

COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

SEPTEMBER 17, 2010

VIDEO TELECONFERENCE MEETING LOCATIONS

SIERRA REGIONAL CENTER, 605 SOUTH 21<sup>ST</sup> STREET, ROOM 122, SPARKS, NV  
AND  
DESERT REGIONAL CENTER, 1391 SOUTH JONES BOULEVARD,  
TRAINING ROOM, LAS VEGAS, NV

MINUTES

COMMISSIONERS PRESENT AT THE RENO LOCATION:

Kevin Quint, SAPTA, Chair  
Barbara Jackson  
Pamela Johnson

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Julie Beasley, Ph.D. – arrived at 9:01 A.M.  
Valerie Kinnikin  
Marcia Cohen

COMMISSIONER ABSENT:

Toni Richard – excused

**CALL TO ORDER**

Chair Quint called the meeting to order at 8:55 A.M.; as there was not yet a quorum, Chair Quint moved forward to Item 4 – Review of Commission Concerns Related to Denial of Rights Processing for information only.

**REVIEW OF COMMISSION CONCERNS RELATED TO DENIAL OF RIGHTS PROCESSING**

Dr. Kevin Crowe stated that the purpose of this item was to identify issues related to the processing of Denial of Rights which have concerns for the Commission. Dr. Crowe reviewed NRS 433.534 which outlines the role and responsibility of the Commission with regard to the review of Denial of Right reports.

Dr. Crowe outlined the following concerns that have been identified:

1. Process too laborious.

2. Incomplete submissions of data forms and reports.
3. Impact/utility to agencies of the Commission involvement.
4. Reports received and reviewed are dated – more than sixty days old.

Dr. Crowe reviewed the following possible solutions:

1. Assign staff to conduct the reviews.
2. Revise forms to add another box within the document (possibility in the Administrator Review Box) that indicates: Did this denial result in any violation of the client's rights pursuant to NRS Chapter 433?
3. Commission review of extracted summary reports. In which the Commission reviews flagged reports which show only individual reports that have the following boxes checked.
  - a. Did the RN extend order once up to the maximum allowable hours?
  - b. Was the plan followed?
  - c. The following text boxes blank: Describe interventions prior to procedures.
  - d. Or others to be determined.

Chair Quint determined that a quorum of the Commission was present at 9:01 A.M.

### **DISCUSSION OF AUGUST 2010 FAST RESPONSE WEB SURVEY REGARDING MHDS AGENCY DIRECTORS PERCEPTIONS OF THE UTILITY OF COMMISSION INVOLVEMENT WITH PROCESSING OF SECLUSION AND RESTRAINT RECORDS**

Chair Quint stated that the purpose of this survey was to determine how to make this review process more meaningful to the agencies and at the same time fulfill the legislative responsibility.

Dr. Crowe reviewed the summary report in which six out of the eight Agency Directors responded. The objective was to determine the perceived utility of MHDS Commission involvement in reviewing denial of rights to MHDS Agency Directors, and any areas of improvement. The results were as follows:

- All of the responders were aware of the Commission's involvement.
- The average of zero percent of the responders stated that the Commission's involvement is not useful in its current structure. Comments included:
  - The Commission does a have role to play in this process.
  - Suggested that the Commission review trending information.
  - Commission may be best involved in extraordinary cases that may emerge due to sentinel events, newspaper coverage, etc.

Dr. Beasley impressed that this process and input from the Commission needs to be meaningful to the agencies.

Dr. Cook provided that when this statute was created, in mental health, there were a long-term care patients in the in-patient facility; so if the Commission met two months following the event and there was a concern about a particular event, typically that patient would still be in that facility. Now the average length of stay is 10-15 day, by the time the Commission meets, the feedback on any particular incident that individual is gone from the hospital. Feedback regarding particular incidents is less useful than feedback about the process/procedure/policy.

Upon questioning by Chair Quint, Dr. Cook responded that a violation or not following a policy or procedure one time is not indicative of a problem; however it is when there is a trend and/or multiple seclusion and restraint episodes with one patient over a short period of time and documentation does not indicate that the treatment team has addressed the issue. Dr. Cook offered that trend analysis would be more useful with the corrective action plan being addressed. The Commission is the last entity to review the report and if there has not been any correction action taken, and then there is a problem.

