

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

OCTOBER 17, 2003

VIDEO TELECONFERENCE MEETING LOCATIONS:

NEVADA DEPARTMENT OF TRANSPORTATION, 123 EAST WASHINGTON BLVD.,
BLDG. B, TRAINING ROOM B, LAS VEGAS

AND

NEVADA DEPARTMENT OF TRANSPORTATION, 1263 SOUTH STEWART ST.,
ROOM 301, CARSON CITY

MINUTES

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

John Brailsford, Ph.D.
Rena Nora, M.D.
Elizabeth Richitt, Ph.D.
Joan McCraw, Registered Nurse

COMMISSIONERS PRESENT AT THE CARSON CITY LOCATION:

David Ward, Chair
Eric Albers, Ph.D.
Johanna Fricke, M.D.
Gretchen Greiner, Ed.D.

CALL TO ORDER

Chair Ward called the meeting to order at 9:07 A.M.

APPROVAL OF MINUTES

The following amendments were made to the August 22, 2003 minutes: Page 4, 1st paragraph, Dr. Nora requested clarification on the following statement. ...Dr. Brandenburg stated that seclusion and restraint is no longer considered a treatment option but a treatment failure. *Dr. Nora notes that there are exceptions to that generality, except on rare, exceptional, and justified cases.* Page 7, 4th paragraph, Dr. Nora requested clarification on the following statement. ...There was an announcement from the University of Nevada Reno's Department of [Psychology] *Psychiatry*, that they will be developing a program for child [psychology] *psychiatry*. Chair Ward stated that staff would clarify this statement with Dr. Wantanabee.

MOTION: Dr. Nora moved to approve the August 22, 2003 minutes as amended, seconded by Dr. Fricke. The motion passed unanimously.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Andrew Zeiser reported that the most recent Mental Health Planning Advisory Council meeting was held on October 16, 2003. The primary goals of the meeting were to hold

elections for the offices of Chair and Vice Chair, and to award funds for consumer-focused programs.

Alyce Thomas announced that Judge Wendy Cooley was elected Chair of the Council, Bob Bennett was elected Vice Chair, and Alyce Thomas will act as Past Chair to be effective January 1, 2004.

Mr. Zeiser stated that the Council received eight proposals in response to its fourth annual request for proposals of consumer-focused programs. A total of approximately \$45,000 was awarded for fiscal year 2004 to the following organizations: 1) Mental Health Association of Greater Nevada for a Leadership Academy Training Program; 2) HealthSmart for the Carson City Suicide Prevention Project; 3) RESTART for the Peer Recovery Program; and 4) the Nevada Health Centers for the Integrated Approach to Health.

Mr. Zeiser updated the Commission that the Division of Mental Health and Developmental Services, the Division of Child and Family Services and the Council recently completed the FY 2004 application for the Center for Mental Health Services (CMHS) Community Mental Health Services Block Grant. The current grant award amount for Nevada is \$3,279,098.

Mr. Zeiser reported that Nevada is scheduled to participate in the annual Regional Consultative Peer Review Process for the Block Grant on November 6, 2003 in Los Angeles, California. Staff members from MHDS, DCFS and the Council are required to complete the review process each year.

MHDS, DCFS, and the Council are also working on the annual Block Grant Implementation Report due to CMHS each December. This year, CMHS is continuing the implementation of the new uniform reporting system (URS) requirements that consist of an extensive set of data tables containing a variety of measures to be reported. Staff members have had meetings to begin responding to the data requirements and are currently working on the report. The Council reviewed a draft of the report at the October 16th meeting.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE

Alyce Thomas stated that her office is currently in the process of hiring two additional consumer services assistants in the south. This brings the Consumer Service Assistance staff to a total of 10 individuals statewide.

Ms. Thomas stated that she is in the process, with Mark Stets, of writing policies for volunteers and using the model at NNAMHS. Recently at NNAMHS the volunteer program was revamped and 14 volunteers were retrained. Ms. Thomas stated that there is a program in place for the orientation/training of volunteers.

Through the Drop In Center and Rehabilitative Services, staff are working with businesses in the community to hire clients after they have completed an industrial training. This helps clients to become more stable citizens and obtain good work habits and ethics.

Ms. Thomas stated that the first volunteer appreciation luncheon was held on September 12th on the MS Dixie at Lake Tahoe for 34 clients. Ms. Thomas stated that she received many thank yous from the volunteers for being treated specially. Ms. Thomas stated that awards were presented for the Volunteer of the Year and certificates for participation were presented.

