

**MINUTES**  
*of the*  
**Mental Health Planning Advisory Council**  
**Access to Child/Adolescent Services Committee**  
*meeting on*  
**Tuesday, May 11, 2010**  
*held at*  
Division of Mental Health and Developmental Services (MHDS)  
4126 Technology Way, Second Floor Training Room  
Carson City, NV 89706

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

Patricia called the meeting to order at 1:10 pm. Roger did a verbal roll call and Tanya completed the sign-in sheet.

Members Present:

- Norris, Rene – Family Member (via teleconference in Las Vegas)
- Peterman, Patricia – Family Member, Chair
- Phinney, Cody – MHDS
- Polakowski, Ann – DCFS (via teleconference in Las Vegas)
- Thomas, Alyce – Consumer (via teleconference in Las Vegas)
- Wilhelm, Layne -SAPTA

Members Absent:

- Snead, Lydia – Family Member (excused)

Staff and guests:

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

## **2. REVIEW AND APPROVE MINUTES FROM PRIOR MHPAC MEETING ON 4/13/2010**

Patricia asked for comments or changes to the minutes from April 13, 2010.

Layne motioned to approve the minutes as written. Cody seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

## **3. UPDATE FROM COMMISSION OF MHDS**

Patricia asked Dr. Kevin Crowe to update the Committee. Dr. Crowe said that Dr. Gretchen Greiner will be attending the meeting shortly. He said Dr. Greiner is the Chair of the Subcommittee on Children's Mental Health and she sends her regard. The Commission is committed to working with MHPAC for children's services. On the Commission level, they had a summit meeting in February and came up with some state outcomes. Since then they have met with DCFS in order to refine and set up objectives that DCFS will be supportive in as well, and will meet their budget and BDR plans. This document will hopefully be approved at the May 17<sup>th</sup> Subcommittee meeting on Children's Mental. They are in the process of aligning how the agencies are constructing their budgets, particularly DCFS. When the plan comes out it, he thinks a key role for the Mental Health Planning & Advisory Council and this Committee is to review it and make sure it makes sense. The Children's Consortiums have been very effective.

They have two meetings scheduled and he hopes to have the information available to share at the meeting on the 17<sup>th</sup>. He commended the Council on taking formal action in having Patricia link with the Commission's subcommittee. One of the items they will need to put in place is public awareness. There are a number of areas for collaboration as this unfolds. It has been a difficult task to get a consensus between external groups and the agencies. There are sweeping governing changes on the DCFS side. It will change the way business is conducted for children. They are expanding the governing process. They are recommending the connection begin to take authority over private mental health facilities. In the transformed system for children's services, the model that they are supporting is DCFS would become the lead agency; there would be a regional administrative services agency. Very similar to how other states are managed. DCFS now provides essentially all of the services. They are going to need strong public assistance as the plan comes out.

Dr. Crowe passed the floor to Dr. Greiner. Dr. Greiner said the plan is nothing as she envisioned. The Commission has as a mandate to review this plan on an annual basis. The plan will be heavy in what needs to take place, basically building the foundation of changes that will take place over the next two biennia. There will be a lot of policy and regulation changes to pave the way for a different kind of service delivery with DCFS being more of an accreditation and oversight

quality assurance group as opposed to service delivery. A lot of preliminary things have to happen in order for these changes to take place. It requires changes to regulations, so it will take awhile to get this accomplished. DCFS is already working on a BDR that will change some of the authority of the Commission and will give them the right as far as children's services are concerned to do some oversight to private providers as well as public providers and to develop a policy board and start the process for changing it from a service delivery model to a quality assurance and accreditation model. They are finding there are a lot of little things to change and unfortunately the little things are in regulation. One of the big changes they would like to make is if DCFS is able to implement programming that result in a cost savings; they should be able to reinvest the in expanding programs or making changes that are necessary. In the past they have not had the authority or the ability to retain the cost savings. They will be attempting to get the Legislature to allow the agency to retain any cost savings, so they can turn it around and put it into improving children's behavioral health and mental health services. When any agency realizes a cost saving, they do not have the ability to keep the money in house. It reverts back to the general fund. It is almost counter productive to do things that would result in a cost savings, because the agency does not keep the money. What they are hoping to do is to get the philosophy to change. Patricia asked if this would be similar to a reserve fund. Dr. Greiner said yes, this way they can change the budgeted purpose. What they are trying to say is if the State has allocated a certain amount for DCFS to operate, and within the operational funds they realize some savings, they should be able to redirect where the money goes without having to lose it. Patricia asked if they would have programs ready to implement once the savings was realized. Dr. Greiner said that she believes if there is any money saved out of the budget; DCFS will have a good idea as to where to spend it.

