

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical Officer

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**DRAFT** DPBH COMMISSION ON BEHAVIORAL HEALTH  
MEETING MINUTES  
May 19<sup>th</sup>, 2022  
9:00 AM

**MEETING LOCATIONS:**

This meeting was held online and by phone.

**Join Online**

Zoom Meeting link: <https://us06web.zoom.us/j/82089928067?pwd=WngyTG5xdW1yRll2Q2RuVU9FODIKdz09>

Meeting ID: 820 8992 8067

Passcode: 270067

**Join by Phone**

Phone Number: +1 253 215 8782 US (Tacoma, WA)

Meeting ID: 820 8992 8067

Passcode: 270067

**1. CALL TO ORDER/ROLL CALL:**

**COMMISSIONERS PRESENT:**

Braden Schrag (Chair); Lisa Ruiz-Lee (Vice Chair); Lisa Durette, M.D.; Jasmine Cooper, LCADC; Natasha Mosby LCSW; Gregory Giron, Psy.D.; Arvin Operario, RN

**COMMISSIONERS EXCUSED:**

Dan Ficalora CPC; Billie J. Miller

**Department of Health and Human Services (DHHS) Staff:**

Joseph Filippi, Executive Assistant, DPBH; Rex Gifford, Administrative Assistant III, Joanne Malay, Deputy Administrator, DPBH; Julian Montoya, Clinical Program Manager II, ADSD; Gujuan Caver, Clinical Program Manager II, ADSD; Ellen Richardson-Adams, Agency Manager, SNAMHS; Jessica Adams, Deputy Division Administrator, ADSD; Susanne Sliwa, DAG; Valarie Haskin, Rural Regional Behavioral Health Coordinator, RRC; Susan Lynch, Hospital Administrator, SNAMHS; Jenny Casino, Licensed Clinical Social Worker, SNAMHS; Dr. Leon Ravin, Statewide Psychiatric Medical Doctor; Amir Bringard, DPBH; Helen Byrd, Clinical Program Manager I, NNAMHS; Shannon Bennett, Health Program Manager II, DPBH; Amy Whalen, DCFS; Vicky Erickson, Clinical Program Manager I, ADSD; Katie Martin Waldman, Clinical Program Manager II, DCFS; Hannah Keenan, Psychiatric Nurse II, DCFS; Vikki Erickson, Clinical Program Manager I, ADSD

**Others/Public Present:**

Michelle Bennett, Clark County Regional Health Coordinator; Kim Donohue, Southern Regional Behavioral Health Coordinator; Dorothy Edwards, Washoe County Health Coordinator; Lea Case, Belz & Case; Hayley Jarolimek; Lea Tauchen, Abney Tauchen Group

Chair Schrag called the meeting to order at 9:03 a.m. Roll call is reflected above. It was determined that a quorum was present.

**2. PUBLIC COMMENT:**

Chair Schrag asked if there was any public comment. No comments were received.

**3. FOR POSSIBLE ACTION: Approval of meeting minutes from March 24<sup>th</sup>, 2022, and April 6<sup>th</sup>, 2022. – Braden Schrag, Chair:**

Chair Schrag asked the Commission if they had any comments or wanted to make a motion for approval.

**Commissioner Cooper made a motion to approve the March 24<sup>th</sup>, 2022, and April 6<sup>th</sup>, 2022, meeting minutes as written. Commissioner Operario seconded the motion. The motion was unanimously approved by the Commission.**

**4. FOR POSSIBLE ACTION: Consideration and possible approval of Agency Director Reports – Commission:**

Chair Schrag stated that he wanted to give everyone the opportunity to give a brief report to the Commissioners.

**Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report** was submitted for Commission review and presented by Helen Byrd, Clinical Program Manager I. NNAMHS Agency Director's Report is Exhibit "4.1".

Ms. Byrd stated that she did submit a report to the Commission and if the Commissioners had any questions she would be willing to answer them.

Commissioner Cooper stated to Ms. Byrd that she liked her last comment on the report "that we continue to see longer lengths of stay in the hospital due to appropriate placement in the community." That is something that is dealt with frequently, so it is appreciated that the report highlights this issue.

