

**Subcommittee for the Development of the State Mental Health Plan for Children  
Commission on Mental Health and Developmental Services**

**April 5, 2010 Meeting Minutes**

**Attendees Present at Reno Location**

Pam Becker - Washoe County Children's Mental Health Consortium/Children's Cabinet

Joe Haas - Washoe County Juvenile Services/Washoe County Children's Mental Health Consortium

Susan Mears - DCFS

Grace Cruz - DCFS

**Attendees Present at Las Vegas Location**

Julie Beasley, Ph.D. - Commissioner

Jackie Harris - Bridge Counseling/Clark County Children's Mental Health Consortium

Lee Anne Castro - APS Healthcare

Patty Merrifield – DCFS Deputy Administrator

Janelle Kraft Pearce - Clark County Children's Mental Health Consortium

Karen Taycher - Nevada PEP

**Attendees Present at Carson City Location**

Diane Comeaux - DCFS Administrator

Mary Liveratti – DHHS Deputy Director

Kevin Crowe - Consultant to the Commission

**Attendees Present at Elko Location**

Gretchen Greiner, Ed. D. - Commissioner

Below are the minutes from the April 5, 2010 Subcommittee for the Development of the State Mental Health Plan for Children Commission on Mental Health and Developmental Services. These minutes have not been approved and are subject to revision at the next meeting of the Subcommittee on April 26, 2010.

**1. \*\*Call to Order; Roll Call – Dr. Gretchen Greiner**

Dr. Gretchen Greiner, Subcommittee Chair, called the meeting to order at 8:43 a.m.

**2. \*\*Discuss and Confirm State Level Logic Model to be used for Statewide Children's Mental Health Plan**

This agenda item was integrated into item #3.

**3. \*\*Discuss and Confirm Recommendations of Strategies for Commission Report for Statewide Children's Mental Health**

Dr. Greiner informed the group that she, Diane Comeaux, Mary Liveratti, Mike Willden, and Harold Cook participated in a teleconference last Friday to discuss information needed from the subcommittee for the state plan. Although the financial landscape is quite dismal, Mike Willden needs very concrete, clear strategies with measurable outcomes that can be used to develop a budget.

Dr. Greiner asked the group if anyone had given further thought to any strategies. She said that strategies would be the hardest thing to do in this plan because we need to figure out what to do now, what to do in the middle of the plan, and what to do at the end. Each year the Commission will review the plan and probably modify it to reflect accomplishments and respond to needs that may arise.

Kevin Crowe reviewed the strategies listed on page 5 of the proposed plan. Dr. Crowe stated that one of the requirements in SB 131 was for Consortia to identify their list of priorities necessary to implement their plan. SB 131 also requires an itemized list of the costs associated with those priorities.

Mary Liveratti suggested that the sub-committee identify priorities that can be built into the budget. Currently, these priorities are not well defined.

Ms. Becker stated that the Strategies and Measures document captures everything that was done at the Summit meeting but does not have action steps.

Commenting on the draft Children's Mental Health plan, Diane Comeaux stated that Systems of Care are values and principles to drive every aspect of the plan. Most strategic plans have a mission statement which is made up of values and principles. Ms. Comeaux stated that Systems of Care is not a strategy but values and principles.

Dr. Greiner commented that Mike Willden is struggling with the Consortia plans because they are not concrete, specific, and measurable priorities with associated costs to build into a budget unit.

Ms. Liveratti stated that Mr. Willden will be sending out a letter to each of the three Consortia asking them identify their top 5 priorities to use as we go into the next legislative session.

Ms. Becker stated that the Washoe County Children's Mental Health Consortium identified their priorities in their ten year plan. We want the Mental Health Commission to have more authority and DCFS to be the lead agency for children's mental health.

Dr. Greiner suggested that she and Dr. Crowe build a framework of how to progress with the plan through the next ten years and then send the document to the group for feedback.

The consensus of the group was that this would be worthwhile.

Joe Haas wondered if there could be any rearranging of fiscal funds to expend existing funds most efficiently while identifying priorities for service delivery. Dr. Haas stated that his concern is that the plan is visionary. With \$3 million cuts coming maybe we need to redesign how to use the remaining funds. It seems we are developing a plan that will not have the budgetary support. How do you redesign a system that could be 30-50% less than what we have right now?

Ms. Comeaux affirmed that there would be budget cuts and possible rearranging of funds and that we need to know what to fund. In times of crisis you especially look to your strategic plan

to guide you. We need a solid strategic plan. She also stated that we need to position ourselves to be prepared when the economy turns around.

This plan will go through five legislative years, so it will be for ten years.

Jackie Harris stated that when they put the Clark County plan together they did not allocate money for salaries, travel etc. and she has no idea where funds will come from to cover these expenses.

Dr. Greiner suggested that Ms. Harris make a notation that they anticipate that these provisions will be needed but she does not need to include a dollar amount.

Dr. Haas categorized what he felt should be priorities for the state:

- Infusion of System of Care values and principles
- Develop a leadership structure (things we can do sooner and later)
- Develop a fiscal structure that is most efficient
- Develop program evaluation structure with measurable outcomes
- Develop a service delivery model starting with wraparound
- Develop a Public Health vision

Ms. Becker stated that they also need a plan with associated costs that includes at least \$10,000 for each Consortium. We can identify concrete strategies that can fit into the budget.

Ms. Liveratti stated that the plan on disabilities is a good example.

Ms. Taycher stated that we need to include stakeholders because we want to hear from their experiences and we want their feedback. For example, there are children that are removed from their homes so that they can become Medicaid eligible and receive treatment. We need to hear from these families.

Dr. Haas added that any youth from juvenile justice in a residential treatment center had to be arrested to access these services. How do children and youth with a severe emotional disturbance receive public support in order to access higher levels of care?

Ms Taycher suggested looking at cost shifting, spending less money on high cost services and more on less costly services.

Ms. Comeaux commented that states that can shift costs are structured differently than Nevada. For example, Wraparound Milwaukee had to pay the state every time a youth went into a detention facility. Eventually, they decreased the number of youth sent to detention facilities and instead found alternative strategies to serve these youth.

Patty Merrifield suggested as an example shifting care from a residential treatment center to community care.

Ms. Becker asked if the state is maximizing Title IVE federal funds. Ms. Comeaux responded that we are maximizing IVE funds for child welfare but not for juvenile justice. We are certifying that some juvenile justice youth are in foster care.

The consensus was that Dr. Greiner and Dr. Crowe will create a document that provides a linear progression of strategies developed at the Summit and from the ideas generated from this meeting.

Ms. Becker asked for clarification from Ms Liveratti on the cost part of the plan that Mr. Willden is requesting. What Mr. Willden wants to know is concrete strategies to meet the goals of the plans of the Consortia. With prioritized strategies, Mr. Willden can determine the order in which to include items in the budget.

Ms. Liveratti will send an example of a budget plan to Ms. Becker to assist her in setting up a budget for her Consortium's plan.

#### **4. \*\*Discuss Proposed Children's Mental Health State Planning Report Contents and Format**

This agenda item was integrated into the discussion of item #3.

#### **5. \*\*Discussion and Approval of Proposed Timelines for Report Development**

Dr. Greiner and Dr. Crowe will provide an updated plan to group by April 19.

#### **6. Public Comments**

None

#### **7. \*\*Schedule Next Meeting Date (if necessary)**

Next meeting is April 26, 2010 from 10-12.

#### **8. \*\*Adjournment of Subcommittee Video Conference Meeting**

Adjournment at 11:26a.m.