

LEGISLATIVE SUBCOMMITTEE
COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

SEPTEMBER 14, 2010

TELECONFERENCE MEETING

MINUTES

SUBCOMMITTEE MEMBERS PRESENT VIA TELECONFERENCE:

Kevin Quint, Subcommittee Chair
Valerie Kinnikin, Member
Dr. Julie Beasley, Member – arrived at 2:10 P.M.

SUBCOMMITTEE MEMBER ABSENT:

Dr. Alistar Barron, Member – excused

STAFF PRESENT:

Dr. Kevin Crowe, Technical Consultant
Christina Harper, Administrative Assistant

PUBLIC:

Diane Comeaux, Division of Child and Family Services
Patti Merrifield, Division of Child and Family Services

As there was not a quorum at 2:00 P.M., Subcommittee Chair Quint stated that there are four areas that he would like to put forward for legislative priorities:

1. Children's Mental Health Plan - to include the Bill Draft Request (BDR) submitted by the Division of Child and Family Services;
2. Budget - to include the development and tracking;
3. Clean up language with the Statutes with regard to the Commission; and
4. How to best respond in a timely manner to proposed legislation during the 2011 Legislative Session.

Dr. Crowe advised that the annual letter from the Commission was submitted to the Governor Gibbons and subsequently the Governor's staff contacted and requested a meeting with Chair Quint. Chair Quint and Dr. Crowe met with Stacy Woodbury, Governor Gibbons' Deputy Chief of Staff, on September 10, 2010 who expressed an interest in the work of the Commission. Specifically, Ms. Woodbury would like the

Commission to interact with the Governor's Commission on Workforce Development to begin the process for planning workforce development for the next phase of the process. Chair Quint was requested to contact Larry Mosley to begin this process.

CALL TO ORDER

Subcommittee Chair Quint called the meeting to order at 2:10 P.M. Subcommittee Chair Quint determined that a quorum of the Subcommittee was present.

DISCUSS LEGISLATIVE ISSUES RELATED TO THE MHDS COMMISSION RESPONSIBILITIES

Diane Comeaux provided an overview of the proposed statutory language amendments to the Commission's authority and responsibilities and establishment of a Children's Behavioral Health Policy and Accountability Board. This was part of the action plan of the Children's Mental Health Plan in Goal 1, Item 2. Ms. Comeaux stated that this is draft language and requested input/feedback from the Commission as to the proposed language and then begin work with stakeholders prior to submission of this legislation.

Ms. Comeaux stated that a written letter was received from Dr. Lisa Durette, a Board Certified Child and Adolescent Psychiatrist, expressing her comments on the proposed BDR. In summary, Dr. Durette stated that the overall concept of System of Care is ideal and is both recommended and supported by the American Academy of Child and Adolescent Psychiatry. Dr. Durette expressed concern regarding the administration/authority of the delivery and oversight of the system; as this BDR specifically allows the Commission authority over both public and private facilities. Dr. Durette recommends revision to section 433.317.7.12 to include a Board Certified Child and Adolescent Psychiatrist as a member or consultant to the board and stated that to leave out a key expert and provider will certainly lead to decisions about care which are costly and inappropriate. Dr. Durette expressed concern of an additional state agency providing oversight to facilities who are accredited by national organizations is not only redundant but does not make financial sense. Dr. Durette strongly recommended that the BDR be modified to address only state funded entities.

Ms. Comeaux stated that she felt that Ms. Durette's suggestion to add a Board Certified Child and Adolescent Psychiatrist was a good idea and one for the Commission to consider. Ms. Comeaux stated that in an effort to meet this recommendation, DCFS included funding in their budget for five hours x \$500 a month for a consultant to provide consultation and review of the policies of the Policy Board.

Dr. Beasley stated that she has received a lot of feedback and stated that she felt that the earlier focus of the Children's Mental Health Subcommittee was on providing regulations to those places with no regulations – such as group homes, treatment homes and that there is no oversight. The private sector, in Las Vegas, psychiatrist and psychologists are feeling uncomfortable at all levels of additional oversight above and beyond their current boards for their practice and that it could be individuals that do not have the same educational backgrounds and clinical training making decisions about private sector work quality.

Upon questioning by Ms. Comeaux, Dr. Beasley stated that there is concern at all levels of a public program providing oversight into the private facilities. Ms. Comeaux stated that one of the huge concerns in this State is the quality of services that children are receiving. The purpose of having a mental health authority or a policy board is to set policy to improve the quality of mental health services.