Commissioner Giron asked Ms. Byrd if she wanted to highlight anything that she wanted the Commission to know? Commissioner Giron also stated that he like Commissioner Cooper, appreciated the highlighted issue.

Ms. Byrd expressed concern for the continuing vacancies for clinical staff, Mental Health Technicians (MHTs), and nursing. As well as housing placements being a barrier and concern for NNAMHS in the community. Ms. Byrd stated that it is not only the number of housing placements but also the types of housing placements the clients need.

Commissioner Giron asked that with the housing shortage need, is the issue that the applications are low, or is NNAMHS not getting enough referrals? Are there places that are being developed, but not yet built? What exactly is missing? What do we need more of?

Ms. Byrd believes that it is a combination where they are losing some long-time placements because of retirements that are deciding to not do long-term placements anymore. NNAMHS is not receiving a lot of interest in people wanting to become housing providers, and the ones that are housing providers are trying to continue to keep their properties up with all the requirements needed by licensing. With those issues it becomes a fiscal issue as well that contributes to the decision to retire as well.

Commissioner Operario added that the state recently issued a Listserv on nursing vacancies. From his personal experience with Listserv the state has reached out to Commissioner Operario for vacancies in nursing, but so has many hospitals that reach out to nurses as well, so it is not just the state that is short nurses it is also the private

hospitals. Commissioner Operario suggested that the state have more flexibility in the work week, such as flex scheduling or part-time positions, to interest more nursing candidates.

Ms. Byrd let the Commission know that recently NNAMHS was looking into three twelve hour shifts for their nursing staff and they are looking at alternative work schedules for their staff, but she is not sure if the nursing staff is ready for that yet, but they are trying.

Commissioner Operario stated that it is worth it, and thanked Ms. Byrd and NNAMHS for everything they do.

**Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report** was submitted for Commission review and presented by Ellen Richardson-Adams, Agency Manager. SNAMHS Agency Director's Report is Exhibit "4.2".

Ms. Richardson-Adams let the Commission know that Ms. Susan Lynch, Hospital Administrator is with her as well to present the report. They have their caseload numbers available if needed. Assisted outpatient treatment (AOT) continues to be at capacity, and they are looking at increasing the caseloads by staff adjustments. Mental Health Court is just below the caseload ratio, but because the court is back to seeing cases physically there is an anticipation of an increase in commitments.

Ms. Richardson-Adams announced that they have two occupational therapy students who will be in their third year for their doctorate program completing their Capstone. They will be doing that in outpatient. The students completed their field work at SNAMHS where they did a very good job working with residential clients and running some groups. The students liked SNAMHS so much that they requested completing their Capstone at SNAMHS.

Outpatient groups are operational again. The gardening group is popular and flourishing. Cooking classes are expected to continue as well. Group members get to learn how to cook what they grew in the garden. The AA groups are provided by the Peer Support Specialists and there has been an increase in participation. There is a new co-occurring program that will be in-house which started last month. Ms. Richardson-Adams let the Commissioners know that they are welcome to take a tour of SNAMHS anytime and she asked the Commission if they had any questions.

Chair Schrag stated that he thinks that it is fantastic that SNAMHS has people who are participating and staying. It is a good indication of the environment that is created there by students wanting to continue there with their Capstone. Chair Schrag gave kudos to SNAMHS and all the good work they are doing there to create a learning environment where the student now becomes the practitioner.

**Lake's Crossing Center (LCC) Agency Director's Report** was submitted for Commission review and presented by Drew Cross, Interim Agency Manager. Lake's Crossing Agency Director's Report is Exhibit "4.3".

Chair Schrag asked if there was anyone representing Lakes Crossing Center for the Agency Director's Report. Mr. Filippi informed Chair Schrag that Mr. Cross was not in attendance, but if the Commissioners had any questions about the written report submitted by LCC he would pass those questions on to Mr. Cross.

**Desert Regional Center (DRC) Agency Director's Report** submitted to the Commission for review and presented by Gujuan Caver, Clinical Program Manager II. DRC Agency Director's Report is Exhibits "4.6(a)(b)(c)"

Mr. Caver let the Commission know that Ms. Marina Valerio does the ICF Report, and he does the Community Services Report, but Ms. Valerio is not available so he will read off some highlights of the report.

