

MINUTES
of the
Mental Health Planning Advisory Council
Consumer & Family Member Advocacy Committee
meeting on
Tuesday, February 22, 2011
held at
Division of Mental Health and Developmental Services (MHDS)
4126 Technology Way, Second Floor Conference Room
Carson City, Nevada 89706

1. CALL TO ORDER, ROLL CALL, INTRODUCTIONS – PATRICIA PETERMAN, CHAIR

Rene acted as Chair in Patricia's absence. Rene called the meeting to order at 8:40 am. Verbal roll call completed. Tanya completed the sign-in sheet.

Members Present:

- Norris, Rene – Family Member (via teleconference in Las Vegas)
- Herrera, Corrie – Family Member (via teleconference in Elko)
- *Phinney, Cody – MHDS
- *Polakowski, Ann – DCFS
- Thomas, Alyce – Consumer (via teleconference in Las Vegas)
- *Wilhelm, Layne - SAPTA

* signifies advisory non voting members.

Members Absent:

- Peterman, Patricia – Family Member (excused)
- Snead, Lydia – Family Member (excused)

Staff and guests:

- Benitez, Tanya – MHDS/MHPAC Admin. Asst.
- Crowe, Kevin, Dr. – MHDS Commission
- Mowbray, Roger – Grant Writer

2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC ACCESS TO CHILD/ADOLESCENT SERVICES MEETING ON 1/31/11

Rene asked for comments and/or changes. Alyce asked if the minutes need to be voted on because they are from the Access to Child/Adolescent Services Committee. Roger said yes because it is a reformulation of the Committee and at the last meeting, they discussed what this reformulation would be and how it would proceed.

Alyce motioned to accept the minutes as written. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

3. REVIEW THE COUNCIL'S ASSIGNMENT OF RESPONSIBILITIES TO THE COMMITTEE

Roger said during the Council meeting on 2/15/11, the Council agreed to reformulate the Committee to include consumer and family members exclusively. The responsibility the Council gave to this Committee is to review legislative bills and other issues and determine whether to render an opinion. The Committee is to provide an opinion and if the opinion is not unanimous, they will provide a minority report with the Committee's opinion on behalf of the Council.

4. REVIEW PROPOSED LEGISLATION PERTAINING TO MENTAL HEALTH AND DETERMINE WHETHER TO SUPPORT, OPPOSE, REMAIN NEUTRAL OR OTHER

Roger went through nine Assembly Bills and four Senate Bills. He said the BDR from DCFS has not been assigned a number as of yet. The Committee needs to weigh their resources and its priorities and decide to support, oppose, or remain neutral. It is not practical to take a position on each bill. He suggested assigning a low, medium, or high priority to each bill.

AB33: Revises provision governing the Board of Psychological Examiners to include requiring investigations of complaints and issue citations and/or fines as warranted. The bill was heard on 2/18/11 in the Assembly Commerce and Labor Committee. Corrie asked if this was previously not done. Roger said the board had some authority but not as much as they would have. The Legislative digest states "Existing law authorizes the Board of Psychological Examiners to license and regulate the conduct of Psychologists and the practice of Psychology in the state. Existing law also prohibits persons from practicing Psychology without a license. This bill requires the Board to investigate any complaints that alleges a person is practicing Psychology in the State without a license, authorizes the Board to issue a cease and desist order to any person the Board determines is practicing Psychology in the State without a license. Additionally if the Board determines that a person is practicing Psychology without a license, the bill requires the

Board to provide to the Attorney General a written summary of that determination and information relating to the violation.” It strengthens the Boards authority to monitor people who provide Psychological services. Corrie asked if they will investigate complaints from consumers. Cody said historically they have. Roger said NRS 641.250 in the new language states “The Board shall conduct an investigation of each complaint filed pursuant to NRS 641.250 which sets forth reason to believe that a person has violated NRS 641.390.” Dr. Kevin Crowe asked if Roger will mention any fiscal notes as well. Roger said the summary states there is not an affect on local or state government. It does state that it requires a 2/3 majority to pass this bill. Roger said there may be fees assessed to pay for this because the new responsibilities will not happen with existing staff.