Ms. Thomas stated next week that she would be testifying on Senate Bill 301 in front of the Nevada Mental Health Freedom Commission.

Ms. Thomas stated that she now Chairs the Ticket to Work Program. This program will be teaching clients how to become more involved in issues and how to advocate for their needs.

Ms. Thomas reported that the 1st Annual Consumer Conference would be held May 6th-8th, 2004 in celebration of National Mental Health Awareness Month.

PUBLIC COMMENT

Janis Lourette stated that she has recently been diagnosed with borderline personality disorder, but has lived with the disorder her whole life. She has been diagnosed with many disorders over the years and cannot take the medication normally prescribed for this disorder. Ms. Lourette contends that there is no set program in Nevada for Borderline Personality Disorder. Ms. Lourette stated that this disorder is disabling and stated that no one will treat this disorder as whole disorder. Ms. Lourette asked how the Commission is going to help individuals with Borderline Personality Disorder. Ms. Lourette stated that professionals in this field are ignoring this disorder.

Chair Ward thanked Ms. Lourette for bringing this issue to the attention of the Commission and requested that she leave her contact information and the Commission will provide a response to her, after Commission discussion at a future meeting.

Dr. Nora, representing the psychiatry group, responded that they do pay attention to Borderline Disorders, however there is not one specific medication that is specific to Borderline Disorders. Dr. Nora stated that if target disorders are present, such as depression or anxiety, certain medications may be used to treat that portion of the disorder. Dr. Nora stated that this is not an ignored disorder.

Dr. Triggs stated that there are 1200 individuals in outpatient therapy, many of those individuals are diagnosed with Borderline Personality Disorder and the staff is trained to work with and diagnose this disorder. Dr. Triggs stated that this disorder is not ignored and they are open to resources to provide additional training to staff.

Chair Ward suggested that Ms. Lourette consider working as a consumer advocate for Borderline Personality Disorder.

CRISIS CALL CENTER/SUICIDE PREVENTION RESOURCE COORDINATION TASK FORCE UPDATE

Dr. Nora reported that a representative from the Crisis Call Center will be present this afternoon to provide a report.

Dr. Nora provided testimony on October 9th, at the request of Dr. Brandenburg, to the Nevada Mental Health Plan Implementation Commission. Dr. Nora provided a summary that included facts that for 2002 there were 452 completed suicides, 273 suicides from residents in Clark County and only 39 suicides completed in Nevada by non-residents of the State. A report from the American Association of Suicidology states that Nevada is now listed #3 in suicides, New Mexico is #1 and Montana is #2. Dr. Nora stated that suicide is the 6th leading cause in death in Nevada in adults and the 3rd leading cause of death for ages 15-24. Dr. Nora informed the Nevada Mental Health Plan Implementation Commission that Senator O'Connell completed an Interim Study on suicide prevention and suggested they use this report and the 90 recommendations in five categories.

MHDS NORTHERN ADVISORY BOARD

Dr. Wantanabee reported that the Northern Advisory Board has been dealing with local issues. The Board continued its discussion regarding housing and received a presentation from Joanna McDonald, the Housing Coordinator, concerning policy and procedures for housing. The Board will follow up on this issue. The Board continues to monitor the Suggestion Boxes and encourage individuals to provide feedback. The Board is in the process of developing a proposal to attract new members to the Board. The Board received a presentation from Mike McMann, Consumer Direct Services, on the services they provide regarding new care options for the Medicaid SSI recipients in the client based care plans and providers.

Upon Dr. Nora's questions regarding the August 22, 2003 minutes, Dr. Wantanabee clarified that the University of Nevada Reno is developing a child psychiatry program not child psychology.

Ms. Thomas stated that clients in the Drop In Center are looking for things to do and be involved in, and requested that Dr. Wantanabee provide her with the information to pass along to clients.

Dr. Wantanabee stated that the Payee System problems are being solved. There has been an extension of the Payee System as many clients are in need of help with finances. There is usually a fee of \$30.00 per month and the clients cannot afford this fee. Currently work on a proposed solution is ongoing whereby the Nevada Employment Agency would give consumers part-time work.