DCFS is fully committed to this change. Because of the bureaucracy and the Legislative set up, that they are governed by, there is a lot that will have to be changed in order for this to become fully realized. Along the way, as they change things, it would speed the implementation of this philosophy if they could capture their savings and reuse them rather than lose them altogether. Dr. Crowe said he believes that DCFS has hired an outside consultant to reconstruct the budget. The services the new system envisions is much different in that they are going to have in place a regional structure that will have provider credentialing, training components, and a data system that includes private and public facilities that uses data already available and collected by the Health Division. They envision a dual streamlined quality assurance process. The work is beginning right away.

He said the area of public awareness is an area that they are struggling with and that is an area that the Mental Health Planning & Advisory Council has a natural fit to. He is hoping that as they develop the plan, this Committee and the Council will review it, support it, and begin to become advocates for it. Patricia asked if the plan that is coming out of the May 17<sup>th</sup> meeting would be available to the Committee to take to the Council. Dr. Greiner said she promised Mr. Willden he

would have a plan by June 30, 2010. As soon as they present it to Mr. Willden, it will be available for public dissemination. Dr. Crowe said it has been time well spent, because this has not been done before where the external programs have really linked with the agency. Dr. Greiner said Kevin Quint has discussed partnering with the Council and she believes it is a very important component. It is one of the things that bothered her when she was chair. She would like to see the Council and the Commission do more together. This may be one of the first things. She does not believe that this plan is perfect, as they have more of an embedded process for reviewing it annually and that over time it will become a better document. Hopefully it sets them in the right direction to make some very positive change for children in Nevada. She expects this plan to evolve and change over the years. They will accomplish some things quickly and some will take longer. This is a plan for progress and changes that will be good. As they accomplish things, they will continue to move forward. Dr. Crowe said the first four years of the document is very detailed.

Patricia said there is a lot to the plan. Some things looked really broad. Dr. Greiner believes it is necessarily broad because they were asked to do a 10 year plan. There is so much that has to happen in the beginning that will determine which pace they will go. A lot of the group feels they need to get this into some very specific goals. Dr. Crowe said one of the items that came out of the last meeting was to have another tier added. They have goals, objectives, and tasks.

Patricia said she would like for them to come to a consensus as to what the Committee can do to assist. She asked for comments and/or suggestions. Layne said once they see the plan they will be in a better position to determine how they can assist

Patricia thanked Dr. Greiner and Dr. Crowe for their participation.

#### **4. DETERMINE ACTION NEEDED TO ACHIEVE GOALS**

- **AWARENESS**

Patricia opened the floor for discussion. Layne asked Patricia if any of the goals the Committee has coincides with the Commission's plan. Patricia said she is not certain. Dr. Crowe said after the meeting on May 17<sup>th</sup>, they will have more specificity and then may be the time to determine if the goals coincide. Layne said one of the Committee's goals would be to work parallel so they are not working against each other. One of the questions, they would probably have is if there are different approaches between urban and rural areas. He asked if the Commission has looked at that, or is it blanket for the state. Dr. Crowe said in the plan they are looking at a regional service delivery system. Dr. Greiner said the reality is as much as they want to take DCFS out of the service delivery system; they expect there are some locations where DCFS may still be the basic

provider. They are envisioning that for some of the more remote rural areas, where it is be difficult for them to find private contractors. She said the rural areas were represented. She believes it will be an evolving process and even though for the most part DCFS will be out of the service delivery arena, they will be delivering services to Elko and other rural areas, so that they will not have to do without. Ann said she was not under the impression that DCFS had many clinicians in the rural areas, that is was mostly Child Welfare. Dr. Greiner said they have Rural Services Mental Health. Ann said that is under MHDS. Dr. Greiner said under this plan it would come under DCFS. They would be taking the children's mental health aspect out of the adult program. Ann said her understanding is that they were looking at early childhood mental health as being a gap in the system that DCFS might cover for awhile as well. Dr. Greiner said early childhood mental health was a major area of discussion. They are very concerned that there are not very many practitioners in the State that provide services for very young children. They are aware this is a necessity. The further away from the metropolitan areas, the harder to find people who can provide these services. There are probably some areas where it will not be possible to provide the services and the State will have to provide these services. Layne asked how many regions they came up with. Dr. Crowe said it may be one for the entire State.