AB48: Revises provisions governing children’s mental health consortia to authorize each consortium to actually implement the long-term strategic plan they are each required to establish. This will give the consortia’s more responsibility to implement the long-term strategic plan that they have been required to establish. The bill was heard on 2/14/11 in the Assembly Health and Human Services Committee and they did recommend do pass as amended. The amendment they attached is there was originally a general fund appropriation of \$75,000 to the consortia. Apparently in receiving general funds, they would not be able to use the money to solicit or get other donations. The consortia requested that the general fund appropriation be removed. This will enable them to do fund-raising. They have numerous other members that are willing to contribute to the work of the four consortia’s. This bill had almost no opposition.

AB50: Revises provisions relating to the licensure of medical and related health facilities. The bill was heard on 2/11/11 in the Assembly Health and Human Services Committee and no action was taken. The fiscal notes state there is not an affect on local or state government. Corrie asked if this is making the rules more stringent. Roger said the Legislative digest states “this authorizes the Health Division of the Department of Health and Human Services to charge and collect from medical facilities and facilities from the dependent and persons who operate such facilities without a license. The actual cost incurred by the Health Division to enforce the provisions governing licensure and operation of such facilities including to conduct investigations and inspections of facilities, unless the enforcement activity is part of the process of the issuance or renewal of a license or is already provided for by money received from the federal government.” Roger said this looks like it is providing the mechanism for the Health Division to fund their investigation and inspection services. “Existing law requires a home for individual residential care to obtain a license and provides for an investigation and civil prosecution of persons who operate such homes without a license. Section two of this bill requires homes for individual residential care to meet all licensing and operating requirements that are applicable to facilities for the dependent.” Roger said it raises the bar for home care facilities. They must meet the same standards for other facilities. Corrie asked how this differs from AB33. Cody said AB33 only affects Psychologists. AB50 impacts homes that provide care. Corrie asked if the state would monitor this. Cody said the Health Division would. Roger said this will include many more homes beyond ones for people with mental health issues. Corrie said this will include homes for people with disabilities.

Rene said also the elderly. Cody said it will also include people who have homes that provide care for people with a broad spectrum of physical and mental disabilities.

AB51: Revises provisions relating to certain providers of emergency medical services. This bill has not been heard as of yet. This one is broader than just mental health related services. The fiscal note states there will be no fiscal impact. He said according to the Legislative digest, it appears they are adopting some standards for medical technicians and paramedics and requiring the training for certification to follow certain curriculum that is established. "Section five of this bill requires that any money collected by the Health Division from licensing attendants and fire fighters be accounted for separately in the state general fund and used only to provide grants for training volunteers." This will standardize the training of emergency medical providers and identifying the standards they must meet for the training.

AB59: Makes various changes to the Open Meeting Law requiring a public body to take certain actions if the Attorney General finds that the public body has violated the Open Meeting Law; authorizing the Attorney General to issue subpoenas during investigations of such violations; revising the definition of "public body" for the purposes of the Open Meeting Law; requiring a public body to include certain notifications on an agenda for a public meeting; making members of a public body subject to a civil penalty for violations; providing a penalty. This has nothing to do with how mental health services are provided. It is strictly something the Council should be aware of due to the obligations that would come out of it.

AB61: Creates a permanent entity, the Substance Abuse Working Group within the Office of the Attorney General to study issues relating to substance abuse in this state. Roger said this was submitted pursuant to recommendations from the Governor's 2007 strategic approach to reducing methamphetamine use in Nevada. Layne said it a continuation of the original committee on meth alliance. They have allocated funding to not only provide a prevention campaign program but also report the results and surveys. The affect on the mental health aspect is relatively small. This is run out of the Attorney General's Office.

AB65: Makes various changes concerning applied behavioral analysis providing for the discipline of behavior analysts, assistant behavior analysts and autism behavior interventionists; revising the requirement for licensure as a behavior analyst or assistant behavior analyst; revising the requirements for certification as an autism behavior interventionist; making it a crime to engage in certain conduct in connection with the practice of applied behavior analysis; revising certain provisions concerning the psychologist-patient privilege; providing penalties. Roger said when he sent the attachment in regard to this one he provided a link to a page on the legislative website that allows anyone to submit an opinion to the Legislature on any bill. This particular bill had that most opinions registered of any bill so far this session. At the time this was sent, there were 246 opinions registered. Only four were in favor and 242 are opposed to it. His reading of this indicates that generally the parents of autistic children were very concerned that this will limit and restrict their access to services. By establishing these

very specific criteria for these practices of behavior analysis and autism behavioral interventionists, it would preclude many people from being able to provide services that currently do provide services for autistic children.

