

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES  
MAY 25, 2012  
MINUTES

VIDEO TELECONFERENCE MEETING LOCATIONS:

SIERRA REGIONAL CENTER

605 SOUTH 21<sup>ST</sup> ST.

SPARKS, NV

AND

MHDS CENTRAL OFFICE, 4126 TECHNOLOGY WAY, 2<sup>ND</sup> FLOOR CONFERENCE  
ROOM, CARSON CITY, NV

AND

DESERT REGIONAL CENTER, 1391 SOUTH JONES BOULEVARD  
TRAINING ROOM, LAS VEGAS, NV

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Kevin Quint, Chair

Capa Casale

Barbara Jackson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Julie Beasley, Ph.D

Marcia Cohen

Andrew Eisen, M. D.

COMMISSIONERS ABSENT:

Pamela Johnson

Valerie Kinnikin

TJ Rosenberg

**CALL TO ORDER**

Chair Quint called the meeting to order at 8:45 A.M. Roll call is reflected above; it was determined that a quorum was present. Introductions were made at all three locations.

**PUBLIC COMMENTS**

Barry Lovgren, private citizen attending at the Carson City location commented regarding a letter dated May 3<sup>rd</sup> he sent to Mike Willden, DHHS Director and copied all

of the MHDS commissioners about statute not being revised with the transfer SAPTA services from the Heath Division to MHDS. In the letter he recommended revision to the statute. He said he hope that in preparing the MHDS agenda for the 2013 legislative session, the agency will consider his recommendations in that letter. Until NRS 433 is revised to align with that transfer, the authority of the MHDS Commission with regard to SAPTA is limited to services for co-occurring disorders. In addition to its discretionary powers, the MHDS Commission has a statutory duty to establish policies for the care and treatment of persons with co-occurring disorders. You are not just authorized to establish those policies; you are required to establish them. I am pretty sure I also sent a copy to the commissioners of the May 14<sup>th</sup> letter that I sent to Mr. Whitley about SAPTA certifying treatment programs being in compliance with Division criteria that didn't even exist and being in compliance with Division criteria for programs providing specialty treatment for persons with co-occurring disorders that still do not exist. If you did not get that letter, let me know and I will send you a copy. SAPTA is authorized to fund only programs according to Division criteria and in part provide services for this specialty field. Division policy for treatment persons with co-occurring disorders remains in an un-adopted 2007 draft policy for what was, then, a pilot project. SAPTA now has unfunded programs for these specialty services. That draft has not been revised to consider the 2011 recommendations by the Governor's Committee on Co-occurring Disorders, hasn't been approved by the SAPTA Advisory Board in open meeting, hasn't been adopted by the Administrator and hasn't been established as policy by this Commission. And that policy for the care and treatment of persons with co-occurring disorders is established by this commission. The Commission should exercise its statutory duty and SAPTA will finally be able to begin lawfully certifying and funding this specialty group. SAPTA just went through an LCB audit that basically found that SAPTA hasn't enforced sub-grant requirements for programs to account for how SAPTA funding was spent. There is nothing on the agenda that even indicates that this commission even knows about the audit. You can read the report on the LCB Audit Division website. Nearly all of the SAPTA responsibilities are beyond the authority of this commission until NRS 433 is revised. Problems like how SAPTA doesn't just fail to enforce the sub grant requirements, the treatment programs bill on a sliding fee scale based on 400% of the federal poverty level, but actually prohibits them from doing so. Statute requires that they use the SAPTA sliding fee scale that penalizes families with increasing severity as household size increases and isn't based on any given percentages of the federal poverty level. Under the scale that requires the treatment programs to use, a pregnant teenager in a family of 8 with income so low that she qualifies for Medicaid isn't eligible for SAPTA treatment and Medicaid generally doesn't cover substance abuse treatment. If those billing protocols were any MHDS agency other than SAPTA, you could do something about that. It has been made clear at previous meetings that the SAPTA sliding fee scale is beyond review by this commission. That will remain true until NRS 433 is revised. Before the 2013 session determines what SAPTA's budget will be, and under Mr. Whitley's leadership, I certainly hope that the issue of treatment for persons with co-occurring disorders and my long standing issue with treatment for pregnant women will be addressed.