MHDS SOUTHERN ADVISORY BOARD

Santa Perez, by interpreter Stan Dodd stated, "Santa stated that the Southern Board discussed the DS and MH budgets with an emphasis on new positions to be hired in October. The DRC is searching for a new branch office to accommodate the added new staff. The two agencies are placing an emphasis on reduction of restraint for people served. The new philosophy and policy was discussed along with an update of progress with positive behavioral supports at DRC. The membership committee is

close to selecting three new board members. There is also interest in following the rate increase for private providers. The Board sees this as critical to quality care.

Chair Ward thanked Ms. Perez for her report.

A break was granted at 10:07 A.M.
The meeting reconvened at 10:22 A.M.

NNAMHS GROUP MEDICATION CLINICS REPORT

Dr. Cook stated that NNAMHS has been researching to determine if it is appropriate and possible to have medication clinics in a group setting. This has been discussed with the medication staff and Dr. Pauley, the medical director. The concerns expressed centered on the lack of space to conduct group meetings in the medication clinic area and they are unsure how to do group medication management with regard to HIPAA guidelines.

Dr. Nora stated that this issue was raised due to the long waiting list for medication clinic appointments. In a group medication clinic, one doctor can see 15 patients in one hour plus ½ hour for documentation, every month.

Dr. Cook questioned where these groups are being conducted and is there any literature available. Dr. Nora stated that she used to hold group medication groups and the groups can be performed within HIPAA guidelines with a release from individuals within the group.

ACTION: Dr. Nora will provide Dr. Cook with information on group medication clinics.

REPORT ON INCIDENT AT DESERT WILLOWS REGARDING SCHEDULING OF FOLLOW-UP APPOINTMENT FOR CLIENTS THAT ARE RELEASED

Chair Ward stated that pursuant to advise from Deputy Attorney General Irvin, this item would not be discussed due to possible violation of privacy information of the client.

MENTAL HEALTH CONSORTIUM UPDATES/EXECUTIVE SUMMARIES

Washoe County Mental Health Consortium – Les Gruner requested that the Consortia provide reports to the Commission twice a year at the August and February Commission meetings.

ACTION: The Commission agreed to have Mental Health Consortia provide reports at the February and August Commission meetings, unless there are issues or information that needs to be provided to the Commission and reports are not limited to twice a year.

Mr. Gruner stated that the Washoe Consortium received a presentation in September from Dr. Rast regarding the wraparound services project. The Washoe Consortium has added two new members: Chris Christensen, Director of Special Education in Washoe County; and Dave Caloiaro, representing the Division of MHDS.

The Washoe Consortium has identified work groups and is focusing on specific areas such as the assessment survey, family empowerment, release of information, and is continuing to search out grants that could be utilized within the system of care to expand services in Washoe County.

Rural Counties Mental Health Consortium – Carol Johnston reported that the Rural Consortium last met on September 24, 2003 and continues to review the goals that have been developed, review the last annual plan, and continues to review accomplishments, and work on future goals. The Consortium has found a member who represents the business community and is also a parent of an SED child from Battle Mountain. Ms. Johnston stated that through Rural Clinics and the Children's Mental Health Block Grant there is support for psychiatric services in the Silver Springs, Fallon, and Winnemucca offices. A new grant proposal will be submitted to continue funding and to increase resources and services. Dr. Jennifer McKay presented a workshop on the assessment, diagnosis, and treatment of bipolar and co-occurring disorders in SED children for staff at Rural Clinics, DCFS and Juvenile Probation staff. Carson City Juvenile Probation is coordinating meetings with Carson Rural Clinics to develop a crisis response protocol for SED children in Carson City with a goal of early identification and assessment to reduce detention placements, acute care admissions, or residential placements. The Consortium reviewed the status of the number of DCFS children in higher-level care placements and the progress in reductions. Nevada P.E.P. has provided training and outreach in Carson City, Elko, Lander, Lyon and Douglas counties to expand consumer involvement in decision making for services and support for children and families. The WIN (Wrap in Nevada) program is moving forward and 39 children are now being served. The next geographic area to hire a facilitator will be Pahrump to serve the SED children in the custody of the Division. The next Consortium meeting is scheduled for November 4, 2003.

ACTION: Chair Ward requested a target response from the Consortia, via Dr. Nora's request, regarding the outcome of earlier implementation of a suicide prevention policy.

Mr. Gruner announced that Joan Bosworth is the new Administrator for the Division of Child and Family Services.