AB93: Provides for the establishment of intermediate sanction facilities within the Department of Corrections to provide treatment for alcohol or drug abuse to certain probation violators and offenders. Layne said they worked in conjunction with MHDS and wrote up some information in regard to the services that can be provided under the financial dollars included. The Department of Corrections (DOC) has also taken this to task. They are working with the originators of the bill for some revisions, because the way it is currently set up, it is not possible for the funding to be enough to provide for the amount of services they are requesting. The bill was introduced two years ago and the idea is to pick up repeat offenders and put them back in corrections and provide them an intense program and see if they can re-release them into the community. Cody said the target population is people who have violated their probation by becoming intoxicated with alcohol or drug use. Layne said it is based on the Hawaiian sanction court.

AB94: Authorizes the involuntary court-ordered admission of certain persons with mental illness to programs of community-based or outpatient services if such a program is an appropriate course of treatment for that person. The bill requires that (1) a plan of treatment be developed by person who are qualified in the field of psychiatric mental health, in consultation with the person who will receive the treatment; (2) the plan contain certain information relating to the course of treatment; and (3) the developers of the plan submit the plan to the court in writing. The bill requires that the person who is admitted to the program must be 18 years of age or older and have a history of noncompliance with treatment for mental illness. This is the bill that generated a fair amount of discussion at the meeting on 2/15/11. The fiscal notes state “the affect on local government increases or newly provides for term of imprisonment in county or city jail or detention facility.” The local governments state this will impact them. The state government states no impact on them. Corrie asked who raised concern at the last meeting. Rene said Barbara. Corrie said she has some concerns. She asked how this is different from a legal 2000. Cody said this would be longer term. A legal 2000 only provides for a person to be detained for up to 72 hours. This would mean a person could be required to comply with treatment for a longer period of time. They would not necessarily be inpatient, but they would be required to comply with treatment. She did have the opportunity to get some additional information on this. By way of the Divisions position, which she understands is not the Councils position. The Division is working with the sponsor, Assemblyman Stewart on some amendments and then should the amendments proceed the way that is expected, it would make it a county by county regulation as opposed to a statewide. If the county has funds to provide the services, it would be legal, and if they do not have the funding they will not incorporate. She recommends they watch for the amendment. She is told the Division will remain neutral. Corrie said Elko County does not have the money. They do not have the money to provide basic services now. She asked for the opinions of others. Rene said it is good they are going to ask for the persons input, but still it is just like drug and alcohol, if they are requiring them to do it, then they are not doing it for themselves. How effective is it

really going to be? Roger said the bill authorizes the court to order the involuntary admission to such a person to a program of community-based or outpatient services. It is a court-ordered situation. Corrie asked if other states do this. Cody said New York has a program that they refer to as Kendra's Law that is similar to this. There has been some discussion about the law in Arizona and their ability to do this. Corrie asked if Arizona just implemented this law. Layne said they have had it on the books; however, he does not believe it was being utilized to the extent it was intended. He believes the question in Arizona is who has authorization to bring forth these allegations against an individual. Corrie asked if it would be mental health. Layne said in Arizona it may or may not have been mental health or a private provider or even a citizen. This is where the civil rights intertwined with this. Corrie asked if this is all specified in this bill. Roger said in one section of the bill they are amending existing law, it states "if the District Court finds after proceedings for the involuntary court order admission of a person A) that there is not clear and convincing evidence that the person has a mental illness or exhibits observable behaviors such that the person is likely to harm himself or if not required to participate in the program of community-based or outpatient services the court shall enter its finding to the effect and the person must not be involuntarily admitted to a public or private facility." He said there are 20 pages to the bill, so it really needs to be studied in its entirety. Corrie said there is a potential for a witch hunt. Rene agreed. Corrie said they need to take a closer look at this. She asked if Barbara is going to attend in an advisory role. Roger believes she declined because she is a state employee and a consumer.

Roger went over the four Senate bills.

SB23: Clarifies that the agency which has custody of the child is responsible for scheduling any necessary evaluations of the child, notifying the proposed adoptive parents about financial assistance and assisting the proposed adoptive parents in applying for and satisfying prerequisites for financial assistance. Roger said this is primarily foster care. Corrie said the adoptive parents would have to schedule everything. Roger said the agency that has custody would schedule everything. They must notify the proposed adoptive parents about financial assistance and must assist the proposed adoptive parents in applying for and satisfying prerequisites for financial assistance. It gives more responsibilities to DCFS. Ann said DCFS does not have custody of children in Washoe or Clark County. They do in the rural areas; however, in Clark and Washoe County it is run by the County. Corrie asked if it would just affect the Counties. Ann asked if it states it is just the Counties. Alyce said she thought it said any agency that holds the file. Roger said it specifies a generic agency. This has already gone through the Senate. It was approved unanimously and has been sent to the Assembly. There are not any fiscal notes.

