Advisory Committee meeting.**

Roll call by Mae Norris. Gerold Dermid was excused. A quorum was established.

There being no changes, additions or deletions to the May 30, 2007 Advisory Committee minutes, Dr. Toney called for approval of the minutes.

MOTION: Dr. William Dougan moved to approve the minutes of May 30, 2007.

SECOND: Elena Brady

PASSED: UNANIMOUSLY

2. Department of Health and Human Services Divisions Overview and Presentations

Dr. Toney called for presentations from the Divisions of The Department of Health & Human Services:

Mary Liveratti, Deputy Director of Health & Human Services - Overview of the Director's Office Programs:

- a. Office of Suicide Prevention – Misty Allen, Suicide Prevention Coordinator will present later.
- b. Office of Disability Services – although not specifically health related, the office deals with assisted living services i.e., housing, transportation, employment etc.
- c. Head Start State Collaboration Office – the office is not responsible for head start directly but brings different systems together to collaborate on health and mental health services for children.
- d. Grants Management Unit – administers grants to local, regional and statewide programs. Ensures accountability and provides technical assistance for:
 - Fund for a Healthy Nevada – grants improve health services for children; improve the health and well-being of persons with disabilities; and prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco
 - Family Resource Centers – provide information and referral along with support services to families
 - Family to Family Connection – provides information and support on health, safety and development to families of infants and toddlers
 - Community Services Block Grant – (CSBG) promotes economic self-sufficiency, family stability and community revitalization.
 - Children's Trust Fund – prevents child abuse and neglect
 - Problem Gambling Treatment / Prevention Grant Funds – provides funding for prevention, treatment and related services
 - Title XX Social Service Block Grant (SSBG) assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults
 - Senior Rx and Disability Rx programs which are funded by tobacco settlement dollars and focuses on making sure people have access to prescription drugs. The program currently offers funds for hearing services and will be expanding to include dental and vision services.

Misty Allen – Overview of the Office of Suicide Prevention

Misty Allen, Suicide Prevention Coordinator, provided information on suicide prevention services within Northern and Southern Nevada. The office has 4 employees, 3 in Las Vegas and 1 covering Reno/Carson City and the rest of the state. The mission of the Nevada Office of Suicide Prevention is to reduce the rates of suicide and suicidal acts in Nevada through statewide collaborative efforts to develop, implement and evaluate a state strategy that advances the goals and objectives of the National Strategy for Suicide Prevention. Preventing Suicide – One Community at a Time, Nevada Suicide Prevention Plan, 2007-2012, outlines eleven (11) goals the office has, and can be found on the Nevada Department of Health and Human Services website. For over twenty (20) years Nevada has had the 2nd highest rate of suicide in the nation. The office wants to reduce the stigma related to seeking mental health care. The problem affects everyone, from youth to seniors across the board; therefore suicide is everybody's business. The native populations are greatly affected as well. Further statistical information may be found on the Nevada Department of Health and Human Services website (<http://dhhs.nv.gov/>). The office is working with Sharon L. James, Cultural Liaison, with DCFS, regarding cultural and linguistic competence and welcomes community collaboration and input.

The office is open to opportunities for training gate keepers, i.e. parents, teachers, and school counselors and works with the University of Nevada in developing training materials. Further information can be found at www.suicideprevention.nv.gov. The hotline number is 1-800-273-8255 twenty-four hours a day / seven days a week with bi-lingual crisis support in any language. For the past 2 years the office has been collaborating with the Clark County School District in a youth suicide prevention pilot project with approximately 10 schools. Washoe County is also developing a program.

Comments:

The committee offered their help in addressing the problem statewide.

Miki Allard – Overview Division of Welfare and Supportive Services:

Miki Allard stated she would be representing Nancy Ford, the Administrator for the Welfare and Supportive Services Division. The mission of the Division of Welfare and Supportive Services is to provide temporary services enabling Nevada families, the disabled and elderly to achieve their highest levels of self-sufficiency. It administers 7 major programs:

- TANF (Temporary Assistance to Needy Families)
- Child Support Enforcement
- Employment and Training
- Child Care and Development Fund
- Energy Assistance
- Medicaid Eligibility
- Food Stamp Eligibility

Ms. Allard stated the welfare division believes that creating stable families contributes to the health and wellness of all Nevadans. Medicaid eligibility, cash assistance, emergency medical services, guardianship etc. all help families move toward self sufficiency. The division also

provides medical emergency services on a month by month basis to individuals whose citizenship status is not verifiable. One of the issues the welfare division faces is not only establishing eligibility but encouraging families to maintain eligibility so that their children receive ongoing medical services and not just emergency services to maintain wellness. Medicaid is one of the programs that can be applied for by grandparents, aunts etc. for children. It does not have to be the parent.