There is also a reporting/review requirements of the Health Division with regard to the reporting of seclusion and restraint reports and the Health Division want to directly involve the Commission in this process.

## **CONSENT AGENDA**

The following Agency Director Reports were removed from the Consent Agenda: DRC and SRC.

**MOTION:** Commissioner Beasley moved to approve the Consent Agenda, minus the DRC and SRC Agency Director Reports, seconded by Commissioner Kinnikin. The motion passed unanimously, with Commissioner Johnson abstaining.

Dr. Beasley questioned the job title of the 6.77 vacancies at DRC and a question regarding a new SLA provider, Journeys. Michelle Farro, DRC, responded that under contract Journeys currently provides in-home SLA services and regular supported living arrangement services. The staffing question will be answered following a discussion with human resources.

Dr. Beasley questioned the self-directed autism program changes on July 1<sup>st</sup>, which will require all supports be evidence-based treatment. This item was tabled until later in the agenda.

## **APPOINTMENT OF COMMISSIONERS TO LOCAL GOVERNING BOARDS, REVIEW OF COMMISSION ROLE AND RESPONSIBILITIES WITH THE LOCAL GOVERNING**

## **BOARDS AND CONFIRM 2010-2011 LOCAL GOVERNING BOARD MEETING DATES**

Dr. Crowe stated that the Commission's involvement in the Local Governing Boards (LGB) is critical to the operation of the Agencies. The Local Governing Boards have Bylaws, meet quarterly, the Commission is an identified primary member, and have the responsibility of physician credentialing and develop agency policies. The LCB in the north meets every third Wednesday of the month; and in the south meets every third Thursday of the month.

Dr. Crowe stated that in the LGB Bylaws, the Commission's involvement is identified and required for JACHO accreditation, north and south, that the Commission be involved and that the LGBs exist.

Dr. Cook stated that the certification and licensure of the two civil hospitals require an LGB. Historically, the Commission/Commissioners have been identified as providing the bulk of the membership for the LGB. LGBs are responsible for completing the credentialing process for medical staff; without LGB sign-off on credentialing, the medical staff cannot legally practice medicine in the facilities. This is a critical part of the LGB responsibility. The LGB is also responsible for general oversight of the facility with a specific facility related function. The LGB should be reviewing significant events within the facility, which is generally done in executive session. LGB is responsible for reviewing personnel actions; any adverse actions against staff should be reported to the LGB for review and discussion.

It was discussed that there is no statutory or regulatory language that states that the Commission has to be involved with the LGB. Dr. Cook stated that it is a good idea for the Commission to be involved with the LGB and be on the LGB Board. Deputy Attorney General Sliwa agreed that it is a good idea for the Commission to be involved.

Joan McCraw offered that when she was the Chair of the southern LGB, she was told that it was customary for a Commissioner to be the Chair of the LGB and stated that these are very productive meetings, with all of the department heads of the agency present; and a lot of information is provided at the meetings that could go directly to the Commission. Ms. McCraw stated that one of the problems is that there was no Commission agenda item for an update/report from the Local Governing Board Chair.

**ACTION:** An agenda item was requested for a report/update from the Local Governing Board Chair and a presentation with regard to the process of staff medical credential sign-off of new hires.

Dr. Cook stated that the LGB Board is a five member board and thus there is a need for three individuals to be present at the meeting for a quorum.

Commissioner Beasley recommended that the Commission designate one Commissioner, both north and south, to attend the LGB meeting; and then if the designee cannot attend the meeting to contact a fellow Commissioner to attend the meeting.

Dr. Cook stated that there is nothing in the Bylaws to change the membership requirements for the LGB membership for an expansion of membership categories and/or include in the Bylaws a provision for the Commissioners to appoint a proxy for the LGB.

Chair Quint stated that he will attend the October 21, 2010 LGB meeting in Las Vegas.