SB28: Revises certain provisions relating to the psychological or psychiatric examinations used in determining the competence of a defendant. Cody said this is to reduce the number of evaluations that are provided to offenders, people who are accused of crimes and their competence is in question. At various points in the process there are a certain number of evaluations by different individuals required and they are looking to

reduce the number. This has to do with Lake's Crossing services. Corrie asked if it would reduce the number tests required to receive services. Cody said not tests. Before the court can proceed with a defendant whose competence is in question, they get three evaluations from three mental health professionals before the court will proceed with adjudicating and they are suggesting they reduce it to two in one case. At different points in the process and with different types of clients it differs. Roger said the bill is being heard in the Judiciary Committee so it has to do more with criminal behavior and the process for determining if they are mentally competent. Cody concurred and said they need to be competent to stand trial and assist in their defense. This will not preclude them from receiving mental health services. In the case of Lake's Crossing Center, they would be receiving the services no matter what. This will only affect whether the court will proceed with the criminal proceeding.

SB44: Requires MHDS to adopt certain regulations defining eligibility for services and revising the term used to refer to persons who receive services from the Division. Cody said this bill changes the language to consumer and allows the Division to adopt regulation to define a consumer. Currently there is no way for the Division to do this. There was a hearing on 2/8/11 and there was not any action taken. There is not any fiscal impact according to the Division.

SB105: Revises provisions governing the possession and administration of controlled substances and dangerous drugs. This bill (1) eliminates the provisions which authorize a person to possess and administer a controlled substance or dangerous drug on behalf of an ultimate user pursuant to a written agreement entered into with the ultimate user; and (2) authorize an immediate family member of an ultimate user to possess and administer a controlled substance or dangerous drug on behalf of the ultimate user. Layne said this is under the pharmacy and medical. It does not affect SAPTA because it does not have to do with the illegal side of it.

Roger said he took the longer list that MHDS is tracking. They have a tiered tracking system of actively track, watching, and informational. He eliminated the informational bills that he did not believe the Council would be interested in. He attempted to single out the ones that have to do with direct mental health services. The BDR for DCFS has not been assigned a bill number as of yet, so there is nothing formal that the Council can review at this time. Roger asked what if any of the bills would be appropriate for the Council to support, oppose, or take some other action on.

Dr. Kevin Crowe said there are two bills that the Commission is struggling with. They are AB94 and AB48. He asked if the Council can look at them and advise the Commission. Corrie said AB48 seems like it is more than likely to go through. Roger said the Legislative digest states "existing law establishes mental health consortium in each county Clark and Washoe and one for the rural region and requires each consortium to establish a long-term strategic plan for the Division of Mental Health Services to children within their jurisdiction. This bill authorizes each Mental Health Consortium to implement the plan and to engage in other activities to improve the provision of mental health services to children." In section three: "authorizes each consortium to apply for

and accept gifts, grants, donations, and bequests and enter into contracts to carry out the activities of the consortium.” It also requires each consortium to submit to the Director of Health and Human Services and to the Commission on Mental Health any requests for an allocation for the administrative expenses of the consortium for the consideration as part of the Departments biennium budget request. The consortium can request as part of the budget development process funding to carry out these activities they are being asked to do. The appropriation of \$75,000 was amended out. Corrie said based on what she understands she believes they should support this bill. Alyce agreed. Corrie said they should look at AB94 more closely, AB33, she believes they should support; SB44 she marked with a high priority. Alyce agreed with everything except for SB44 she would like to look at a little more closely for a better understanding. Corrie asked for Rene’s opinion. Rene agreed. Corrie asked if they can ask the opinion of the staff. Corrie asked if SB44 is more language based. Cody said it does change the language to the recovery oriented language that the law is using. Corrie asked if that is all the bill is doing. Cody said it gives MHDS the authority to define the target population they are serving, which is serious and persistent mentally ill adults primarily but in the rural areas also, children with serious emotional disturbance. Corrie asked why this would not include children in the urban areas. Cody said that service would be provided by DCFS.

