

MINUTES
of the
Mental Health Planning Advisory Council
Access Child/Adolescent Services Committee
meeting on
Friday, March 5, 2010
held at
Nevada Division of Mental Health and Developmental Services (MHDS)
4126 Technology Way, Second Floor Training Room
Carson City, Nevada 89706

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

Patricia called the meeting to order at 10:06 am. Roger did a verbal roll call and Tanya completed the sign in sheet.

Members present:

- Caloiaro, Dave – MHDS (for Cody Phinney)
- Peterman, Patricia – Family Member, Chair (via teleconference)
- Polakowski, Ann – DCFS (via teleconference)
- Thomas, Alyce – Consumer (via teleconference)
- Wilhelm, Layne - SAPTA

Members absent:

- Norris, Rene – Family Member

Staff and guests:

- Benitez, Tanya – MHPAC Administrative Assistant
- Mowbray, Roger – Grant Writer

2. STRATEGIC PLANNING SESSION

Patricia asked for ideas as to what the Committee would like to accomplish and do they want to change the name so that it is not confused with the Child Transition Committee. She opened the floor. Ann asked if they could review ideas from the last meetings. Roger went through the list from August, November, and January. Patricia asked Ann about the Medicaid waiver and the possibility of obtaining this for children with SED. Ann said they do not have them at this time, and it would be something that would have to come out of

Medicaid. The Committee can ask Coleen Lawrence from Medicaid to join one of their future meetings to discuss how waiver systems are set up and what it looks like. Dave said Medicaid has approximately four or five waivers. One of which is the MR waiver. They do not have a mental health waiver. There are only a handful of states in the United States that do. The purpose of a waiver is in order to be eligible, as one of many criteria, to be on the waiver, the person has to meet an inpatient level of care. Through community services that are less expensive than an inpatient ongoing long term level of care, can be provided those support services in the community. He said it is a good idea to invite either Coleen or Brandi Johnson from Medicaid. He said Coleen is over all of Medicaid program services and Brandi Johnson is specifically the behavioral health program manager. He said it would make more sense to have a waiver for children versus adults because the cost factors and data are available because Medicaid does cover services for children under 21 in inpatient settings like psychiatric hospitals and RTC's like Desert Willow. However, Medicaid does not cover adults in psychiatric hospitals between the ages of 21 and 64, and that would be a large part of the population base they would not have data on. It would be a big program change. Patricia said her son was sent home because of budget issues. All of the children who were not a ward of the state, were sent home to their parents, because they figured with the community resources, the children could still be assisted or supported with the Psychiatrist and the Therapist at home in the community. However the loss of Medicaid has greatly impacted the ability to subsist. She went to Medicaid to see if there is a way to get a waiver, and it turned out it wasn't possible. She said they do it for children who have for example cerebral palsy, etc. This is why she is interested in looking to see if there is any way that the children can get this sort of support if they are living at home. When they get released from the hospital and arrive home, all the medication, doctors, and managing them falls on the parents, and sometimes the parents just don't have the ability to cover it. Dave recommended they invite either Coleen or Brandi to see the feasibility of this. His understanding is a waiver is a formal process Medicaid would have to apply for from the Federal Government, Centers of Medicare and Medicaid Services, they would have to request it in their state plan and it would have to be approved on the Federal level. If approved, it would then be added to the already existing waiver programs. Patricia said she would like to hear what Coleen or Brandi has to say.

Layne said they could put the Medicaid waiver in conjunction with resources available. They need to increase the awareness of child and adolescent issues. Secondly they need to look for resources to support it, and thirdly they need to look to build a continuum within the community, bringing in other activities so they have a full approach to this. This way they can identify what they needs, how they are going to support the needs, and how they are going to continue or broaden the care to support this with the limited resources and availability of other individuals. He said Medicaid is definitely a piece and is a large issue, so they need to combine it with other resources and maybe they can identify to make this happen. They also need to be aware that there are several other committees,

commissions, and groups looking at these items, and they need to make sure they are part of that plan. He said he received a flow sheet that the Nevada Commission of Mental Health and Developmental Services (NCMHDS) is somewhat in this arena. He said this will take a large group to push into the Medicaid plan. Dave said this is something Medicaid is well aware of. They have been studying the feasibility of the mental health waiver for the last number of years. It is high on their priority list. The Committee wants to be careful that they are not reinventing the wheel. They can support this. They need to make sure they are not doing separate from the other organizations that are supporting the Medicaid waiver.