## **CONSENT AGENDA**

**APPROVAL OF CORRECTED SEPTEMBER 16, 2011 MINUTES**

**APPROVAL OF MARCH 16, 2012 MINUTES**

**AGENCY DIRECTOR REPORTS**

**MOTION:** Commissioner Beasley moved to approve the consent agenda as a group. Commissioner Casale seconded the motion. Motion carried.

## **DISCUSSION PEER REVIEW PROCESS FOR PRIVATE MENTAL HEALTH FACILITIES**

Tara Phebes, Clark County Death Review Team began the discussion. Clark County has a group of representatives from different agencies in the community that form this death review team. They have representatives from child welfare, juvenile justice, all jurisdictions of law enforcement, hospitals, the school districts, physicians and pediatricians. The purpose of the team is to review fatalities that happen in our community. The focus is to try to identify areas for prevention. One of the things we reviewed occurred in a mental health facility and the group asked that representatives from that hospital come to the group and discuss that event and also discuss if they put anything in place as a result of that event to avoid a similar event in the future. At that point, it seemed clear that it would be helpful if we could develop a peer review group for mental health facilities so that they can all learn from each other when events like this occur. Many of them have existing internal reviews, but we recommend that the state develop a closed peer review with representatives from the mental health agencies.

Dr. Eisen, who is a member of the Clark County team, expressed his support for the development of such a group as well as saying so much could be learned by reviewing these different events and contributing factors and in the end perhaps prevent similar events in the future. He also explained that the review is in a protected environment. Everything discussed is confidential. Dr. Eisen said this may have to be put to the legislature in the form of a BDR.

Dr. Green responded by saying that the Health Division is currently working on a BDR for sentinel events. She offered to look at the mental health facilities and work on a plan for review and to incorporate the root cause analysis and plans of correction and as a process for the review and do it all on one BDR.

**MOTION:** Dr. Eisen made a motion that the MHDS Commission work with the Health Division to develop a process for multi-facility closed review of patient deaths in a mental health facility.

Commissioner Cohen seconded the motion.

Discussion: Commissioner Cohen asked what kind of opposition was expected from the hospitals to having these events that happen in their hospitals being reviewed by

representatives from many different entities. Dr. Eisen anticipates some hospitals resisting the review for reluctance to share the circumstances of these events as some are unfortunate and disturbing, even with peers in a closed, non-public setting. However, the goal being the driving force is for the good of all patients should prevail.

Richard Whitley stated that with the Health Division BDR on sentinel events they have been working with the Hospital Association. If this recommendation is approved, Richard would have the Deputy Administrator on the Health side, Marla McCade Williams, who is leading the Health Division BDR, follow up with involving the MHDS commission with where we are at with engagement with the stakeholders and to add the this piece to the discussion in the preparation of the BDR.

The motion carried. Chair Quint ask Dr. Eisen to be our point person on this project.

### **CITIZEN REQUEST FOR CONSUMER ADVOCACY (OMBUDSMAN)**

Elaine Cunningham came to this meeting as a continuation of hearing her request made at the last meeting to become an ombudsman for mental health clients. She feels they especially need someone during the Legal 2000 process and/or when hospitalized for mental illness. She feels the psychiatric staff treating the consumer does not keep the family informed of the consumer's condition or that client's needs. She feels the clients and their families cannot defend themselves for a number of reasons and just do not get what they need without someone to be their voice. In the Legal 2000 process, she believes an advocate should be there at the beginning in court to assist the client and stay with the case throughout treatment at the inpatient facility. When they get to a facility, away from everything familiar to them, they are frightened. Being isolated when a person is in psychosis is cruel. She feels a personal representative or ombudsman or both could assist with decisions now solely made by the doctor. This advocate would have information about the client to communicate to the treating doctor that the client for many reasons cannot communicate themselves. The ombudsman could ensure people rights are protected. ..