Comments:

Questions from the advisory committee regarding marriage and eligibility and immigration status ensued. Michael Willden, Director of Health and Human Services stated that immigration is an issue that can't be solved at the state level. Health Services role is to deliver services and not have bad outcomes regardless of citizenship status. The system is designed to try to ensure that basic services get delivered. Mr. Willden further stated that marriage is not necessarily an issue when determining eligibility, whether it is a man and woman living together or married the eligibility process does not change, both incomes will be looked at whether they are married or not. If either parent chooses not to provide financial support they are pursued aggressively by the child support enforcement unit. It is father's day everyday in court. Choosing not to get married does not mean an individual gets some great benefit from the system. If dad is present in household and both are below the income requirements they can both receive benefits to help achieve self sufficiency.

Larry Curley, representing the Indian community, expressed concern about the tenor of the discussion of welfare mom's being similar to the old Ronald Reagan anecdotal information. Welfare mom's driving up in their big Cadillac's collecting welfare benefits. The discussion should not be muddied with that, when the majority of individuals who apply for benefits genuinely need the services, especially health care. The Indian Health Service is funded by Congress at approximately 42% of actual need. Congress has directed tribal health facilities across the country to aggressively seek funding from 3rd party resources. The third party resource for tribes in the State of Nevada means Medicaid. There are 33,000 American Indians in the State of Nevada. Roughly about 42% of that population are below the poverty rate and are therefore eligible for Medicaid. He further stated that he would guess that the enrollment rate is probably lower than 42%. The feedback he receives from around the country regarding Medicaid enrollment is that the forms are too long. Is there any effort being made to look at reducing the number of pages in the form? Secondly, the state of New Mexico implemented a program called presumptive eligibility which is determined by workers trained by the state. The result has been an increase in the number of people who are eligible for Medicaid. More recently, what efforts are being initiated by the administration to look at that possibility? Thirdly, a letter was sent out about the Medicaid waiver program, which would extend the waiver for another 5 years. One element is to bring into the program case management contracted out to organizations outside of the state. My concern is the requirement that case managers be licensed MSW's or other licensed professionals. There are a lack of MSW's, or other licensed professionals in the Indian community. Although there are individuals that have the experience required to be case managers they don't have college degrees. I'm hoping the department will consider CHR's (Community Health Representatives); they have the experience and have been doing what amounts to case management. Is any effort being made by the Welfare Division to look at those possibilities?

Michael Willden stated that the law requires a single application process which makes the application 10-14 pages long.

Presumptive eligibility from the department's perspective has been looked at for many years. There are probably two areas where presumptive eligibility would help the most; pregnant women and the disabled population. It takes a long time for disability status to be granted by the social security department, sometimes up to two years. The department believes the state could do that much more rapidly and efficiently and save money down the run. Presumptive eligibility requires upfront funds. Proposals have been taken to the legislature and they have not chosen to fund it up front, although it will save dollars down the road. This group can help advocate for that.

Larry Curley indicated concern regarding the framing of issues regarding American Indians. The tribes are not a racial group, but are a governmental body and have a unique relationship with the United States government, and should have a similar relationship with the state of Nevada. Medicaid funds that go to tribal facilities are federal pass through dollars. As a result there are no State funds attached to those dollars. It seems that presumptive eligibility at the tribal level could be done with out any potential harm to the state, since they are all federal dollars anyway.

Michael Willden indicated that the presentation by Charles Duarte, Administrator, DHCFP, will address the various state requirements. He further indicated that the CMS (Center for Medicaid Services) is determined to tighten up the spending and eligibility requirements. There is a shrinking of federal resources. Federal spending on health care in Nevada has dropped 5% over the last two years. Federal dollars are driven by per capita income; as wealth in the state grows the federal contribution drops.

Elena Brady questioned if the legislature is aware of the shrinkage in federal dollars. Mr. Willden indicated that yes; the department presented a budget to the legislature this year asking for \$300 million more because of shrinking federal dollars. Over the past 5 to 6 years the department budget has increased from 27% of the state budget to 31%. The driver for the increase is health care. Nationwide 2 trillion dollars or 70% of the budget is spent on chronic disease, much of which is preventable. Increases of 14-15% per year are not sustainable. Health care is a major expense. More dollars need to be allocated on the front end to preventative care i.e. wellness programs, presumptive eligibility etc.

Dr. Toney asked that because of time restraints additional presentations be limited to 15 minutes, and questions to no more than three. Any additional questions may be written down and answers will be obtained.