REPORT ON INCIDENT AT DESERT WILLOWS REGARDING SCHEDULING OF FOLLOW-UP APPOINTMENT FOR CLIENTS THAT ARE RELEASED

Terry Buster, Desert Willows Treatment Center, stated that she was requested by Dr. Peterson to report on this item.

Deputy Attorney General Irvin advised for this item there is no signed release for information and any further discussion of this issue could be a violation of HIPAA laws if this issue is discussed in detail. Mr. Irvin advised that the policy could be discussed in general, but no specifics to this case.

Ms. Buster stated that they have researched this issue and discharge planning begins at admission of the client and did so with this client. Mr. Irvin stopped the discussion, as Ms. Buster was referring to an individual case and this discussion should go into Executive Session.

Dr. Brailsford stated that he would like to discuss this issue in either Executive Session or at a future meeting. Mr. Irvin advised that this item should be discussed in Executive Session. Mr. Irvin further advised that the situation would need to be sanitized or a signed release of information provided then there could be a discussion in Executive Session.

ACTION: Chair Ward stated that this item would not be discussed due to possible HIPAA violations. Dr. Peterson was directed to discuss this issue with Dr. Brandenburg and Mr. Irvin and report back to the Commission at a future meeting with no identifying factors of the client and with all HIPAA and open meeting law precautions. Mr. Irvin stated that he believes that this issue also relates to Mojave and invited Dr. Peterson to be involved in the sanitizing of the information as well with Mojave and Mojave should discuss this issue with their counsel.

WEB REPORT

Dr. Kevin Crowe stated that he is in the process of producing a written report for the Commission and would like to present the full written report at the next meeting. Dr. Crowe stated that the website is a success, is highly accessed, and the Suicide Resource Directory has been downloaded 1,800 times.

ACTION: Dr. Crowe will provide a full written report at the December meeting.

NNAMHS QUARTERLY TRAINING REPORT

Dr. Cook stated that he has copies of the quarterly training reports for July and October of 2003. Dr. Cook was unsure of what information the Commission was requesting.

Chair Ward stated that the Commission wanted an overview of how NNAMHS is doing in terms of training staff.

Dr. Cook stated that NNAMHS provides orientation training for all new employees to include abuse and neglect of clients, clients rights, safety issues, infectious control issues, violence in the workplace, and sexual harassment. The clinical staff is provided additional training in terms of medical records and suicide assessment/prevention, etc. Dr. Cook expressed concern with the training budget at NNAMHS and stated that in the next legislative session he will be requesting a substantial increase in the training budget. NNAMHS also provides on-going training with a focus on clinical training.

There was discussion on the report the Commission reviewed at the August meeting and Dr. Cook did not have a copy of that report.

ACTION: Chair Ward suggested that the Commission give Dr. Cook the opportunity to review the August report and report back at the December meeting.

AGENCY DIRECTORS' REPORTS

Dr. Luke brought to the attention the issue of the provider rate increase that was approved by the Legislature for a 7% increase in January 2004 and an 8% increase in July 2004. Dr. Luke stated that for supported living providers, a work group recommended a change in methodology to address the administrative overhead equalization issues. The less costly supported living providers had a fairly high administrative profit margin, while providers serving the most challenged individuals had a very low administrative overhead. Dr. Luke stated that they have held a number of meetings on this issue and are working on each individual supported living contract (about 1,200 in the state) to restructure the contracts. Dr. Luke stated that there would be some decreases in the supported living contracts.

Dr. Nora highly commended Dr. Cook for paying attention to service needs relating to co-occurring disorders. Dr. Cook stated that NNAMHS will be attempting to restructure resources to deal more directly with addiction disorders.

Dr. Richitt commended Dr. Cook on the very low waiting list numbers. Upon questioning, Dr. Cook stated that the mental health court needs have exceeded budgeted funding of \$500 per individual and actual costs are currently \$1,000 per individual, per month.

Dr. Triggs reported that SNAMHS is beginning their mental health court with a \$150,000 grant funded over the biennium through the 8th Judicial Court.

ACTION: Dr. Brailsford requested an item on the next agenda item to discuss the policy of missed and follow-up appointments in Executive Session.

MHDS POLICIES – HIPAA POLICY

Dr. Luke stated the HIPAA Policy is a series of new policies to comply with the federal HIPAA requirements. Dr. Crowe stated that the Division is currently recruiting for a HIPAA Officer and anticipates a start date in 30-60 days.