Dr. Eisen asked; who would employ the ombudsman? What would their qualifications be? What authority would they have?

Ms. Cunningham answered that this is an idea in the rough but she believes they should work for the state. She stated perhaps they could be on call for the hospitals when needed.

Right now, she is with the new Dream Cunningham Advocacy Foundation which is only about a year old. She has reached out to people by word of mouth. Right now without being as an advocate none of the nurse or doctors have to tell her anything because she has no official status to be an advocate for the clients.

Chair Quint stated that we need to look at what types of advocacy exist now, what authority they have, what the need is for additional services and how that needs to be accomplished. The consensus of the committee was we need more information. We

could hear from hospital staff, the Nevada Advocacy and Law center and other advocacy groups and determine what is being offered with existing resources and where and how Ms. Cunningham could be active as an advocate perhaps in an existing program.

Chair Quint offered to call or meet with Ms. Cunningham apart from this meeting and talk about this issue and keep an open dialogue.

Chelsea Szklany, Acting Administrator for Rawson Neal Psychiatric hospital gave a general description of the Consumer Assistance program at Southern Nevada Adult Mental Health Services and explained the volunteer program. She told Elaine she would be happy to meet with her about getting involved with that program.

Dave Caloiaro, Acting Program Director at the Central Office in Carson City also offered to call and discuss the Consumer Assistance program with Ms. Cunningham.

Chair Quint called for a short break to try to address audio problems.

## **DISCUSSION OF HEALTHCARE REFORM**

Dr. Tracey Green reported for Richard Whitley on the Affordable Care Act. A handout was provided to the at all locations for attendees to follow. Highlights of the presentation.

- Provides tax credits and government subsidies for people with incomes 133%-400% of the federal poverty level.
- Employers with 200 + employees will have to offer health benefits to all (including low-income employees).

### **MEDICAID EXPLANSION (2014):**

- Covers single adults up to 133% of federal poverty
- Employers with at least 50 employees will be fined for not offering health insurance and also fined for waiting periods.

### **THERE WILL BE FOUR SYSTEMS IN PLACE**

- Current Medicaid
- Medicaid Expansion-Childless adults 18-64 at or below 133% FPL
- Exchange – FPL 138-400%
- Private Insurances

### **MEDICAID EXPANSION**

- Medicaid expanding eligibility  
This means \$25,028 individual income and \$30,843 family of four  
No asset test for the newly eligible  
Legal US resident (NV resident)  
Not otherwise eligible for Medicaid or Medicare  
Not offered employer-sponsored insurance which is affordable (not exceed 9.5% of person's income)

### **FUNDING FOR MEDICAID EXPANSION**

- Cost of all new enrollees funded 100% by federal government in 2012-2016

- State's share for the newly eligible enrollees will be 5% in 2017, increasing to 10% in 2020 and beyond.
- Will have regular State Medicaid funded at 75% (Just for professional services)  
Regular State Medicaid is 54-75

#### NEVADA MHDS DATA

- Approximately 30% of MHDS active clients are currently enrolled in Medicaid
- Approximately 57% of MHDS active clients have no insurance coverage
- Approximately 9% of active clients have another form of insurance (private, Medicare)
- Based on MHDS Management Analyst Data
- Matching the uninsured population with income and Welfare data bases we know that the majority (86%) of these clients fall below the 138% FPL.
- All of the current MHDS active clients that are uninsured and under 138% of FPL will become Medicaid eligible after Jan 2014.
- Approximate number of clients in system to be covered is 11,000.
- Other Nevadans not in our system may also qualify and will need to be counted.

