SUBCOMMITTEE FOR THE DEVELOPMENT OF THE STATE MENTAL HEALTH PLAN FOR CHILDREN

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

APRIL 26, 2010

VIDEO CONFERENCE MEETING MINUTES

ATTENDEES PRESENT AT RENO LOCATION:

Pam Becker, Washoe County Children's Mental Health Consortium/Children's Cabinet Joe Haas, Washoe County Juvenile Services/Washoe County Children's Mental Health Joyce Larson

Patricia Peterman, Mental Health Planning Advisory Council Susan Mears, DCFS

ATTENDEES PRESENT AT CARSON CITY LOCATION:

Isabel Cool
Diane Comeaux, DCFS Administrator
Joanne Flannigan, Rural Child Mental Health

ATTENDEE PRESENT AT ELKO LOCATION:

Gretchen Greiner, Subcommittee Chair

ATTENDEES PRESENT AT LAS VEGAS LOCATION:

Patti Merifield, DCFS
Jackie Harris, Bridge Counseling/Clark County Children's Mental Health Consortium
JC Rosenberg, Nevada PEP
Kathy Albridge, Rural Clinics

STAFF PRESENT:

Dr. Kevin Crowe, Technical Consultant - via telephone Christina Harper, Administrative Assistant

CALL TO ORDER

Subcommittee Chair Greiner called the meeting to order at 10:05 A.M.

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DISCUSS AND CONFIRM RECOMMENDATIONS OF STRATEGIES FOR COMMISSION REPORT FOR STATEWIDE CHILDREN'S MENTAL HEALTH

DISCUSS PROPOSED CHILDREN'S MENTAL HEALTH STATE PLANNING REPORT CONTENTS AND FORMAT

DISCUSSION AND APPROVAL OF PROPOSED TIMELINES FOR REPORT DEVELOPMENT

Dr. Crowe stated that he sent out two documents: 1) timeline with possible outcomes by legislative session; and 2) chart showing a possible budget format to be used to show how outcomes could be measured using a budget format. Dr. Crowe stated that he has received feedback on the children's plan.

Chair Greiner stated that they documents were provided by Ms. Comeaux for her assistance in budget location and to determine whether or not the timelines on the events were appropriate.

Dr. Crowe stated that following the last meeting, outcomes were developed to show a transition into the system over the ten years and takes into account the budget situation. Dr. Crowe stated that the proposed timeline is very aggressive with start-up activities. The initial feedback received is that the timeline maybe too aggressive for the first two years. Dr. Crowe suggested that the Subcommittee may need to look at a realistic set of objectives and when do the new systems begin.

Dr. Crowe stated that the outcomes were identified in the Summit with the budget to include a base, maintenance, and enhancements to the base budget.

Chair Greiner reiterated that this is a Ten Year Plan and looking at the first four to six years in detail and then less detail the further out for the later years, so successive groups can develop and add new goals, as goals are accomplished.

Ms. Comeaux suggested a phase in approach for the Plan over a period of time to establish a solid track record on successes. Ms. Comeaux recommended that policies and procedures need to be developed along with standards and quality measures for providers in the first two biennium, at a minimum.

Ms. Comeaux also expressed concern with Health Care Reform and the impact on how things are currently done. No one is sure how this will impact health care. Ms. Comeaux stated that currently there are bi-weekly meetings to review information on the Health Care Reform as it released. There are concerns regarding the MHDS imparity law, which states that if you provide mental health coverage with no limitations and so

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health insurance companies are now indicating that they won't offer mental health coverage as a benefit. Ms. Comeaux stated that at the federal level they are pushing hard to ensure mental health coverage is included as a part of the requirement of reform.

Ms. Comeaux will keep the Subcommittee updated as new information is received.

Ms. Comeaux stated that the concepts provided are at a very high level, but there is not sufficient information to develop a budget and recommended that strategies and action steps are developed. Dr. Crowe stated that some of the structural changes would include the MHDS Commission developing a system and having oversight over the private facilities. Ms. Comeaux stated that this type of change would require a Bill Draft Requests (BDR).

Dr. Crowe suggested two options: 1) develop another timelines; or 2) develop more specifics with a four year initial activity.

Joe Haas suggested that a structure is needed to be in place to develop the systems of quality assurance and polices for this Plan to be successful and ensure control and success.

Pam Becker stated that some of the items listed in the first section are ready to be implemented and feels that there needs to be an established track record and/or an action plan established first.

Following a funding source discussion, Ms. Comeaux suggested looking at other funding options and a mix of funding. Nevada is not in the same position as other states with regard to funding in order to be successful. Ms. Comeaux stated that there should also be an analysis of funding streams in order to develop a funding plan.

Patti Merrifield suggested goals and measurable objectives be established within funding to be able to establish timelines.

Ms. Comeaux stated that currently any policies that are developed by the Division, statutorily must be approved by the Mental Health Commission. In order for DCFS' policies to apply to both the public and private sector, the Commission must be given the authority to have oversight over both the public and private sector.

Chair Greiner stated, following a discussion on private and public credentialing, that the scope of the Commission needs to be amended so that when the agency has credentialing responsibility for both public and private agencies, that the Commission then has the oversight authority.

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ACTION: Chair Greiner recommended that herself and Dr. Crowe work with Ms. Comeaux to determine the correct level of administrative, policy, and oversight changes in working with the legislative and to implement the changes in the first two bienniums; and focus on an oversight structure to include policies, procedures and an analysis of funding streams.

Pam Becker stated that at the Summit that the Consortiums agreed on structural changes; for the Commission to have the ability to approve policies for children mental health; the Statewide Behavioral Health Consortium to be the advisory group to the Commission; and for DCFS to be the lead agency. Ms. Becker cautioned to be aware of what other agencies area doing in an effort for one integrated system.

ACTION: Chair Greiner requested that Subcommittee members put their feedback and comments in writing and send via e-mail and Chair Greiner, Dr. Crowe and other interested individuals who have been at the Subcommittee meetings to ensure that everyone's comments are included.

Chair Greiner suggested that the Subcommittee define terms and increase mental health awareness, as one in five children are diagnosed with a mental disorder.

ACTION: Isabel Cool, Karen Miller and Jan Marson volunteered to help with public awareness and will work together to develop strategies to implement public awareness right away and progressively implement public awareness across the next two bienniums.

SCHEDULE NEXT MEETING DATE

The next video conference meeting was scheduled for May 17, 2010 from 10:00 A.M. to Noon.

PUBLIC COMMENTS

There were no public comments.

MOTION: Subcommittee Chair Greiner adjourned the meeting at 11:00 A.M.

Respectfully submitted,

Christina Harper Recording Secretary