Lori Olsen, Program Manager – Overview Nevada Disability Rx and Senior Rx

Lori Olsen stated the program has been in existence since 1999 / 2000 and is a program for seniors 62 and older and individuals 18-61 years of age with verifiable disabilities. Eligibility requirements include residency in Nevada for past 12 months, with income of less than \$24,561 for singles and \$32,742 for couples. Assets are not considered, just income. As of the 2007, the legislature gave permission for Ryan White funds to be used to pay for the coverage gap of Medicare Part D members who have HIV / AIDS. When Medicare Part D for prescriptions went into effect a savings was incurred which allowed the possible addition of dental and visions benefits. Currently there are 5,200 enrolled in the seniors program and 550 in the disability program with no waiting lists. The applications are very short.

Verifiable disabilities means, certification by a physician or if the individual is receiving services from another agency that has disability as a requirement, that is acceptable. The individual does not have to be receiving SSI. Half of the members in the disability program are Medicare Part D members and receive help with their monthly premium and help with prescription costs. The other half, are those that do not qualify for Medicare. They receive help with medication costs. \$10 for generic and \$25 for name brand with a \$5,100 annual limit with no premium or deductible. The same benefits are available to the senior program members. 95% are Medicare part B between the ages of 62-64.

There were no questions or comments.

Carlos Brandenburg, Ph.D., Administrator- Overview of the Division of Mental Health and Developmental Services

Dr. Brandenburg stated the MHDS division provides services to the severely mentally ill, developmentally disabled, and persons with addictive disorders. Dr. Brandenburg provided and reviewed the State of Nevada Division of Mental Health and Developmental Services – 2006 Biennial Report. The report is issued very other January in time for each session of the Nevada Legislature. The division has roughly 1900 employees and a biannual budget of 728 million dollars. The division is overseen by a commission that is appointed by the governor. Members represent disciplines within the mental health arena, i.e. Social Work, Nursing, Public Health, Physicians, Psychology, etc. The advisory council is comprised of mainly consumers, individuals that use mental health services, and oversees mental health block grant of approximately 5 million dollars which is used to provide services. In fiscal years 2005 to 2006 over 26,000 mentally ill and over 4,200 mentally retarded individuals were served. Dr. Brandenburg indicated page 10 of the report shows the programs by agency, and page 12 shows the locations of those agencies. In Las Vegas, 4 major locations exist - West Charleston, East Sahara, Henderson, and North Las Vegas. In about 4 weeks the downtown site on 7th street will be the 5th location to open. In Las Vegas services have been decentralized, making services more accessible to the public and consumers. In Reno, the process of decentralization is just starting. Page 16 shows recipients of services. There is an equal split between male and female; 50.6% male and 49.4% female. In mental health programs approximately 55% are female and 45% are male, 41% are not married and 1/3 report as divorced or separated. In terms of ethnic breakdown, 66% are White, 11% African American, 2% Native Americans, 1% Asian/Hawaiian, 7% Hispanic/Latino and 13% multi racial. In urban areas the largest ethnic population served is African American, while in rural areas Native Americans are the largest. 87% are below poverty level. Additional information is available in the report or on the state website.

Questions:

Elena Brady – is the mental health department a part of the University system? Does decentralization mean the hospital on Galletti Way will be closed?

Dr. Premsrirut - is Opportunity Village a part of the state mental health system?

Dr. Dougan – do methadone treatment programs receive funding by the state?

Maggie Petrel – how has the division addressed the issue of cultural competency?

Answers:

Dr. Brandenburg stated the University system is not a part of his division.

Opportunity Village is one of the contracted community partner providers.

Some methadone treatment clinics are funded by the state under the substance abuse prevention allocations.

Decentralization does not mean the hospital will close, it has been found through best practices that consumers prefer services within the community and associate the hospital environment with negative experiences and stigmatization.

The division does have a cultural competency policy which stresses that as service providers it is important to be sensitive to cultural differences, both linguistically and racially. The department constantly struggles with recruiting bilingual / bi-cultural staff. That is an area that the OMH advisory committee can help with.

Comments:

Mae Norris stated the National Office of Minority Health Resource Center has training offered over the internet on the class standards regarding cultural and linguistically appropriate services. It is a resource available for additional support.

Emilia Guenechea stated that UNLV held a focus group with the Hispanic community and found that first generation immigrants want someone that understands their cultural and language to provide the services they need. Although, they may speak English, the cultural nuances are different.

Dr. Brandenburg agreed that the Latino / Hispanic community is not a homogenous group. There are different cultures within groups, i.e. El Salvador, Mexico, Puerto Rico, Guatemala. Different cultures require different approaches, and the department would welcome any help regarding cultural competency.

Charles Duarte, Administrator – Overview of the Department of Health Care Finance and Policy

Mr. Duarte stated he is responsible for medical services provided to approximately 200,000 Nevadans that are eligible for both the Medicaid and Nevada Check-up programs.