#### ESSENTIAL BENEFITS

- Medicaid and the Exchange's health plans must cover "essential health benefits".
- Determination of these benefits is left up to individual states
- Guide is State Medicaid and also the benchmark insurance plans used as a guide in the insurance exchange
- Federally "mental health and substance abuse disorder services, including behavioral health treatment" is to be covered.
- We are working with Medicaid in the development of the Essential Benefit Package.
- Proposed behavioral Health Services:
  - Inpatient
  - Step down services-partial hospitalization, outpatient service, intensive outpatient Services
  - Community based services
  - Substance Abuse-Inpatient detox and rehab.
  - Substance Abuse Step down-Intensive outpatient programs, telemedicine
  - Habilitation-residential.

#### DELIVERY OF MENTAL HEALTH SERVICES

- Fragmented system
- Many clients enter the system via the Criminal Justice system or Emergency rooms.
- Primary medical care is Psychiatrist visit without integration of any medical services
- We have identified frequent users of the MH and criminal justice system and are focusing on wrap around services

#### AFFORDABLE CARE ACT

- Key is to focus on BEHAVIORAL HEALTH and to look at substance abuse and mental health as the disease of addiction and a Chronic disease

- Defining the state role-currently we are the largest provider of mental health services
- Focus on Community capacity and infrastructure
- Look at opportunity for new service models; 16 bed Inpatient Psychiatric units, Community Mental Health Centers, Behavioral Health Homes and Psychiatric Personal Care Agencies

#### ISSUES

- Payor of last resort-role of the state
- Undocumented people living in Nevada
- Access to providers and building the provider network
- Ensuring providers are enrolled with Medicaid and private insurances on the exchange
- Training in billing, coding and collections for services

Dr. Green's summary included that we would be focusing in the future on using our dollars efficiently to provide the best services to meet the health needs of people in Nevada.

Dr. Eisen suggested that the Health Division include private entities that could participate in provision of these kinds of services. Dr. Green agreed to work that into the plan as we move forward.

Barry Lovgren, private citizen, asked if they are working on updates for Medicaid covering medications for Substance Abuse clients. Currently, pharmacy needs are not covered for all providers by Medicaid in all programs.

Chair Quint also commented about concern for Substance abuse programs that are not pharmacy Medicaid approved and with health reform, how will this work for them. Dr. Green said this issue is being addressed. They are looking at developing integrated billing that would bring Medicaid up to date with their provider types so the services provided would be billable and include medications using the affordable care resources.

We do not want to lose our small providers. We may look at coalition or combining providers and centralized billing. We are looking at all of these things.

Bob Bennett, representing NDALC (Nevada Disability and Advocacy Law Center made some comments next. He talked about the research done in the last few years regarding effects of trauma being present in mental health and substance abuse diagnoses. Does this new Medicaid and affordable care act include addressing trauma cases?

Dr. Green responded that she would look into the trauma cases, she did know that Post Traumatic Stress Syndrome codes were included in the billing coding for diagnoses. She would look into the trauma element.

Chair Quint said he appreciated the comments about integrating behavioral healthcare with primary healthcare. He asked what would become of Mental Health and

Developmental Services. Would they remain a primary provider or become more of a safety net?

Richard Whitley responded they would maintain a safety net role. At a future meeting, he said he could present to you the number of individuals who are sent out of our state with psychiatric disorders, particularly the aging, who have had mental illness all their lives and it has developed into dementia. In other states their psychiatric hospitals have taken on meeting that need in their states. Our role may need to be safety net as health reform goes forward, but government should not be a competitor with the private sector. There are populations that are not being served that we could expand our safety net role.

Chair Quint asked if there any thoughts on how primary health care providers are going to work with existing mental health services as the integration proceeds.

The benefit of this is we can have primary care within the mental health setting. That is what Dr. Green refers to as the Behavioral Health home. So bringing primary care to the mental health arena is available. There are some grants that we are looking at applying for that encourage modeling this approach. Federally qualified health centers are encouraged to integrate and provide satellites in a mental health setting. We are exploring that with the community partners.