**ACTION:** Dr. Crowe will draft a Commission Bylaw amendment to address the LGB responsibility of the Commission.

## **CONSENT AGENDA**

Following the previous stated questions from Commissioner Beasley, Kathryn Wellington-Cavakis, SRC, responded that there now requiring that family members access evidence-based treatment in order to track and monitor outcomes and measure progress of the treatment being provided. This treatment model links families to the various providers throughout the community.

Michelle Farro, DRC, provided a listing of the job titles for the 6.77 vacancies at DRC with are all direct support staff for techs.

**MOTION:** Commissioner Beasley moved to approve the SRC and DRC Agency Director Reports, seconded by Commissioner Kinnikin. The motion passed unanimously.

## **DISCUSSION OF THE REQUIREMENT FOR REPORTING OF SECLUSION AND RESTRAINTS TO THE HEALTH DIVISION AND INTERACTION WITH THE COMMISSION**

Marla McDade-Williams, Deputy Administrator for the State Health Division, along with Paul Sherbert, Health Facility Survey IV presented this item. Ms. McDade-Williams reported on an arrangement between the State Health Division and MHDS as it relates to the Commission. Ms. McDade-Williams stated that earlier this year, the State Health Division did an inspection at SNAMHS and it was identified that the facility was not classifying administration of medication as being chemical restraints and also was not following through with denial of rights on those issues. NRS 449.765 through 449.786 addresses the expectations concerning the use of chemical restraints and denial of

rights and those expectations are that when chemical restraints are used to control behavior their use and the denial of rights must be reported to the State Health Division and the Commission on Mental Health and Developmental Services. Following the findings, that drugs were administered to patients to control behavior and not being identified as chemical restraints; the State Health Division worked with the MHDS Administrator to ensure recognition of when chemical restraints were used on patients and to develop a process whereby reports that are required to come to the Health Division can instead be made to the MHDS Commission. The agreement alleviates a burden on MHDS of reporting to two entities and will rely on the Commission to make recommendations to the State Health Division as to the issues for assessment at any of the licensed facilities operated by MHDS. The State Health Division is committed to investigating any of the concerns raised by the Commission identified under the current authority and working with MHDS and the Commission to rectify any problems identified.

It was discussed and clarified that that State Health Division will investigate any issues identified as problems from a formalized letter requesting and specifically outlining the issues that need to be investigated and addressed. The State Health Division will then process as complaints; investigated; and the findings would be forwarded to the Commission. The findings will be released in an inspection report with the violations identified of state law, federal law/regulations and then work with the facility directly to rectify any problems identified.

**ACTION:** A policy needs to be developed and approved for this process.

Ms. McDade-Williams stated that this process is an effort to develop a system wherein incidents are reviewed by the Commission in a timely manner.

### **COMMISSIONER ASSIGNMENT OF AGENCIES FOR THE REVIEW OF SECLUSION/RESTRAINT AND DENIAL OF RIGHT FORMS**

The following is the assignment of facilities for the review of seclusion/restraint and denial of right forms:

Kevin Quint	½ of Lakes Crossing; ½ of SNAMHS; and Rural Clinics
Marcia Cohen	½ of Lakes Crossing and RRC
Valerie Kinnikin	West Hills, NNAMHS; and Senior Bridges
Dr. Julie Beasley	DRC
Barbara Jackson	SRC
Pamela Johnson	½ of SNAMHS; North Vista/Monte Vista and Spring Mountain

**MOTION:** Commissioner Johnson moved to approve the assignment of facilities, seconded by Commissioner Beasley. The motion passed unanimously.

## **DISCUSS FUTURE BILL DRAFT REQUEST WHICH INVOLVES THE AUTONOMOUS PRACTICE FOR ADVANCE PRACTICE NURSES**

Joan McCraw requested that the Commission support for a possible bill draft request (BDR), for either the 2011 or 2013 Legislative Session, which will allow autonomous practice for advance nurse practitioners. Nurse practitioner will play an integral part as primary care givers filling a void left by a massive physician shortage. It is anticipated that there will be 32 million Americans included in the health care patient pool as a result of recently passed health care reform, currently there are 140,000 nurse practitioners practicing in the United States.