Approximately 170,000 individuals eligible for Nevada Medicaid and 30,000 children eligible for Nevada Check-up. The bi-annual budget is approximately 3 billion dollars which includes Federal, State and local government funding. The vast majority of those dollars are associated with medical costs in the Medicaid program. Approximately 60% of Medicaid funding goes to pay for long-term care. Programs are administered in partnership with the federal government's Centers for Medicare and Medicaid Services. They oversee the state administration of the Medicaid program through the state plan which is an agreement with the federal government as to how the state will spend the dollars. Federal guidelines require services to be available to everyone that qualifies across the state in a comparable way.

Optional and mandatory health care services include breast and cervical cancer screening and treatment for low income women.

The department oversees waiver programs which are primarily administrated by sister programs. Designed to provide home based care in lieu of nursing home care, they are a great benefit and cost effective.

Beverly Schaeffgen is the Medicare/Medicaid coordinator for minority health. The division does require contract providers to participant in culturally competent outreach efforts to the minority population. 21% of Medicaid participants are Black and 27% are Hispanic. Approximately 70% of Nevada Check-up participants are Hispanic. Funding of a half million dollars was received from the last legislative session for a culturally competent outreach program, and it is planned to match that with federal dollars making it approximately a total of 1.3 million.

Additional information can be found at www.dhcfp.state.nv.us

Comments:

Dr. Premsrirut congratulated the division on the success of the Nevada Checkup program, especially within the Asian community.

Carol Sala, Administrator – Overview Aging Services

Carol Sala stated the division of Aging Services is the smallest agency within the Department of Human Services. There are four offices statewide in Elko, Reno, Carson City and Las Vegas. The agency mission is to develop, coordinate, and deliver a comprehensive support service system in order for Nevada's senior citizens to lead independent, meaningful and dignified lives. There are two advocates in Nevada located in Las Vegas and Reno.

Advocate services include:

- Long-Term Care Advocacy – ombudsman investigates violations of resident rights, and complaints regarding long-term care facilities.
- Elder Protective Services – focuses on investigations of abuse, neglect, isolation, financial exploitation, and self-neglect involving the elderly 60 and over.
- Advocate for Elders – support program for seniors, their families, and their caregivers.

Supportive services include:

- Community Home-Based initiatives Program (CHIP) – the program helps promote the independence of the elderly age 65 and older who are at risk of nursing home placement.
- Group Care Waiver (WEARC) – provides a less restrictive alternative to nursing home care for individuals who can function in a group care home, with help with personal care such as bathing, dressing etc.
- Title XX Homemaker – provides homemaking services to qualified individuals who are age 60 and older or disabled.
- Senior Ride – a subsidized taxi program for 60 and older or disabled individuals in Clark County.
- Older Americans Act Programs, tobacco Subsidy, State of Nevada and Other Funding- the grants unit provides over \$4 million in funding to more than 200

community partner programs that help people age 60 and older maintain their independence. Programs include nutrition, transportation, legal assistance, homemaking, companion services, and senior employment.

- Medicare SHIP – the senior health insurance advisory program provides information and assistance regarding Medicare issue and is mostly run by volunteers.
- Senior Tax Rebates – a program that provides rebates on a portion of property taxes.

Comments:

Maggie Petrel congratulated the agency on their work at the state and national level. Nevada's strong delegation was very instrumental in the reauthorization of the Older Americans Act in October of 2006.

Carol Sala stated that both Maggie Petrel and Larry Curley were a part of the Nevada conference on aging, which was instrumental in pressuring the White House to hold the Conference on Aging which was to have been held every ten years and at that point had not been held in fifteen years. The funding level was changed as a result of that conference.

Dr. Toney questioned which segment of the minority population had the fastest growing elderly population. Ms. Sala responded that the Hispanic community had the fastest growing elderly population. In response to that the agency does have literature in Spanish and translators. Outreach efforts are also done through churches and neighborhood grass roots organizations.

Elena Brady requested clarification on waivers. Ms. Sala explained that wavier programs mean applying the same requirements for nursing home care to at home care. Maggie Petrel stated that HIV/Aids are growing among the elderly and questioned if the agency has any programs that address that issue. Sherria Taylor indicated that the agency she works at, A.C.C.E.P.T., which deals with HIV/Aids, 20% of the clients are elderly. Ms. Sala indicated that the agency has discussed the issue but does not have the resources at this time, and welcomed any help or input from the committee.

Chrystal Main – Overview of the Division of Children and Family Services

Chrystal Main stated that she and Sharon James would be representing Fernando Serrano, the Administrator of the Division of Children and Family Services. The division's three primary jurisdictions are Child Welfare, Children's Mental Health and Juvenile Justice Services.

Child Welfare - oversees direct child protective services, foster care, adoption and independent living services, foster care licensing in fifteen rural Nevada counties, interstate placement of children, the review of child deaths in Nevada and the Indian child welfare act. Federal IV B funding for over 100 non-profits that provides services to help prevent or respond to child abuse and neglect in addition to funding domestic violence programs.