The Community Services Report doesn't have any significant changes to the report submitted the last Commission on Behavioral Health meeting submitted in March except a couple of highlights. Open cases in DRC has seen an increase in the number of applications and the number of applications opened each month. The

average right now is between fifty and sixty cases each month. This has everyone in the intake and psychology departments working hard to handle that amount of volume. Especially compared to last months. DRC also converted a Developmental Specialist IV (DS) to a HPM II recently. That is all for the community services report. Mr. Caver asked the Commission if they had any questions about the Community services report.

Mr. Caver then read the Intermediate Care Facility (ICF) report for DRC that Ms. Valerio gave to the Commission. This ICF report is listed as 4.6a on the agenda.

Chair Schrag asked if there was a noted reason as to why individuals are declining the position even after coming in for the interview?

Mr. Caver answered that he has not seen human resources specific data as to why people are declining the positions, but on the community services side there have been some reports of offers of pay being perceived as not being competitive to the experience they had in the position.

Chair Schrag asked if they are making any comparisons to other facilities to give as an example of the pay disparity, such as stating that "If I were working here I would be paid more".

Mr. Caver responded that he has not heard directly of people making those comparisons, but reasonably that possibility is what is going on. There is a possibility that financial decision might be affecting recruitment, but this information would be better captured by our human resources department.

Chair Schrag suggested that it might be a good idea for HR to get that information so they can focus on specific answers rather than a generalized guess. Then if there is something the Commission can do as a collective, or as individual organizations to help. If there is anybody on the meeting today experiencing the same thing if there is an opportunity to capture the data, even if it is antidotal, it may be helpful. Then Chair Schrag asked if anyone had a thought about that?

Commissioner Operario informed the Commission that in the private organization that he works for they are very flexible, and they have permanent teleworking nurses that they are giving 10,000 sign on bonuses. Even the medical assistants are getting sign-on bonuses. The state may not be able to compare with that but at least we will have the data on the reason why people declined. An exit interview would be a great tool to help to understand why they are declining in the first place and how many applicants were, how many people were offered employment, what they were offered and how flexible the state is to years of experience. The previous speaker eluded to. If they have years of experience they find a place with more earning opportunity.

Mr. Caver let the Commission know that he would try to gather that information for the Commission and present it at a later date.

Chair Schrag asked the Commission if they had any further questions. No questions were asked. Chair Schrag thanked Mr. Caver.

**Rural Clinics (RC) Agency Director's Report** presented by Ellen Richardson-Adams, Clinical Program Manager III, Interim Agency Manager. The Rural Clinics Agency Director's Report is Exhibit "4.4".

Ms. Richardson-Adams said there were some exciting incentives taking place in the last few months. Rural Clinics applied for a TTI (Transformation Transfer Initiative) grant through NASMHPD (National Association of State Mental Health Program Directors) and it was awarded. They have already started on the workorder to begin public information and marking to help with youth and adolescent connections to mental health services. Rural Clinics has put survey out around the nation to help with crisis mapping. Part of the dollars requested was to help build a system that incorporates what we currently have, what is missing, and our goals for crisis mapping. Rural Clinics is hoping to put together a work order soon to complete that process to begin working on the project. A part of the project is money to support families through gas gift cards. Because often times in the rural and frontier areas families have to drive up to 10 hours to get them to a psychiatric hospital, or whatever is appropriate

for them, and the cost has been difficult for families. The dollars were received in January so Rural Clinics can start spending in February instead of sitting on the grant money.

Youth and adolescent text support if they are having suicidal or depressing thoughts and concerns the Rural Clinics team has been really working on that including PEP and DCFS. It is especially good that these programs were pushed out a little bit earlier this year and not in the summer as usual. Rural Clinics is working on an internal process for increased reach-out with youth and adolescents. Even if the parents are in a level of service and the kids are not, Rural Clinics will do a reach out with them to make sure the kids have a touch point. Ms. Richardson-Adams offered to answer any questions for the Commission.

Chair Schrag expressed that it is great that they were able to move forward so quickly because transportation is always one of the greatest challenges to service, even in a digital age. Chair Schrag is glad that is something that is being approved and being used as a good practice from others. Congratulations.