Ms. McCraw offered that advanced nurse practitioners are highly trained registered nurses, and only 1% of all malpractice cases in the United States have been launched against nurse practitioners. The quality of care is not the issue, the issue is the drain on the health system and there are not a sufficient number of health providers. Ms. McCraw stated that this is a national problem. Ms. McCraw stated that she has not heard of any opposition to this language.

**ACTION:** It was requested that the Commission receive additional information with regard to this issue as this possible BDR progresses.

Commissioner Cohen stated that nurse practitioners practice within their scope of specialty.

Dr. Leslie Dickson, psychiatrist, stated that psychiatrists are in the information gathering mode rather than a take a position mode on this proposal. Dr. Dickson stated that the Nevada Medical Association is opposed to this proposal as it is a scope of practice and quality of care issue.

Dr. Mary Ore, psychiatrist, requested for the record to state that the requirements are anticipated for nurses in Nevada to support the practice; and stated that Nevada does not recognize nurse specialties. Ms. McCraw responded that the Nursing Board does recognize nurse specialties and the certification agencies have specific testing for those areas of practice.

## **PUBLIC COMMENT**

Joan McCraw stated that one of the Commission's projects was to visit all of the emergency rooms and a survey was taken in cooperation with the Nevada Hospital Association. Since then three emergency rooms have been created: 1) St. Louis/St. Martin; 2) Centennial ER; and 3) Harmony Health Care Psychiatric Hospital and prior to Ms. McCraw's retirement from the Commission she visited those emergency rooms and

found that they are using the MHDS forms for seclusion and restraint and cooperating with Commission.

Ms. McCaw stated that she has promised to meet with Judge Voy over the issue of confidentiality of patients going to court at Rawson-Neal Hospital; as the patients being placed in the cafeteria waiting area. Ms. McCaw feels that this is a breach of the patient's confidentiality and privacy, but the facilities were mandated to bring the patients to Rawson-Neal for court. Ms. McCaw stated that in discussion with Judge Voy, there may be a solution to hold teleconference court for the confidentiality issue and due to budget cuts the hospitals can no longer afford to transport the patients to court. It was discussed that the Office of Disability Advocates has been involved with this issue.

Ms. McCaw stated that she has met with Dr. Bernstein, North Vista Hospital, related to the use of the Legal 2000 for dementia patients. Ms. McCaw stated that in a review of the seclusion and restraint forms it was discovered that there were patients with dementia placed on Legal 2000, which is against statute. Ms. McCaw stated that Dr. Bernstein and the Director Nursing agreed to be more diligent for patients to be treated under guardianship or family power of attorney rather than the Legal 2000.

Ms. McCaw offered to provide the outline of future emergency room inspections to the Commission.

Ms. McCaw stated that at the last Southern Nevada LGB that she attended in May, she felt compelled to respond to Ms. Barron's concerns and comments regarding the closure of beds at Rawson-Neal Hospital. Ms. McCaw explained that there was adequate reason to close those beds, as most of the beds in that area of the hospital had not been full for an extended period of time, but continued to be fully staffed; and that staff was needed, with budget cuts, in other areas of the hospital.

Commissioner Beasley thanked Ms. McCaw for being an advocate and resource for patient's rights.

A break was granted at 10:35 A.M.

The meeting reconvened at 10:50 A.M.

#### **TRAINING: MENTAL HEALTH LAW IN NEVADA AND PATIENT RIGHTS; AND INTERFACTING WITH THE COMMISSION DENIAL OF RIGHTS PROCESS**

Joan McCaw, is an Advanced Practice Nurse, Family Nurse Practitioner and Clinical Specialist in Psychiatry in Las Vegas, Nevada and former Commissioner of Mental Health and Developmental Services.

Ms. McCraw provided a power point presentation with regard to “What is a Mental Health Patient?” as addressed in NRS 433A.115 to 433A.330 and who is defined as a mental health patient per NRS.