Mental / Behavioral Health – provides community based and outpatient services for the north and south. Desert Willow Treatment Center in Las Vegas and services throughout the state through wraparound in Nevada (WIN), a nationally recognized model that provides children with serious emotional disturbances intensive targeted case management services.

Juvenile Justice Services – includes three correctional facilities statewide for youth 12 -21 years of age that have been adjudicated delinquent.

The facilities are located in Caliente, Elko and Las Vegas. JJS also provides supervision and case management for children that have been released back into the community. The Juvenile Justice Programs Office administers grants funded by the federal government and provides an annual report to the governor identifying specific needs of the juvenile population. The office also ensures compliance with the core requirements of the federal juvenile justice delinquency prevention act.

Sharon James – Cultural Liaison DCFS

Sharon James stated the Substance Abuse and Mental Health Administration (SAMHSA) awarded DCFS with a five-year Child and Adolescent State Infrastructure Grant (CA-SIG) in 2002. The grant provided for the development of a comprehensive children's behavioral health system. Subsequently, DCFS' Children's Mental Health Unit created a Cultural Liaison position to facilitate the process to achieve cultural competence. Hired in 2005, Sharon stated she is also a member of the Statewide Children's Behavioral Health Team. Although funded for children's mental health the cultural liaison responsibilities intersect all aspects of DCFS including child welfare, children's mental health and youth corrections/juvenile justice programs.

Sharon indicated planning is currently underway to conduct a statewide cultural competency needs assessment. Data collection is set to begin in September 2007. Secondly she functions as the DCFS language assistance coordinator, and oversees linguistic competency. In collaboration with the Office for Civil Rights (OCR) language access services were developed for the child welfare district offices throughout rural Nevada. The Rural Region Language Assistance Plan is recognized by experts in cultural and linguistic competency, and therefore is being used throughout all disciplines within DCFS.

The cultural liaison is the key point of contact between DCFS and tribal social workers in Nevada, responding to requests for information, and providing referrals to subject matter experts within the state system. Ms. James stated the overarching vision is cultural competency statewide in all disciplines including child welfare and juvenile justice and she looks forward to collaborating with the Office of Minority Health.

A copy of the Division of Child and Family Service 2005-2006 Biennial Report was distributed and can be found on the website at www.dcf.state.nv.us

Comments:

Emilia Guenechea and Elena Brady indicated the need for outreach and partnerships with area community and faith based organizations. Sherria Taylor asked for information on the needs assessment. Sharon James agreed to provide any information. She can be reached at sjames@dcfs.state.nv.us

Larry Curley stated that ideally recommendations that come out of the advisory committee regarding cultural competency should become a part of personnel requirements for the entire State of Nevada.

Amy Rouke, MBA, Administrative Services Officer IV - Overview of additional Offices/Bureau Programs within the Health Division:

Bureau of Community Health – The mission is to protect and advance health, safety, and quality of life for all Nevadans through development of partnerships, education, health promotion, and disease prevention.

Bureau of Early Intervention Services- The mission is to identify infants and toddlers who are at-risk for, or who have developmental delays; provide services and supports to families to meet the individualized developmental needs of their child; and facilitate the child’s learning and participation in family and community life through the partnerships of families, caregivers and service providers.

Bureau of Family Health Services - The various programs of the Bureau of Family Health Services seek to improve the health of Nevada’s families with emphasis on women, infants and children, including children with Special Health Care Needs, by promoting, assuring and providing health education, prevention activities, quality assurance and access to health care services.

Bureau of Health Planning and Statistics – The Bureau of Health Planning and Statistics collects and analyzes data relative to the health status of Nevadans; provides technical assistance related to health planning and health resources.

Bureau of Health Protection Services – regulatory in nature and provides environmental health guidelines statewide covering activities related to the inspection and enforcement of food establishments. As well as hotels, motels, public bathing places, child care facilities, institutions, schools, correctional facilities, state parks and RV parks throughout the state. Also responsible for licensure and inspection of sites in the state where x-ray machines, and radioactive material sources are used. These sites include hospitals, medical clinics, mammography facilities and numerous industrial sites.

Bureau of Licensure and Certification - provides regulatory over-site of health care facilities. The mission of the Bureau of Licensure and Certification (BLC) is to protect the safety and welfare of the public through the promotion and advocacy of quality health care through licensing, regulation enforcement, and education.

Public Health Preparedness – provides support and funding statewide for activities that are preparedness related. i.e. bio-terrorism, hospital preparedness etc. The mission is to promote and protect the health of all Nevadans and visitors to our state through the prevention of disease, injury and disability.