Chair Quint then addressed the commission. What do we want our role to be as health reform moves forward and how can we be valuable to the division as the transition goes forward?

Dr. Eisen responded that he thinks we need to continue to provide to the Health Department needs that are currently met and those that are not being met. We need to keep informed the status of the federal agencies are still in the process of defining essential services. We need to keep discussing the reform as it evolves as a regular item on the agenda.

## **UPDATE LOCAL GOVERNING BOARD**

SNAMHS met in May. SNAMHS has a new Medical Director and everything seems to be going well.

In the North, Lakes Crossing Center and NNAMHS: First discussed was LCC. Every time they meet different issues of interest are discussed depending on what is going on. This time they talked about Seclusions and Restraints and how they are going to look at them. We asked them to bring more information to the next meeting to look at specific things to discuss. Chair Quint asked both agencies to present current issues and will address them in the Governor's letter, which we will talk about later.

## **VACANCIES IN THE MENTAL HEALTH COMMISSION**

Chair Quint addressed the need to fill the vacancy for a Psychiatrist, which has been vacant for awhile and then we have one forthcoming for Julie Beasley which will vacate June 30, 2012. Julie spoke and said she would submit her resignation to her association. She told us how much she has learned here and enjoyed being on the commission. She will attend the summer meetings and submit her report to the subcommittees on Children's mental health. She is working with her association to get candidates for her replacement.

Chair Quint asked for administration to send another request letter to fill the psychiatrist vacancy and follow up with filling Julie Beasley's vacancy.

### **ELECTION OF MHDS COMMISSION OFFICERS**

ACTON: Chair Quint would like to form a sub committee to meet by teleconference or a small meeting to develop a set of candidates. They formed a nominating committee. Chair Quint volunteered and Commissioner Casale volunteered to work with him. They will meet and develop candidates for the next meeting and confirm candidacy by email with the commissioners.

### **APPROVAL OF MHDS POLICIES**

Jane Gruner, Deputy Administrator, presented the following MHDS policies for approval:

- 3.010 Fiscal and Management Review (F1-5) to be deleted
- F-2.3 Mental Health Cost Reporting Data and Allocation Methods (3.016)
- F-2.4 Contracts Procedures (New)
- IMRT-5-2 Protected Health Information (PHI):  
General Requirements (6.003)
- A-1 Instructions for Guidelines for Investigations and Decision Tree
- SP-5.3 Authorizations and Utilization for Home and Community Based Waiver
- DS-2.6 State Funded Self Directed Autism

There was a discussion on the wage for family members or friends offering skills training services. The consensus was to take out the dollar amount per hour. Families are getting a certain amount per month to purchase that service. Jane Gruner suggested that the commission put a request in letter form to the Governor about considering an increase in the amount that is paid to get good service. Chair Quint will meet with Jane to compose a letter on this issue.

MOTION: Commissioner Beasley moved to approve the policies. Dr. Eisen seconded the motion. Motion carried and all policies approved.

### **PRESENTATION FROM DEVELOPMENTAL SERVICES**

Kathy Cavakis reported. Right now Developmental Services is in the process of budget building. They have not engaged in any new initiatives and probably will not until we complete that process. We did have a man here earlier that wanted to speak about host homes and the effort that our division is making in trying to sustain the host home model while at the same time building capacity. We are looking nationally at models to determine which model might best fit Nevada, so we can expand and build capacity throughout the state. There may be some changes to the model as it is now and hopefully by the next commission meeting we will be able to report what those changes are.

### **UPDATE FROM NORTHERN LOCAL ADVISORY BOARD**

Joe Tyler, Chairman of the Advisory Board reported. We have been meeting the second Tuesday of the month. We have been having good turnout from agency heads at our meetings. Joe referred to a position paper being started by the previous chairman about getting better dental care for mental health clients and still working on that. Sometimes they have guest speakers at their meetings. Their board is made up of more consumers than providers. They meet in building 1, the boardroom, at NNAMHS.