Dave said he understands this Committee is separate from the Child Transition Committee, but he was wondering if there was any unfinished business from that Committee that may be appropriate for this group. Patricia said she has a meeting with Rhetta and there is a little unfinished business. The MOU that was discussed and being followed by Lydia; she will be getting the final information on the MOU. Roger confirmed that it was one of two last pieces of business for the Child Transition Committee. The other one is the finalization of the Fact Sheets. Both publishing/printing a certain number and distributing and then posting to the MHPAC website. He said the one item that never really worked was getting education involved in it. He said Kathy tried numerous times but could never get education in any entity whether it was state or county to participate in the meetings. Patricia said she attended a meeting where the Special Ed. person attended. She was able to get a commitment to meet with him in regard to various issues. She said this gentleman was more than willing to meet with her. She wanted to know if it would help to close this out. Roger suggested listing education as one of the things to consider for this Committee instead of the Child Transition Committee.

Roger said what he got out of Layne's list is have a topic of access to resources, a broad one that would include waivers. He asked if there were any others that should go under resources. Patricia said education. Roger said he thought education should be a different issue, for example engaging education. He observed that was one of the issues that came out of the rural monitoring visit both in Pahrump and the Fallon, Silver Springs is that education and mental health services have a communication gap. Layne said under resources they should look at not only State resources and Federal resources, they should also look at County and community resources. In a lot of rural areas in Nevada there are resources available, they just aren't as identified and well known or nurtured. There are differences in urban resources and rural resources, so they can take this into a wider direction to identify many branches. Dave said they did identify a number of resources through the Child Transition Committee with the fact sheets they put together. He reminded them in lieu of the budget cuts and what they are experiencing now, in these times enhancements are definitely out at least at the state level, program add-ons or new programs are out. What the state looks at is

just maintaining the programs they currently have so they want to make sure they are realistic in what they plan. Alyce agreed and thanked Dave.

Patricia asked Ann what sort of things they can do where they reach out to the community, find community based resources for children and adolescents with mental health issues. Ann said they should maybe start by identifying what they are hearing are the barriers. What are the barriers to services and what types of services? Is it all mental health services, is it that children with private insurance are not able to access things that children on Medicaid can. Need to define the issues.

Patricia asked Layne to go over what he had. Layne said awareness of child and adolescent issues, resources as a broad topic, continuum of care – shared services, additional services – to find what is out in the state, local communities, counties as far as a continuum. Can they identify the supports for continuum of care for the individual and the family? He said he agrees with Ann in first identifying the issue, so awareness of child and adolescent issues would include the barriers. Patricia asked for comments from the Committee. Ann agreed. Ann said it captures everything and it is a huge undertaking. Awareness about children's mental health issues out in the community is poor and the younger the children are, the less people are aware that there are mental health issues and what that might look like and the less awareness there is the less services there are. Alyce said she really agrees with and she asked how they would even begin to address this. Ann said it is a good question and is their work connecting with the people out there who are addressing it, the consortia's and things like that. There are people out there doing awareness work for mental health issues, what is the Committees role with that. Dave asked if there is any cross pollination they could do for example with the Mental Health Awareness Month Committee. Alyce said they need to make sure even though the activity is going to be held at adult mental health, that mental health awareness month is not just for adults. They need to figure a way to key in, help, and be supportive for children. She said again the children seem to be the last of the lost people who are not cared for. Ann said the Consortia, at least in Clark County, are planning events for Children's Mental Health Day, which she believes is May 6th. Alyce said they are doing an activity on April 24th and she would like them to be able to follow it up so that it is not just done in April for the adults, but that they also become a part of what is being planned for the children and help with getting the word out. Ann said she is on the Consortia for Clark County, so she can be the liaison. Where they are headed at this time is the national theme for mental health day is focusing on early childhood, so 3 to 8 year olds. They are going to expand that so they will look at all youths under 18. For the early childhood age group they are looking at a theme of "My feelings are a work of art" and they are going to have children do art work and talk about feelings then work into mental health signs. They are attempting to connect with a few daycares willing to have media come in and promote the event among other things.

Alyce motioned to accept goals as discussed to take to the Council for approval.
Ann seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

- **GOALS**

- Awareness
- Resources
- Continuum of services

3. PUBLIC COMMENT

Patricia asked for public comment. None made.

4. SET DATE AND TOPICS FOR FOLLOW-UP MEETING

Alyce asked if they can wait until the Council meets before they set the next meeting.

Ann Motioned to set the meeting for April 13, 2010 at 1:30 pm. Layne seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

5. ADJOURNMENT

Alyce motioned to adjourn the meeting. Layne seconded the motion.

UNANIMOUS VOICE VOTE: MOTION CARRIED

Meeting adjourned at 10:53 am