In addition there is an **Office of Epidemiology** and the position of **State Health Officer** which is currently vacant. **The Office of Minority Health** is also a part of the Health Division

Alicia Hansen, Bio-Statistician – Overview of Center for Health Data Research

Alicia Hansen stated the Center for Health Data Research compiled the information for the profile of Minority Health in Nevada Report. Each member should have a copy in their board notebook. The report has information on the minority population based upon ethnicity, poverty, mortality rates, HIV/Aids, heart disease etc. and other chronic diseases. Additional data is available to the committee through the Cancer Registry, Trauma Registry, and Inpatient Discharge Data. In the future the Immunization Registry will be expanded to ensure providers enroll to ensure accurate data. In addition the establishment of an Out-Patient Discharge Registry is slated for the future.

Alicia indicated she is available for information on any data the committee may need as they work on their strategic plan.

Comments:

Maggie Petrel indicated that there are many immunization coalitions in Southern Nevada and questioned if the bureau of community health collaborates with them. Amy indicated the Bureau does collaborate with community organizations and is open to any additional recommendations the committee has.

Emilia Guenechea commented on unlicensed health providers and facilities that operate within the Hispanic community. Amy Rouke explained that the Bureau of Licensure & Certification does not have over-site of those clinics. That issue may be an initiative that the OMH Advisory Committee can help with. Linda Anderson stated the Southern Nevada Health District has been investigating unlicensed facilities, and is aware that it is an enormous problem.

Dr. Toney thanked the Divisions of the Department of Health and Human Resources for the overviews and stated the committee looks forward to working in collaboration with all the departments of the divisions.

The committee adjourned for 20 minutes for lunch.

Dr. Toney resumed the meeting at 12:20 and stated she would like to take the agenda slightly out of order and asked for the next item on the agenda to be item number 6, Election of Vice-Chairman, then item number 5, Review and discussion of possible adoption of by-laws. There were no objections.

6. Election of Vice-Chairman

Dr. Toney stated that Maggie Petrel and Larry Curley had self nominated from the last advisory meeting of May 30, 2007. Ms. Petrel withdrew her nomination in support of Larry Curley. Dr. Toney called for the vote. Discussion commenced regarding two vice-chairpersons being assigned to ensure that a chairperson is always in attendance at the meetings. Maggie Petrel agreed to co-vice-chair with Larry Curley.

MOTION: Elena Brady moved that two vice co-chairman be elected, one from the north and one from the south.

SECOND: Larry Curley

PASSED: UNANIMOUSLY – Larry Curley and Maggie Petrel will be Co-Vice-Chairs of the advisory committee.

5. Review and Discussion of Adoption of By-Laws

Linda Anderson provided copies of a tentative draft of by-laws. The committee reviewed and discussed each article as follows:

ARTICLE 1: NAME

The name of this group shall be the **Advisory Committee on Minority Health**, as declared under NRS 232.482, hereinafter referred to as the Committee.

**MOTION: Larry Curley moved to too adopt article #1 as written with the addition of
NRS 232.482**

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 2: AUTHORITY

The Committee is authorized under NRS 232.482
The Committee is considered advisory in nature and makes recommendations to the
Manager of the Office of Minority Health of the Department of Health and Human
Services, hereinafter referred to as the Manager.

MOTION: Larry Curley moved to accept article #2 as written.

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 3: PURPOSE AND FUNCTION

- 3.1 As set forth in NRS 232.484, the Committee shall perform the following duties:
- 3.1.1 Advise the Manager on all matters concerning the manner in which the purposes of the Office of Minority Health are being carried out;
 - 3.1.2. Review the manner in which the Office uses any gifts, grants, donations or appropriations to carry out the purposes of the Office and make recommendations;
 - 3.1.3. Review any reports to be submitted to the Manager, including, without limitation, the biennial report to the Governor and Director of Legislative Council Bureau required pursuant to NRS 232.479, and make recommendations.

MOVED: Larry Curley moved to adopt Article 3 as written.

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 4: MEMBERSHIP

4.1 The Committee, according to NRS 232.482, shall consist of nine members appointed by the Governor with consideration being given to whether the appointed members reflect the ethnic and geographical diversity of the State of Nevada.

4.2 Under NRS 232.482, the term of each member of the Committee is two years. A member may be reappointed for an additional term of two years. A vacancy will be filled by appointment by the Governor.

MOVED: Larry Curley moved to adopt Article 4 as written.

SECOND: Elena Brady

PASSED: UNANIMIOUSLY

ARTICLE 5: VOTING

5.1 A majority of the members of the Committee (5) constitutes a quorum to transact all business, and a majority of those present, physically or via telecommunications, must concur in any decision.

5.2 Each appointed Committee member shall have one vote.

5.3 If a member is unable to attend a meeting, the member may designate by proxy a representative who shall have all the rights and privileges of the member while acting on the members' behalf.