Ms. McCraw reviewed Legal 2000-R (NRS 433A and 433B) which governs the treatment of mental health patients and the administration of that treatment for mental health patients in the State of Nevada. Ms. McCraw reviewed the Legal 2000-R application and process. The Legal 2000 was converted to the Legal 2000-R in 2009 due to necessary changes to the form. Ms. McCraw reviewed the criteria for “Danger to Self”, “Danger to Others”, and “Involuntary Treatment”. Ms. McCraw reviewed the patient rights during a 72 Hour Hold.

Ms. McCraw reviewed the paperwork required for an individual to be placed on a 72 Hour Hold and the process for that hold; to include the petition for involuntary treatment and order to detain. Ms. McCraw reviewed the court procedures and the master’s recommendation for the final decision regarding the most appropriate treatment for the patient.

Ms. McCraw reminded that if a patient is suffering from dementia, they may not be placed on a hold or continued on a Legal 2000-R. If they need custodial care it becomes a medical treatment issue and must be decided upon by a family member or guardian. Also, children and adolescents may not be treated under a Legal 2000-R; they are always treated as voluntary by parent or guardian. A police officer always has the authority to have transported to an emergency room for evaluation, a child or adolescent who appears in their judgment to be at risk.

## **BUDGET UPDATE**

David Prather, ASO for the MHDS Division, provided an update of the budget process, and reported that unfortunately due to the timing of this meeting, most of the budget specifics are confidential. The general fund target reduction for this year was \$22.8 million; the budget submitted through agency requests did make the cuts necessary to achieve the target. It is important to note that the furlough, merit pay cuts, and the longevity cuts, instituted during the last round of cuts, will be reinstated during this round of budget cuts which amounts to a 14% cut or \$32 million per year.

Mr. Prather stated that the Division will be reducing or eliminating programs in their entirety. There will also be the elimination of over 100 state jobs. There are no final numbers for 2011 and probably those numbers will not be released until February 2011, just prior to the start of the Legislative Session.

Mr. Prather stated that when a state job is eliminated, in addition to the salary, the budget also has to into consideration terminal leave payouts which means deeper cuts

must be made in order to make the payments to those state employees; and then there is the issue of seniority/bumping rights; the final impact of the elimination of state jobs has not yet been determined.

Mr. Prather reported that the Division will also be losing all of their TANF funding, which is used to fund autism programs, from the Division of Welfare and Supportive Services as their funding is being reduced. This will result in more program reduction and elimination and additional state job elimination.

Mr. Prather stated that the Budget Office is moving forward with POGS, the Priority Of Government Services, which is a process/method to prioritize state government services to receive funding and an overall change in how budgets are developed. This process is a budget by activity. Mr. Prather stated that the Division is taking the existing budgets and redefine into activities and place a priority on the activities, describe the funding, describe the population services, performance indicator, the amount of staff related to those activities. The Division has been in the process of building two budgets. Programs/services that have a constitutional, federal or legal mandate will receive the highest priority, services with state statute authority will receive medium priority, and programs not defined in law or as part of the core mission are considered low priority. All items with low priority will be eliminated with the medium priority items being a free for all with regards to state funding. All agencies will be competing for those medium priority state funding dollars.

Upon questioning by Commissioner Beasley, Dr. Cook responded that the priorities assigned to activities and decisions are made internally within the Division.

Dr. Cook reported that per statute, all agency budgets will be released to the public on October 15, 2010. This budget process is simplify the process for the public and Legislature by providing simple narratives for the various activities. Dr. Cook stated that in response to the agency budgets being released on October 15<sup>th</sup>, the Division will be holding Town Hall meetings from mid-October until November 1<sup>st</sup> in Clark County, Washoe County and in select rural areas to discuss the budget impact.

**ACTION:** Dr. Cook will ensure that Commissioners receive an invitation to all of the Town Hall meetings.

## **APPROVAL OF MHDS POLICIES**

Cody Phinney stated that polices have a three year review process; the Division is in the process of re-numbering the policies in an effort to make the Polices easier to locate. Ms. Phinney provided a brief review the following policies:

### A-1.1 Policy Development and Review Process

A-1.1 Attachment A: MHDS Policy Format

A-1.1 Attachment B: MHDS Policy Review Form

A-1.1 Attachment C: Considerations for Policy Development/Review

This describes the policy development and review process, with the purpose designed to increase input from the field, particularly the agencies related to agencies related to Division policy.