Layne said because the Committee has not seen the plan they are attempting to determine if they are headed down the same path. They are seeing some of the issues the Committee has seen as far as access to services, availability to services, who can pick up the services private contract, will the State still be responsible for some. It sounds as if it fits within the goals that the Committee has determined.

**a. WHAT SERVICES ARE AVAILABLE**

**b. WHERE CAN CHILDREN/ADOLESCENTS ACCESS SERVICES**

**c. WHAT BARRIERS EXIST**

**d. DEFINING MENTAL HEALTH FOR CHILDREN/ADOLESCENTS, PARENTS, AND COMMUNITIES**

Patricia asked Ann if she has any ideas as to what type of things they can do for this. Who would they need to contact to help with this and how would the Committee go about this. Ann said the Clark County Consortia has a committee on public awareness; she is not sure about Washoe and the Rural Areas. The committee does campaigns to for public awareness. This may be a group to connect with in regard to this. There may be resources at the Federal level as well.

- **RESOURCES**

Patricia said the Child Transition Committee came up with resources that were put in the Fact Sheets. She asked if some of the resources are on the Fact Sheets. Roger said he believes so. He said Tanya received a comment from Douglas County in regard to them. Tanya said Douglas Mental Health called and were very thankful. They thought it was very nicely put together and they appreciated it. Dr. Crowe said that each of the Counties has done a lot of fascinating work in developing public relations materials. In Washoe they have used billboards and a variety of things. There is a State Consortia that pulls a lot of information together. He suggested meeting with them. Patricia said she has been invited to the Consortia meeting on the 27<sup>th</sup>. She is going to attend the meeting and see what they have. She asked if the resources that the Consortia's have come up with are a part of the public relations as well. Dr. Crowe said one of the issues for the Consortia is their own continued funding. When Patricia attended the NAMI walk in the North for Children's Mental Health Day, she was able to speak with different organizations, and they are having difficulties with funding as well.

Dr. Crowe said some of the area bill drafts will look at attempting to change what Medicaid covers for children services. Patricia asked Dr. Crowe if he would elaborate. Dr. Crowe said the provision of home and school based recommendations is not covered in any way at this time.

- **CONTINUUM OF CARE**

Patricia asked for comments. Layne said this is the piece that is left after the person is reunited with the community. It is then left to the schools, mental health services, etc. to pick up and continue the service. In the past, religious organizations have been able to step in and assist in those roles. As things get tighter in the rural communities he believes they will lose a lot of those organizations. They will need to look at the issue and the funds established, how do they make it happen, how do they continue with the services where in many cases it will be years of service and support. In the recovery area, this is the largest obstacle they attempt to overcome. They can send people to residential group homes, but when they come back to the community they fall to pieces. Are there healthy communities that are going to support active lifestyles that are beneficial to everyone?

Patricia asked for an explanation of Wraparound in Nevada (WIN). She thought it was a continuum of care. Ann said Wraparound in Nevada is a targeted case management program that serves severely emotionally disturbed children between ages 6-18. Their job is to do tier coordination for children in the Foster Care System with severe emotional disturbances. They do not do any direct service. They do all the linking and monitoring. Dr. Crowe asked if it is just for children in Foster Care. Ann said WIN is legislatively developed for children in Foster

Care and then they will transition the children home. It is not a parental custody program. There are case workers in both early childhood and DCFS who provide the same level of intensity of services in targeted case management to parental custody children. WIN specific is for Foster Care. Patricia said the parental custody children are on a case by case basis. Ann said they serve them too; they just are not served by WIN.

Dr. Crowe said he will forward copies of the Clark, Washoe, and Children's Mental Health Plan to Patricia.

## **5. PUBLIC COMMENT**

Patricia asked for public comment. No public comment made.

## **6. SET DATE AND TOPICS FOR FOLLOW-UP MEETING**

Alyce motioned to have the next meeting on June 15, 2010 1 pm – 3 pm.

Rene seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

## **7. ADJOURNMENT**

Rene motioned to adjourn. Layne seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 2:10 pm