Roger said the suggestion is that the Committee support AB33 and AB48, and get more clarification, information, and input on AB94 and SB44. Corrie said she also marked AB50 as a medium to high priority. Rene asked if the group homes have to be accredited and audited like a nursing facility. Cody said not that she is aware of, but the Health Division would be able to provide better information. Rene is wondering if they are being audited. Cody said that is an excellent question and they should get more information.

Roger said one of the items he did not mention about the Council’s assignment of responsibilities to the Committee, includes the frequency of meetings. There was discussion that this Committee should meet frequently. Depending on the ability of Tanya to keep up with everything, weekly meetings obviously would be too much. Roger asked if every two weeks would be ok. Tanya confirmed. Roger said this may be the timeframe where more information can be provided and disseminated and then the decision made regarding support. The Committee agreed. Roger asked how the Council would like to provide their opinion. The options are a letter which Roger can draft and once it is final it can be submitted as testimony when a hearing comes up. The other option is when a Committee hearing is scheduled; a representative can attend in either Carson City or Las Vegas and provide verbal testimony. Cody asked if there is an opportunity to collaborate with the Commission on getting the information to the Legislature. Dr. Kevin Crowe said the Commissions next meeting is March 5th at 7:30. Roger asked if they have a mechanism for attending the Committee meetings on various bills. Dr. Kevin Crowe said the Commission is attempting to attend and it will be either Kevin Quint or Dr. Julie Beasley. Kevin is also sending a letter to the Governor highlighting a couple of points: mental health courts, the provision of the children’s mental health plan, and reinstatement of autism services and some developmental services issues. This letter will go out in the next ten days. He believes one of the key

things they are waiting for is the BDR to be assigned a bill number for the children's mental health plan. When that happens, Dr. Beasley will be depending on the consumer groups to give their best input and provide testimony to the bill. Dr. Crowe said he will make sure that they focus on the three bills that were discussed here as well. Roger confirmed the meeting is a phone conference and he will forward the information to the Committee.

Corrie motioned to send letters and/or a representative to attend hearings on AB33, AB48, AB50 and SB44. Alyce seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

5. REVIEW EXECUTIVE BUDGET PROPOSALS PERTAINING TO MENTAL HEALTH AND DETERMIN WHETHER TO SUPPORT, OPPOSE, REMAIN NEUTRAL OR OTHER

Roger said the other item the Council may want to weigh is the budget. In the MHDS budget they are called decision units. He said he only provided the MHDS ones because there were not really any negative decision units in the DCFS budget. There was a hearing last week on the MHDS budget and there was a lot of discussion on the various cuts that the Division is proposing in order to get within the spending limits that have been set for all agencies statewide. The mechanism for doing that is by identifying all of the costs associated with a particular cut in a decision unit. They call it this so that the Legislature can make a decision as to whether they want to accept it or not and each one stands alone in the budget. There are eleven decision units in the MHDS budget that are proposing various cuts of services.

E600: Eliminates the state funding for the Community Triage Center – affects Las Vegas

E601: Reduces the Consumer Assistance Program and eliminates two positions – affects Las Vegas

E602: Eliminate the Senior Outreach Program and ten positions – affects Las Vegas and Reno

E603: Reduces the pharmacy program – affects Las Vegas and Rural Services. Roger said the Division has been able to manage the pharmacy program by finding other insurance providers for clients they treat. They are checking to see if they are Medicaid eligible and then there are some pharmaceutical companies that are used as a source for payment. This one is not as severe a cut as it shows on paper. He believes the agency believes they can continue to meet the level of medication they have been providing. Cody confirmed.

E660: Eliminate the Psychosocial Rehabilitation program and 13 positions – affects statewide

E661: Reduce outpatient counseling and eliminate 13 positions services to 1,300 clients – affects statewide

E662: Reduce the Program for Assertive Community Treatment (PACT) eliminate 8.51 positions and services to 75 clients – affects Las Vegas

E666: Assess the counties for the costs of the Mental Health Court – affects statewide. This is shifting the cost to the counties who do not have money at this point to pay for it.
E667: Eliminate the Mobile Outreach Safety Team and two positions – affects Las Vegas
E668: Reduce the Residential Support Services program to 400 clients – affects statewide
E696: Close 22 inpatient beds and eliminate 27 positions – affects Las Vegas

Roger said in a perfect world the Council would be able to say they do not want any of these cuts. Unfortunately, this situation is one where the Council needs to decide which of these programs are the most valuable and important to support. He asked for discussion.