Chair Quint asked Mr. Tyler what the commission could do to work with them. Mr. Tyler referred to the board working with NAMI, the recent mental health month activities, including the recent walk and talk as one of those activities. NAMI reports at every meeting. Mr. Tyler asked for help on publicizing the meetings and Cody Phinney offered to help with that. He also invited Jane Gruner to attend and she promised to let him know when she could come and would like to participate.

### **DCFS POLICY FOR APPROVAL**

The new Deputy Administrator for DCFS, Kelly Wooldridge, presented the policy for approval.

#### **7.05 Medication Administration and Management Policy for Residential Programs**

Kelly went over the changes that were requested by the commission at the last DCFS meeting and the one change that DCFC had to make for Desert Willow Treatment Center. Page 5 of 14 c. "The person who can provide consent will be notified to obtain "verbal consent" of the emergency medical care and will provide written consent upon his/her most earliest return to the facility.

Page 9 of 14. This change was made at the request of the commission. Section 9 e. "The DCFS staff member will follow procedures from section IV B.9. of this policy regarding DCFS residential clients on approved pass. The DCFS staff member will count and review the medication with the school employee. The school employee will sign the Temporary Absence Release Form indicating school medications were received.

Page 10 of 14 13. Disposal of Medications. DCFS staff shall conduct a count of the medications to be disposed. Treatment Homes document this on the Medication Disposal Sheet (Attachment H). DSTC disposes its medications through the pharmacy.

c. Medications that cannot be disposed of at the pharmacy will be taken to the local law enforcement office for disposal. Two DCFS staff will take the medication to the disposal site in the original container. A DCFS staff member will count the medications in the presence of the designated law enforcement staff member.

d. Disposal of psychotropic medications prescribed for clients in Clark County child welfare custody that are discontinued, expired or unused will follow the policies of Clark County Department of Family Services.

Dr. Eisen said the brand names need to be removed and the abbreviations corrected and there is a spelling error. Policy attachment A1 for Desert Willow.

MOTION: Capa made a motion to approve the changes to the policy. Barbara Jackson seconded. Motion carried.

#### **UPDATE OF THE MENTAL HEALTH PLANNING AND ADVISORY COUNCIL (MHPAC) COLLABORATION**

Dave Caloiaro introduced himself, gave a brief description of the Mental Health Planning and Advisory Council and its members and the council's involvement with the block grant. He announced he would be the presenter for this update today.

This meeting has experienced video conference audio and visual difficulty today and in connection with that, the MHPAC has ordered all new video conference equipment for Sierra Regional Center. That is scheduled to be installed in the next two to three weeks. There was in the past a commission meeting cancelled due to a breakdown of equipment, so the council produced a solution by providing new equipment.

Another collaboration, historically MHDS on the mental health side and the SAPTA have submitted separate block grant applications. We have formed a planning group and are meeting regularly, including DCFS and for the April, 2013 deadline will be developing a joint application for MHDS and SAPTA. We invite Chair Quint and any other commissioner that may be interested to attend.

Another thing that the MHPAC block grant would like to support is that the MHDS Commission in the past has had a contractor or researcher that has provided services to the commission. Because that position was held by a past state employee, we lost that position for the commission and the MHPAC also lost our block grant writer for the same reason due to new legislation.

Replacing the researcher could help with the upcoming legislative session. That person could help track bills, assist with testimonies and other important functions. We are

committed to funding that key support position to the commission which to begin this July 1<sup>st</sup>, the beginning of FY13. We intend to install \$24,999 for this purpose and will work closely with Chair Quint and the commission to recruit someone.

The other idea for collaboration is in developing activities for May, Mental Health Month for the coming year. We partnered with NAMI last Saturday for a “walk and talk” celebration, featuring some guest speakers and many mental health professionals in attendance. It was a very enjoyable event. We also were able to get an insert into the newspaper focusing on Anxiety and Depression both from a consumer and a professional point of view. We plan to do this again next year and include some children’s mental health issues.