MOVED: Larry Curley moved to adopt Article 5 as written

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 6: OFFICERS / NOMINATIONS / ELECTIONS

At the first meeting and annually thereafter, the Committee shall elect a chairperson from among the members as provided in NRS 232.482. The chairperson may serve any number of consecutive terms.

6.2 The vice-chairperson shall be elected at the second meeting of the Committee and then annually thereafter. The vice-chairperson may serve any number of consecutive terms.

6.3 In accordance with the Nevada Open Meeting Law all nominations and votes shall be provided orally.

6.4 When a vacancy occurs in the office of chairperson or vice-chairperson, a new chairperson or vice-chairperson is elected to fill out the unexpired term.

6.4.1 This shall not constitute a full term for the purposes of 6.1 or 6.2

6.4.2 An acting vice-chairperson may be appointed by the chairperson if needed.

6.5 Duties

6.5.1 The chairperson shall preside at all meetings of the Committee.

6.5.2 The vice-chairperson shall act for and in behalf of the chairperson in all cases of his / her absence

Comment: Dr. Dougan indicated that Article 6 needs to be changed to reflect the election of two co-vice-chairpersons. Ms. Anderson suggested the addition of item 6.6 - The committee may elect two individuals to serve in dual capacity as co- vice-chairpersons.

MOTION: Larry Curley moved to adopt Article 6 with the recommendation of the addition of item 6.6 that would allow for the election of two vice-co-chairpersons.

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 7: COMPENSATION (NRS 232.483)

7.1 The members of the Committee who are not state employees are entitled to receive a salary of not more than eighty (\$80.00) per day, as fixed by the Manager in consultation with the Committee for each portion of the day spent on Committee business. Each member is entitled to receive the per diem allowance and travel expenses provided for state employees generally upon claim made to the Manager.

Comment: Mae Norris questioned if article 7 means that committee members receive reimbursement if they attend any function of the Office of Minority Health. Ms. Anderson stated that based upon the way it is written they may.

MOTION: Larry Curley moved to adopt Article 7 as written:

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 8: STAFFING

8.1 The Office of Minority Health shall, within the limits of available money, provide the necessary professional staff and a secretary for the Committee.

MOTION: Larry Curley moved to adopt article 8 as written:

SECOND: Maggie Petrel

PASSED: UNANIMOUSLY

ARTICLE 9: MEETINGS

- 9.1 The Council shall, within the limits of available money, meet at the call of the Manager, the Chairperson, or a majority of the members of the Committee quarterly or as is necessary.
- 9.2 Agenda items may be submitted in writing no later than fifteen (15) working days before the meeting.
- 9.3 Meetings will generally follow parliamentary procedure as contained in Robert’s Rules of Order insofar as they do not conflict with the Nevada Revised Statutes and these bylaws.
- 9.4 Meetings shall be conducted in accordance with NRS 241, know as Nevada’s “Open Meeting Law.”

Comment: Dr. Toney indicated that item 9.1 should read “The Committee shall” and not “The Council shall”. Dr. Dougan questioned if item 9.3 should state the most recent available version of Robert’s Rules of Order. Ms. Anderson indicated that it states “generally follow”, with “generally” being the key word. Open meeting law does not require Robert’s Rules of order. The committee could go with a consensus format and not follow Robert’s Rules of order. Dr. Toney suggested adding “the most recent newly revised edition”. Mr. Curley questioned if 15 working days is the standard time frame on item 9.2. Ms. Anderson explained that because of the time it takes to get agenda’s approved and posted 15 days is the standard.

MOTION: Larry Curley moved to adopt Article 9 with the following changes:

9.1 The Committee shall, within.....

9.3 Meetings will generally follow parliamentary procedure as contained in the most newly revised edition of Robert’s Rules of Order....

SECOND: Elena Brady

PASSED: UNANIMOUSLY

ARTICLE 10: AMENDMENTS

- 10.1 Proposed amendments to the bylaws shall be submitted in writing to any member of the Committee at least 15 working days prior to any regular meeting.
- 10.2 The bylaws may be amended as approved by a majority vote of the Committee.

Comment: Dr. Dougan questioned why item 10.2 does not include language requiring 3 readings of proposed amendments to the bylaws. Ms. Anderson indicated that because of the infrequency of the committee meetings 3 readings before a vote is not practical. She suggested it

be changed to “The bylaws may be amended as approved at the next meeting after the amendment is introduced.” Mr. Curley suggested it also be changed to “...by a 2/3 vote of the committee.”

MOTION: Larry Curley moved to adopt Article 10 with the change of 2/3 vote of the committee.

SECOND: Elena Brady

Comment: Dr. Toney stated motion needed to include the change regarding amendments being approved at the next meeting following the initial introduction.

AMENDED MOTION: Larry Curley amended the motion to include that due to the infrequency of meetings, “The bylaws may be amended as approved by a 2/3 majority of the committee at the second reading of the proposed amendment.”