A-6.1 Disaster Response Plan

This is the Division's disaster related activities.

A-6.2 Disaster Plan Requirement

This separates out which was previously all one policy; that the agencies are required to have maintenance of operations plan in the event of a major disaster.

CRR-1.1 Consumer Rights

This is the consumer rights and responsibilities.

CRR-1.2 Prohibition of Abuse and Neglect of Consumers and Reporting Policy

This has been a long standing policy that prohibits abuse and neglect within the services provided by the agencies. This revision includes focus on prevention activities and the prohibition.

CRR-1.3 Restraint/Seclusion of Consumers

This was not provided in the packet for prior review. This policy adds the definition of chemical restraint needed to facilitate the process outlined by the Health Division. Dr. Cook stated that the additions to this policy are mandate by state law.

CRR-1.4 Reporting Serious Incidents and Denial of Rights

Ms. Phinney stated that this policy is not ready and requested that this be pulled from the agenda for approval. This describes the internal process used to report incidents and is currently under review by a workgroup in the development of a policy. This is in an effort to streamline the process. This will be placed on the November agenda for review and possible approval.

CRR-2.1 Consumer Complaint Procedures

This mandates a complaint process at each of the Agencies. This replaces a former policy that was specific to a HIPPA complaint process and requesting a general complaint process to include the opportunity for individuals to complaint about privacy or security violations in regard to HIPPA.

DS-1.4 Medication Administration in Developmental Services Supervised Living Arrangements

DS-1.4 Attachment Tool for Medication Administration in Developmental Services  
SLAs

This is putting into policy what currently exists in law. It was requested by the Division to amend on page 4 of 7, where it reads three years, it should read six years.

SP-3.1 Involuntary Administration of Medication

SP3.1 Attachments A-F: Involuntary Administration of Medication

This has been substantially revised and substantial education added. Dr. Cook stated that in a review of this policy it was discovered that the law also needs to be amended. This policy puts the Division into compliance with existing federal law and federal case law. The procedure to protect the patient's due process rights are strengthened under this policy.

SP-3.2 Medication Procedures for Rural Mental Health

This brings the Division into compliance with pharmacy regulation and law related to the medication procedures used to distribute medications through the rural mental health clinics.

Policy #3.012 – Replacement of Computer Equipment and Software

This policy was not provided in the packet for prior review. This policy brings the Division into compliance with the Division of Information Technology's policy on the replacement of computer equipment and software, which is now replaced every five (5) years. This policy was requested to be placed on the November agenda.

**ACTION:** The following policies were requested to be placed on the November agenda for review and possible approval: CRR-1.4; CRR-1.3; SP-3.1; and Policy #3.012/IMRT-3.1.

**MOTION:** Commissioner Beasley moved approval of Policies A-1.1 with attachments A, B, and C; A-6.1; A-6.2; CRR-1.1; CRR-1.2; CRR-2.1; DS-1.4; and SP-3.2, seconded by Commissioner Johnson. The motion passed unanimously.

**MOTION:** Commissioner Beasley moved to temporarily/provisionally approve Policy CRR-1.3 for further review at the November meeting, seconded by Commissioner Cohen. The motion passed unanimously.

**APPROVAL OF LEGISLATIVE PRIORITIES LIST OF THE COMMISSION; REVIEW AND DISCUSSION OF 2011 LEGISLATIVE ISSUES AND PROCESS**

Chair Quint stated that this agenda item was discussed and agreed upon at the September 16, 2010 MHDS Commission meeting with DCFS.

**REVIEW AND DISCUSSION OF THE WRITTEN COMMENTS AND MAY 20, 2010 PUBLIC HEARING CONCERNS EXPRESSED DURING THE PUBLIC HEARING FOR NAC 458 (SAPTA)**

Chair Quint stated this item will be tabled until the November agenda, as the individual who requested that this be on this agenda is not present.