We would start planning five or six months prior and would like to get ideas from the commission for celebrating mental health in the future.

Chair Quint expressed gratitude for the possibility of recruiting staff and agreed to collaboration for Mental Health Month in the future.

### **REPORTING REQUEST FOR AGING SERVICES FOR AUTISM SERVICES**

Jane Gruner reported. Jane contacted Aging Services and in the future Jane has requested they send a representative to this meeting so they can describe their services and also allow the commission to ask any questions you may have about their caseload and services.

Currently Aging has 216 individuals on the waiting list. They are currently serving 130 people. MHDS is currently serving 114 individuals. We are not putting new people on, but will continue to serve the 114 people we have now until they age out of the program. We will put it in our budget to finish treatment for these people. There is collaboration between the two agencies; they meet monthly to discuss their programs.

### **UPDATE FOR CHANGES IN REGULATIONS**

There are no new regulations or changes to bring to the commission today.

### **GOVERNOR’S LETTER FROM THE MHDS COMMISSION**

We are late on this letter, but it is still being worked on. I sent out the old letter to the commission and asked for feedback to do the new one. I will go over a few points from the old letter and then I would like to present a few points that I would like to go in the new letter.

Last letter: The top priority of this letter was to pass a certain bill regarding the children’s mental health plan and that bill did fail in its first try, but there are still come efforts going on and we can keep this issue in the new letter.

The second point in the letter was addressing some large budget cuts and our letter was a request to preserve and uphold the core services and continuing care in the mental health system.

The third point was asking the legislature to reinstate funding to the mental health courts and the triage centers in Las Vegas and Washoe County. There was more support by testimony from several different judges and mental health court professionals as well as our written request. The combination of support for the programs resulted in the reinstatement of funds.

The fourth point was an effort to put Developmental Services on the map, a request for a decent hourly rate for the service providers, also to caution the legislature about eliminating programs for autistic families and children.

New letter:

Continue to develop a point around the children's mental health plan. I will work with Julie Beasley on this point.

Next, develop something around workforce issues. In talking with the LGB's in the North, it is very clear they have trouble attracting and retaining psychiatrists. I think it is also true at SNAMHS. We will talk about the need to develop some kind of strategic plan to attract psychiatrists, nurses and other professionals and keep them.

Next, we talked extensively at our last meeting with Dr. Neighbors about their ongoing challenge dealing with unexpected medical needs for their clients. We need to respect what Dr. Neighbors and the division wants to do with the medical issues, staffing issues, and budget issues that interfere with their core mission. We need to present these many problems at Lakes Crossing Center to the Governor.

Commission Cohen commented on the hiring process regarding the workforce issue. Chair Quint will research the problems with the hiring process and also look into the shortage in the rural areas to include in the letter.

This time I would like to present these issues to the Governor and also let him know what we think of the state of affairs.

I will put a draft together and get it out to the commissioners to review.

## **FUTURE AGENDA ITEMS**

Schedule: Next meeting July 13<sup>th</sup> DCFS only. Karen Hayes will put together the schedule for 2012 and 2013 according to the advised schedule and distribute to the commissioners.

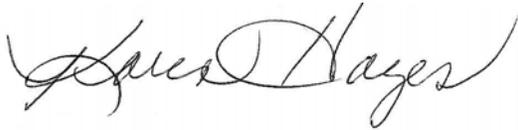
Also to be on the next agenda, a subcommittee report on staff position for a researcher and the subcommittee report on the election of officers.

**PUBLIC COMMENT**

No further public comment.

This meeting adjourned at 11:45 am

Respectfully submitted,

A handwritten signature in cursive script that reads "Karen Hayes". The signature is written in black ink and is positioned above the printed name and title.

Karen Hayes  
Recording Transcriber