Corrie said all of them are important. In regard to the rural areas, she believes the residential support services will have a profound impact. In the elimination of the psychosocial rehabilitation program, this person is typically the only link to any outside communication for a lot of their consumers. She believes it will be devastating when this position goes away. She is not sure what the impact would be for urban areas; however, in the rural areas some are 200 miles away and this is their only connection. These are the two that she sees having a devastating impact on the rural areas. Alyce said she agrees with Corrie in regard to psychosocial rehabilitation in the rural community, but in Las Vegas, there are a number of companies that now have psychosocial rehabilitation programs that are provided or paid for by Medicaid. The psychosocial program is very important and there was a time where the state was the only place that provided this. She said HOPE Counseling has a number of clients both children and adults they provide this service for. As far as the rural areas are concerned Alyce is concerned that people are going to lose the only contact they have. Corrie said it will also put them at high risk of losing their housing, services with mental health, because in the rural areas if they miss two appointments in a row they are removed. This person is their only link or transportation. Cody said the psychosocial rehab is not the same as case management. Corrie asked Cody to define each to her. Case management includes the coordination of other services. Corrie said their psychosocial rehab person is doing both. Cody said she will explore it. Sometimes it may be the same person doing both; the person would not be eliminated, but rather the job duties.

Roger said in observing the hearings last week on the MHDS budget, one of the topics that was discussed at great length is the mental health court. His experience with budgets is if there is an opportunity to show that a decision to cut is not really saving money but will cost money in the long run. This is something that would have some weight with the Legislators. This is one of the items the people attempting to save the mental health courts attempted to show the cost of the consequences of eliminating the mental health court in terms of higher prison rates and other issues. Corrie agreed. Roger said the Committees do not have any other hearings listed to hear the budgets. Cody said the next meeting she is aware of has to do with the Disability Services budget; however, she is not aware of any other hearings for the Mental Health budget. Roger said they are scheduling out about a week in advance.

Corrie asked for information on the reduction of residential services to 400 clients. Cody said as people leave the program, they will not admit people into the service until the caseload is reduced to the new level and then at that point people will be admitted to maintain the caseload level, as people leave the program. Alyce said the rumor in the south is that all the clients will be kicked off the program, so it will be nice to be able to tell them that is not the case. Corrie asked what the current caseload is. Cody will get the number for her. Roger said he will get the caseload numbers for outpatients counseling, the PACT team and others that mention clients being reduced. Corrie asked what the impact in Las Vegas will be in closing 22 beds and eliminating 27 positions. Cody said there is a proposal to close the 22 inpatient beds and use the funding to provide a transportation service. They have identified that a large part of the problem in Las Vegas is getting people who are waiting in the ER's has to do with having the capacity to transport them around the valley and get them to Southern Nevada Adult Mental Health Services (SNAMHS). The beds have not been full. The proposal is to use the funding to more efficiently move people into the remaining beds and use them more effectively. Corrie asked what the impact of eliminating the Mobile Outreach Safety Team. Cody said this is a group that goes into the community to provide intervention for people who are having a mental health crisis. Corrie said this will just be covered by law enforcement then. Cody said probably. Corrie asked what the Senior Outreach Program does. Cody said the Senior Outreach Program was a case management program specifically oriented to people over the age of 65, particularly those who are homebound. This was paid for with tobacco funds and that funding has been eliminated. The target population would still qualify for general mental health Division services, so the regular case management program and other services. This specialty aspect will not continue.

Roger suggested deferring the decision on this to the next meeting when they can provide more information. He will double check with DCFS to make sure he did not miss anything in their budget that is being cut that is relevant to mental health that the Council may need to be aware of.

6. APPROVE OTHER ADVOCACY ACTIONS

Roger said in the initial meeting they discussed three different letters being sent out from this Committee. One to the First Lady regarding her support for mental health issues, the consortium had set up a meeting with the First Lady and Patricia was invited to attend, but it was cancelled. Roger asked Dr. Crowe if the meeting with the First Lady has been rescheduled. Dr. Crowe said as far as he is aware it has not. The second letter is a letter in specific support of the DCFS BDR, and the third letter is a letter of general support for access to children's and adolescent mental health services. Roger will have those for the next meeting.

7. PUBLIC COMMENT

Rene asked for public comment. No public comment.

8. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

Alyce motioned to set the next meeting for 3/8/2011 from 8:30 am – 10:30 am.
Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

9. ADJOURNMENT

Alyce motioned to adjourn. Corrie seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 10:18 am.