**FOLLOW UP TO THE SEPTEMBER 10, 2010 MEETING WITH CHAIR QUINT AND THE GOVERNOR'S OFFICE WITH REGARDS TO THE ANNUAL COMMUNICATION TO THE GOVERNOR'S OFFICE PROVIDING FORMAL RECOMMENDATIONS REGARDING SERVICES PROVIDED TO NEVADANS WITH MENTAL ILLNESS, SUBSTANCE USE DISORDERS OR DEVELOPMENTAL DISABILITIES**

Chair Quint stated that the letter from the Commission was submitted to the Governor in August. As a result of that letter, Chair Quint was contacted Stacey Woodbury, Deputy Chief of Staff, requesting a meeting. This meeting occurred on September 10, 2010. Dr. Crowe reviewed the two areas identified of the Children's Mental Health Plan that the Governor's office was particularly interested in assisting the Commission with: 1) in the area of the plan that addresses workforce development; and 2) in the area of public awareness. In the area of workforce development, Ms. Woodbury followed up with an e-mail and requesting that Chair Quint and Dr. Crowe participate in a planning group that DETR directs to include the university system to discuss workforce issues as it pertains to social services and particularly the DCFS Children's Plan.

Chair Quint and Dr. Crowe will be meeting quarterly with Ms. Woodbury and will help with the transition to the new Governor.

Dr. Crowe stated that in the area of public awareness, will try to strengthen the interactions with the Mental Health Planning and Advisory Council and bring the whole process of public awareness.

**UPDATE OF STATUS OF COMMISSION VACANCIES; REVIEW OF RECRUITMENT HANDOUT FOR COMMISSIONER USE WITH THEIR RESPECTIVE BOARDS AND IDENTIFY NEXT STEPS TO ASSURE TIMELY COMMISSIONER NOMINATIONS AND APPOINTMENTS**

Mrs. Harper stated that to date there has been no notification of any appointments being made; and continue with the monthly staff meetings to move forward with the appointment process with phone calls and e-mails to the appropriate Associations. The Governor's office is awaiting the three nominations from the various associations required by statute.

Mrs. Harper stated that Dr. Crowe developed a handout regarding recruitment information for Commissioners to be informed to be able to approach their respective Boards for nominations and be able to answer questions with regard to the appointment process. This handout is to assist Commissioners, as previously discussed, to attend Association meetings to provide information regarding the role and responsibility of the Commission, the statutory responsibility of the Association, and importance that three nominations must be submitted by the Association to the Governor, in order for the Governor to make an appointment to the MHDS Commission.

Dr. Leslie Dickson stated that with regard to the physician vacancy, she was asked and provided names to Larry Mathis for possible nominations to be submitted. Dr. Dickson indicated that she thought that the letter with the three nominations had been submitted and that one of those nominations had already submitted an application. Dr. Dickson stated that she will check with Mr. Mathis to ensure that the nominations were submitted.

**ACTION:** It was suggested to contact Marge Buckholtz, Executive Director for the Marriage and Family Therapy Association.

## **FUTURE AGENDA ITEMS**

The following items were suggested for the November 19, 2010 meeting agenda:

- Approval of Bylaw Amendments with Regard to Local Governing Board Responsibilities – Dr. Crowe;
- Update on the Progress of the Subcommittee for the Statewide Children’s Mental Health Plan – Commissioner Beasley;
- Review and Approval of Legislative Procedure and 2011 Legislative Issues and Activities – Chair Quint;
- Update of Budget – David Prather;
- New Member Appointment Update – Christina Harper
- Approval of MHDS Policies – Dr. Cook;
- MHPAC Council Update – Dr. Crowe;
- Review and Discussion of NAC 458 (SAPTA) concerns expressed during the public hearing;
- Discussion with Jane Gruner regarding Developmental Services – White Paper with Issues and Concerns and How the Commission can Provide Assistance.

## **PUBLIC COMMENTS**

There were no public comments.

**MOTION:** Chair Quint adjourned the regular meeting at 12:50 P.M.

Respectfully submitted,

Christina Harper  
Recording Secretary