Dr. Albers questioned if Commissioners need to be HIPAA trained. Mr. Irvin responded that Commissioners do not generate HIPAA information, however do handle HIPAA information, and thus should be HIPAA trained. It was discussed that the new HIPAA Officer should provide the training at the December meeting. Mr. Irvin stated that the Attorney General's Office also has a HIPAA power point training presentation that the Commission could view.

ACTION: Chair Ward requested that the December Retreat Meeting include a 1-hour presentation on HIPAA requirements from either the Attorney General's Office or the MHDS HIPAA Officer.

Dr. Richitt requested the lunch hour to review the proposed HIPAA policies and discuss after lunch.

A lunch break was granted at 11:50 A.M.

The meeting reconvened at 1:00 P.M.

CRISIS CALL CENTER UPDATE

Casey Gillam, Crisis Call Coordinator, stated that over the last quarter a marketing public awareness campaign in Clark County was begun to advertise the statewide hotline. Since that campaign begun, the Crisis Call Center has seen an increase of 70 calls from the last quarter.

This quarter the Crisis Call Center has hired five new staff to include a deputy director, a bilingual crisis call specialist, a community resource specialist, an outreach specialist, and a publicist.

Mr. Gillman stated that the Call Center continues volunteer training and has had requests and inquiries for the January training. Mr. Gillman stated that the Call Center currently has 45-50 solid volunteers and would like to have 80 volunteers. Mr. Gillman stated that the volunteer trainings are held in Reno.

Dr. Nora questioned if the Crisis Call Center tracks the outcome of the services provided. Mr. Gillman stated that the Center does not have the technology to track the services and would need the cooperation of hospitals to track and share this type of information. Chair Ward stated that this is a Nevada Legislature issue to mandate hospitals track and share this type of information.

Mr. Gillman stated that currently there is no follow-up on individuals who call the Crisis Call Center, but they anticipate starting a voluntary follow-up with callers.

MHDS POLICIES – HIPAA POLICY

The Commission suggested the following editorial changes to the HIPAA policies:

- Policy 6.004 – Page 5, Article 4.a. and 4.b. – insert the word “information”, after the word health;
- Policy 6.009 – Page 7, delete extra [.] after H.;
- Policy 6.010 – Page 2, II, A. 3. – remove , - (including identifying or locating)[,];
- Policy 6.001 – Page 2, 2. – When revised the Division of Mental Health and Developmental Services agency policies or procedures DO NOT affect the content of the Notice of Privacy Practices, then the agencies implement...;
- Policy 6.009 – Page 2, clarification on how mental health has to give information to the authorities when it comes to light that an individual has committed a crime. Mr. Irvin stated that the policy indicates that it MAY be reported and this policy was developed by MHDS and based on HIPAA law.

Dr. Albers moved to table the approval of the HIPAA policies until the December meeting with a further review to determine HIPAA compliance and comparison. The motion did not receive a second.

MOTION: Dr. Brailsford moved to approve the HIPAA policies, seconded by Dr. Fricke. The motion passed, with Dr. Richitt and Dr. Albers abstaining.

ACTION: A clarification of HIPAA policy 6.009 on C.1.a. vs. C.3. was requested for a report on the next agenda.

AGENCY DIRECTORS' REPORTS

Dr. Brailsford questioned DCFS regarding how the waiting list for early childhood will be affected and is there any relief in sight. Dr. Peterson responded that since the August report, the Governor has lifted the hiring freeze and currently six new positions are being hired and 7½ positions will be available for hire on October 1, 2003 in southern Nevada. Dr. Peterson stated that there should be a decrease in the waiting list numbers in the near future.

Mr. Gruner stated that DCFS in northern Nevada received a block grant funding three new full time positions and DCFS is currently hiring for these positions. Mr. Gruner stated that they should see a significant decrease in the waiting list numbers.

Dr. Neighbors, responding to a question by Dr. Nora, stated that in accordance with a recent Supreme Court decision that indicates for an individual to be involuntary medicated if the reason is for competency, there has to be a significant evidentiary hearing and review. Dr. Neighbors stated that this decision has caused some problems and issues for Lakes Crossing.

