

**OMHSAS Advisory Committee  
11/4/10 Children's Committee  
Meeting Outcomes**

<u>Agenda Items</u>	<u>Major Discussion Points/Decisions</u>	<u>Follow-up Needed and Person(s) Responsible</u>
Welcome and Introductions	Co-chairs Bernadette Bianchi and Sharon Smith welcomed everyone. First time for Sharon as co-chair.	
Approval of Meeting Outcomes	The outcomes of September 2, 2010 were <b>approved</b> (Sallie moved, Paulette seconded).	
Youth Subcommittee Update	Derrick Carter reported. Issues discussed included: feedback to OMHSAS on peer support for youth; roles for consumers in treatment plan process; importance of speaking from the point of view of youth in transition, rather than as children or adults; committee protocol.	
Member Spotlight	Gloria McDonald, Crawford County, shared a bit about herself and her experience with her sons, one with ADHD and one with autism.	
Announcements	<p>The co-chairs reported on the decision of the executive committee that in 2011, meetings will alternate between full-day committee meetings and half-day meetings of dialogue with the deputy secretary. This schedule will start in January with a full-day committee meeting.</p> <p>Regarding the proposed protocol change for the Advisory Committee posed change: Although members voted during the meeting, there was a desire for clarification of the language. The concerns will be taken back to executive committee.</p> <p>Stan also announced that on November 22 there will be a webinar on HealthChoices 101. Information will be sent.</p>	<p>OMHSAS to send out schedule</p> <p>Co-chairs will share concerns with executive committee</p>
OMHSAS Updates	<b>State Block Grant Peer Review:</b> Sharon Smith reported. Pennsylvania got an outstanding review from peers: housing issues, quality management, EBPs, planning council size and make-up, recovery, closing state hospitals, centers of excellence, telepsychiatry, children's plan very well written. We fared very well compared to other states. The federal government is also now asking for an addendum on	

	<p>implementation of health care reform. Members noted that it would be good to have the positive feedback in written form for use by new administration.</p> <p><b>Persons in Recovery Subcommittee:</b> This subcommittee is new to the advisory committee structure. Co-chairs Ron Owen and Maureen Feeny-Byrnes reported. Members include people with co-occurring disorders. The subcommittee will be represented on children’s, adult and older adult committees, and is a collaboration between OMHSAS and BDAP. It meets five times a year in conjunction with regular advisory committee meetings. Ideas for the committee should be sent feedback to committee members.</p> <p><b>Introduction of Courtney Coover:</b> Stan introduced Courtney as the new division chief in the children’s bureau, taking Sherry Peters’ place. Stan also reported that Sherry Peters will be Pennsylvania’s consultant on the “money follows the person” initiative.</p> <p><b>RTF Regulations:</b> The proposed regulations have been published and are available online for public comment until November 23. Shaye explained process of receiving and logging the comments. The importance of sending comments was emphasized. After the November 23 deadline, the children’s bureau must respond to all comments. A conference call will be scheduled in December to review the children’s bureau’s response to the comments.</p> <p><b>System of Care Partnership:</b> Stan announced that Robin Rothermel from BDAP and Tom Seben from PDE have been added to the state leadership team, plus additional youth and family members to match these state system additions. Applications were received from eight counties for the first round; five were chosen: Erie, York, Lehigh, Chester, Montgomery. York is the only county chosen that doesn’t already have HFW. Two other counties that applied added as “learning communities”: Luzerne and Philadelphia. Venango was the eighth county that applies and wanted to think about it some more; as a small county Venango would have difficulty having funds to start up HFW; it is potentially a learning community.</p> <p><b>Respite:</b> Crystal Doyle reported some disappointment that some counties didn’t use their allocated money. In the future, if counties are not able to spend their money, it will be given it to other counties that can. The list of county allocations is on PARecovery (Statewide Initiatives/Other OMHSAS Initiatives). The committee requested a list of counties that return money or don’t spend their allocation.</p> <p><b>Community Care Behavioral Health RTF Request:</b> There is a request for proposals for specialized RTF programs for behavioral health and intellectual disabilities; this is a 23-county collaborative.</p>	<p>OMHSAS to schedule conference call to review response to comments</p>
<p>Call for Change document review</p>	<p>Stan led discussion. Three separate documents were presented as the “final” draft: goals and strategies; goals, strategies and action steps; background narrative. This will be presented to the new administration</p>	

	<p>as the strategic plan for children’s behavioral health services.</p> <p>Most of the review time was spent on Section One (goals and strategies). Following is a brief summary of issues raised and suggestions made:</p> <ul style="list-style-type: none"> <li>• Order of goals for best buy-in from administration that is accountability and outcome-based (e.g., performance-based contracting)—should we start with “cost-effectiveness goal”—the “why invest” question?</li> <li>• Importance of understanding that there is no hierarchy of goals; they are all interdependent.</li> <li>• Goal 1: remove strategy re: youth and family leadership (should be in goal 3)</li> <li>• Change strategy words from “identify” to something more like “analyze” (strategy verbs in general should be more action-oriented).</li> <li>• Strengthen reference to Nurse-Family Partnerships in Goal 4 (already there, p. 26, strategy 4).</li> <li>• Goal 4: add something about protecting children with behavior health issues from victimization (sexual abuse, etc.).</li> <li>• Since there is no guarantee of money for prevention, it needs to be embedded in existing delivery system.</li> <li>• Information should be included about development of natural supports and education on cultural competence</li> <li>• Goal 5: #6 might need to be expanded to include youth who are independent (have aged out of the system, etc.)</li> <li>• It would be good to reference other initiatives in place in other departments</li> </ul> <p>Revisions based on this discussion will be made to sections one and two and then the document will be moved along to be delivered to the new administration’s transition team.</p>	
<p>Pending Issues</p>	<ul style="list-style-type: none"> <li>• Confidentiality (continue from last time)</li> <li>• Bulletin list (Paulette)—list of draft bulletins that are out for review available for committee members; also list of pending legislation</li> <li>• Phone conference for HealthChoices Managed Behavioral Health Care—overview and discussion; also possibility of pulling together representatives of MCOs to discuss their initiatives and compare programs/services</li> <li>• Status of workgroups?</li> </ul>	<p>OMHSAS to set up Webex</p>
<p>Members in Attendance</p>	<p>Jazmin Banks; Bernadette Bianchi; Darlene Black; Maria DeFelice; Shelley Dorfi; Lisa Fox; Jim Gavin; Bernadette Gerry; Sandy Goetze; Paulette Hunter; Wendy Luckenbill; Sallie Lynagh; Gloria McDonald; Jenna Mehnert; Connell O’Brien; Sharon Smith; Jodie Wilson</p>	

Next meeting	January 6, 2011	
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