SECOND: Elena Brady

PASSED: UNANIMOUSLY

7. Discussion of Development of a Strategic Plan (NRS 232-475)

Mae Norris distributed copies of a sample strategic plan. She indicated that the committee should review the document in preparation for developing the Office of Minority Health strategic plan. Items to consider are; the mission, organizational mandates, future planning based upon the past, SWOT items (strengths, weaknesses, opportunities and threats), time frames and the hiring of a consultant. Ms. Norris indicated that initial queries regarding the cost for a facilitator / consultant were approximately \$150 per hour. Ms. Petrel indicated that many organizations are available to offer technical assistance to coalitions. Ms. Norris also indicated that the National Office of Minority Health could assist as well. Although the committee is mandated to meet at least four times per year, the development of a strategic plan will require additional time commitments from the Committee. At least a full day will be required to begin the process and more to finish it. Mr. Curley stated that he is involved in a strategic planning process that began in July of 2006 and is still in progress. He further indicated that it is important not to rush the process because of the importance of the document in guiding future committees and the state legislature. Ms. Petrel stated that it is even more important, because of the negative press in the media regarding the OMH. Dr. Toney agreed and further emphasized the need for a thorough strategic plan that will lay the foundation for the future. She stated that it was appropriate to announce the hiring of June Coleman, PhD as the new manager for the OMH. She indicated that Dr. Coleman has excellent credentials and she will be an asset in the development of the strategic plan.

Ms. Norris distributed a brief synopsis of outcomes and findings on the Health Disparities Conference that was held in Las Vegas, August 15, 2007 for the committee to use as they brainstorm on the items to include in the strategic plan. Ms. Guenechea indicated disappointment in the fact that Commissioner Weekly and other politicians did not stay to hear what the community representatives had to say at the conference.

Discussion continued regarding the conference, the lack of media coverage and the negative article that appeared in the Review Journal the day of the conference. Ms. Petrel questioned why media was not at the conference. Ms. Norris explained that they were invited, including the gentleman who wrote the article that appeared in the newspaper. Mr. Curley suggested that the committee respond to the article. Ms. Norris suggested that should be handled by the chairperson or the new manager of the OMH. Dr. Toney indicated that further discussion should resume at the future strategic planning sessions.

8. Discussion of Fundraising (NRS 232.476)

Dr. Toney requested Linda Anderson's input regarding fundraising. Ms. Anderson stated that at the last meeting there were many ideas regarding fundraising. Dr. Dougan suggested that agenda item number 8 is interconnected to strategic planning and that further discussion should include the new manager. Elena indicated that it should be an ongoing agenda item. The committee agreed to continue discussion at the next meeting.

9. Future Meeting Dates

Dr. Toney indicated that at the last meeting it was voted to have meetings every 3 months. Ms. Anderson suggested the next meeting be in October or November. October 24 was tentatively agreed upon as the next meeting date in Las Vegas. Ms. Anderson suggested that at the next meeting each committee member bring their calendars so that meeting dates can be set for the rest of the fiscal year. Ms. Petrel suggested introducing the new manager to the community at a luncheon / dinner or reception and that perhaps a sponsor can be found. Ms. Norris asked Ms. Petrel and Ms. Taylor to work on the feasibility of that happening.

10. Public Comment and Discussion

Richard Whitley, the Deputy Administrator of the Health Division, indicated that the Division has support services available to the committee, i.e. Alicia Hansen the state bio-statistician can provide data, grant writers and others are available as well, so if the committee sees an opportunity it is not necessary to wait for the manager, they will be glad to assist in any grant opportunities the committee would like to pursue.

Mae Norris stated that Mr. Whitley has been very helpful and supportive of the OMH.

Larry Curley stated that the universal issue of health is a broad issue and is linked to many factors, including, education, poverty, unemployment, etc. and the committee should look at those issues as they relate to health when addressing disparities.

Richard Whitley stated that Dr. Guinan, a former State Health Officer says that "Public Health was Social Justice." He thanked the committee for allowing the presentations from DHHS. He further encouraged the committee to use future meetings as a forum to learn more about the funding that is available, for example there is earmarked funding for prevention of HIV/Aids in the African American community, and other funding that may help the committee to impact health disparities.

Going into the legislative session the committee has an opportunity with the strategic plan, when the manager comes on board, to include some initiatives that can be included in the Health Division budget as an enhancement. If the Advisory Committee and the Health Division along with other community coalitions get behind an initiative it increases the opportunity for success. For example fetal alcohol screening and immunization received funding through that process. The department will start working on the budget as early as the spring if not before, so there is an opportunity for the loosing or taking. He challenged the committee to seize the opportunity.

There being no further comments, Dr. Toney adjourned the meeting at 2:45 p.m.