STATEWIDE MEDICAL DIRECTOR'S REPORT

Dr. Triggs, on behalf of Dr. Rosin, presented a written report and reviewed the following:

- The new hospital program design will be completed and presented for approval to Dr. Brandenburg on October 20, 2003. The goal is to provide adequate space for all departments that are essential to operate the facility efficiently. Following approval, the architects will begin a phase to format building conceptual design and configuration on the land allotted to the new hospital.
- A power point presentation on the new hospital is being prepared by public works for community presentation to enlist community support for the project.
- Exploration of various sites for the new hospital is nearing completion.
- On October 1, 2003, with additional staff hired, the SNAMHS hospital census was raised to 73 from 68. This is the first step in raising the acute bed capacity to 77.
- Eventually, the SNAMHS POU will be enlarged to 26 beds. This will bring the SNAMHS hospital facility up to its licensed capacity of 103 beds.
- NNAMHS is currently exploring new treatment options for clients with co-occurring disorders.
- SNAMHS is planning to provide dialectical behavior training (DBT) to its staff in an attempt to expand treatment options to clients with borderline disorders. DBT treatment is currently available at NNAMHS.
- NNAMHS completed its Division Survey based on the new 2004 JCAHO standards. The results will be used to prepare for JCAHO re-survey next year.

- SNAMHS has applied for JCAHO accreditation and is in the final phases of preparation for an initial survey.
- NNAMHS and Sierra Regional center have begun regular meetings of key staff to ensure the best quality of care for clients who have co-occurring mental illness and developmental disorders.

ACTION: It was requested that the Commission view the power point presentation on the new hospital at a future meeting.

PROGRAM EVALUATION REPORT ON DCFS' WIN (WRAPAROUND IN NEVADA) PROGRAM

Dr. Peterson gave brief introduction and background for the WIN program. Dr. Peterson introduced Dr. Rast, consultant for the WIN program and provided a power point presentation handout.

(Dr. Albers and Dr. Fricke left the meeting)

Dr. Rast provided a brief summary of the WIN program. When Nevada began looking at consolidating the child welfare system and moving the foster care and adoption system from DCFS to the counties in Washoe and Clark, one thing that surfaced was assessments that had been done that showed that a significant number of the children in the foster care system have severe, emotional disturbance but are not receiving any mental health services. Dr. Rast stated that part of the funding of the legislation that consolidated the child welfare system, actually funded a mental health pilot to provide wrap around services to those children. Dr. Rast stated that systems of care are created because the needs of children and families do not always match the design of categorical services. Many children and families have needs that cross agency and program boundaries. Coordinated and collaborative programs are more effective and efficient.

The core principles of a system of care include: child centered but family focused; community-based; consumer-driven; consumer involvement at all levels of design, development and implementation; cultural competence; community development; collaboration; efficient use of taxpayer money; and local control.

The funding also provided for the creation of three mental health consortia who have been developing annual plans and trying to coordinate services. Dr. Rast stated that one thing that they found was that the funding that was being spent on children in the foster care system through the DCFS and Medicaid, \$18.6 million were being spent out of total spending of approximately \$20 million on residential care. It has been determined that a child has a much better outcome if they are served by coordinating community based services. The pilot project funded 327 slots and required that an evaluation be done and funded by phase-in. Children were first served in this project in April 2002 and the full first full pilot, 33 children, were served by the end of June 2002. At the same time, out of the 327 children, 32 control children were selected to track data for a comparison on the outcome of the services the children were receiving.

The outcome comparisons show a significant decrease in levels of residential care, detentions and suspensions from school, levels of MH symptoms, abuse and neglect reports, and arrests. There was a significant increase in reunifications with family and school attendance. The impact of fidelity of the severity of mental illness was that there was the greatest change in CAFAS scores in the high fidelity wraparound services followed by the low fidelity wraparound services and traditional services. In a cost comparison, the amount of behavioral health money that was being spent on the children that weren't receiving the wrap around services was averaging about \$23,000 a year, the children receiving low fidelity wrap around services decreased to about \$21,000 a year, and the children receiving high fidelity wrap around services decreased to less than \$16,000 a year.

MHDS POLICIES - #5.030 – CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS

Dr. Luke stated that Policy #5.030 is not ready for Commission approval.

ACTION: Chair Ward stated that this item would be placed on the December agenda for approval.

PUBLIC COMMENT

There were no additional public comments.

MOTION: Dr. Greiner moved to close the public meeting at 2:35 P.M., seconded by Dr. Nora. The motion passed unanimously.

Respectfully submitted,

Christina Harper
Recording Secretary