Dr. Beasley felt that the prior discussions on children's mental health and the plan were directed to state funded services and facilities. Ms. Comeaux responded that the plan was to address the quality of children's mental health services either private or state funded and not limited to services/facilities receiving state funds.

Dr. Beasley stated that this oversight is a huge concern for the private sector, the second concern has to do with this how this State performs administration at all levels vs. a clinical level. Dr. Beasley explained that it appears that there is a disconnect in the State of Nevada between the clinical supervision models – where there is a hierarchy based on training and education vs. an administrative process. In training received outside of the State of Nevada, there is more collaboration or clinical structure within the administration. This is where the psychiatrists and psychologist are going to have difficulty with the policy board that doesn't accurately represent the needs at a clinical level. Dr. Beasley stated that many of the psychiatrists and psychologists already feel that there is a sufficient level of oversight.

Dr. Beasley stated that there is also a huge concern in southern Nevada, as Desert Willows is struggling with their clinical staff and their creditability is not what it needs to be in order to facilitate. Private individuals are looking for that model for leadership.

Ms. Kinnikin stated that a lot of the concern seems to be un-boarded facilities, that don't have boards that represent them. There are a lot of individuals providing services with no real board coverage, mostly in the rehabilitation area.

Ms. Comeaux responded that in discussion with stakeholders, it was agreed that the entire system is having difficulty. There are children that are heavily medicated on

psychotropic medications with no policy regarding the prescription of psychotropic medications.

Dr. Beasley and Ms. Comeaux agreed that working together along with a strong communication plan needs to be in place to reach the goal of quality children's mental health and in addressing concerns.

Upon questioning by Ms. Comeaux of what needs to be amended within the BDR, Dr. Beasley responded that first she needs to assemble and schedule a meeting of the Children's Mental Health Subcommittee to receive input for consider by all stakeholders and the public to begin the revision of the BDR to cover the concerns and review the goal of the Children's Mental Health Plan. Dr. Beasley stated that she will contact Dr. Durette regarding this and has encouraged individuals to review the original Consortia Reports for the background information on the outcome of the Plan.

Subcommittee Chair Quint stated that it is important to have a formal collection of all of the feedback to be considered. A strong communication plan would be very helpful in the collection of all input/feedback on this issue.

Ms. Comeaux stated that the original plan was to submit the draft proposed BDR to the Commission for their input and feedback, make any amendments, and then distribute to stakeholders and the public for further feedback.

Subcommittee Chair Quint stated that there will be further full Commission discussion on this issue at the MHDS Commission meeting the DCFS on Thursday, September 16, 2010.

Ms. Comeaux strongly encouraged individuals to keep in mind the overall goal of improving children's mental health.

It was discussed that future meetings agendas will be sent out to the list serve in order to keep this process as transparent as possible in an effort to collect public input and feedback.

ACTION: Dr. Beasley requested that the minutes of this meeting be completed by tomorrow for review prior to the Thursday meeting. Mrs. Harper stated that these minutes will be completed by Wednesday afternoon and will be e-mailed out to Subcommittee Members.

IDENTIFY AND PRIORITIZE LEGISLATIVE ISSUES FOR RECOMMENDATION TO THE FULL COMMISSION

Subcommittee Chair Quint recommended and reviewed the four areas as legislative priorities:

1. Children's Mental Health Plan - to include the Bill Draft Request (BDR) submitted by the Division of Child and Family Services;
2. Budget - to include the development and tracking;
3. Clean up language with the Statutes with regard to the Commission; and
4. How to best respond in a timely manner to proposed legislation during the 2011 Legislative Session.

ACTION: Following a unanimous agreement, the Subcommittee agreed on the above four (4) Legislative Issues to be forwarded to the Commission for approval at the September 17, 2010 meeting.

OUTLINE NEXT STEPS AND SCHEDULE NEXT MEETING DATE

The Subcommittee agreed that the following item to be on the next Subcommittee meeting agenda:

- Further discussion of the Children's Mental Health Bill Draft Request; and
- Discussion of Legislative Priorities and Responding to Legislative Action.

The Subcommittee agreed to meet every other week, with the next teleconference meeting scheduled for Friday, October 8, 2010 to begin at 8:15 A.M.

PUBLIC COMMENTS

There were no public comments.

MOTION: Subcommittee Chair Quint adjourned the meeting at 2:52 P.M.

Respectfully submitted,

Christina Harper
Recording Secretary