Commissioner Giron noted that Rural Clinics has filled quite a few positions. Have you talked to your new staff about their plans to join your work? This is an area of importance and you have quite a few new people working. How do you attribute that to your outreach? Your programs? What do you think?

Ms. Richardson-Adams thanked Commissioner Giron for the question and answered that Rural Clinics has many clinics across the rural region and overseeing that has strengths and challenges to it. One of the things they are working on now is creating their own onboarding system along with a peer mentor system, so when someone starts they are placing them with a seasoned person that they can go to. Rural Clinics has just hired. Some were promoted and some were new to the state for Clinic Director positions which is what we started with because it is easy to feel isolated, alone, and overwhelmed. We have worked as a leadership team to see what has worked well for us. What we liked. We are trying to build it formally or systematically. Ms. Richardson-Adams and Ms. Lynch at SNAMHS have been using this system. There is a weeklong orientation. There is a training curriculum we go through. We make sure they are assigned with a seasoned person. Some of the differences we would see between inpatient and outpatient scheduling is that one has a 24-hour shift and the other has regular hours 8:00 a.m. to 5:00 p.m. Monday through Friday, so we try to pair up people who have an understanding they can provide the. Everyone wants to know what is expected of them such as where can I park my car? Can I pack a lunch? What do I wear? What can I say and not say? We have looked at those basics to engage staff. There is also an element that when you pair someone with a seasoned staff member to help someone new you are recognizing that person for what they do for the agency and the clients that the agency serves. Helping them be that mentor brings a level of confidence and appreciation. The mentor is recognized for what they bring to the table. We are just trying to utilize what is basic and useful.

Commissioner Giron responded that he appreciates that care and support that staff needs out there and it bodes well for the agency. Please tell your staff well done and to continue that good work.

Ms. Richardson-Adams said she would and she appreciated it. Chair Schrag asked if there were anymore questions. The Commissioners did not have anymore questions.

**Sierra Regional Center (SRC) Agency Director's Reports** submitted for Commission review and presented by Julian Montoya, Agency Manager of Sierra Regional Center (SRC). The SRC Agency Director's Report is Exhibit "4.5".

Mr. Montoya not only reported for SRC, but also Rural Regional Center (RRC) for Mr. Allan. Everything that has been said is currently going on with SRC and RRC. The numbers are pretty consistent, and the agencies are still struggling with staffing issues. Mr. Montoya wanted to address one of the Commissioners questions as to what are the reasons that the agency is not getting as much staff. When the agency does get a panel they mostly hire Service Coordinators because they are the engine that runs our organization. Getting them in and keeping them in the organization is hard because if they have experience they do not want to start out as a step 1, so the agency does the state process for the NPD-5 where we look at their experience and where we think they could come up to a step 5 or similar. That process takes quite a while and it is harder because everyone is understaffed, so

sometimes by the time the agency gets back to them they have already went to another position and we lose them. This has happened quite a few times. We are also losing our Service Coordinators to the County. Washoe County is offering a \$2500.00 sign-on bonus for Mental Health Technicians and a \$500.00 bonus if they sign someone else. Some of those situations the agency cannot compete with. Like Ms. Richardson-Adams said we do a lot of creative ways to keep our staff because once we get them in with us, and they like the environment we can keep them. It is just getting them in the door with the cost of living. We just did a fair market value in our services and Washoe County is by far the highest, even higher than Las Vegas now. Another issue is rental prices. Many people are getting pushed out of their homes, so we have been working with the Fair Housing Council and we are with them when we see discrepancies that we can fight. This continues to be the process.

Mr. Montoya also brought up a new crisis for SRC and RRC which is some of the kids served, which are not going to the county, and they are still with their parents. The parents cannot serve some of them. Now those parents are in the crux that they want to relinquish their child to the county, because they cannot do anything, and the agency is trying to intervene in the process. However, our system is not set up for that. We don't take custody, so we need the parents and the county. We are trying to intervene before it gets to that. Senate Bill AB387 where all of our state agencies and the county get together and try to figure out a way so that family doesn't relinquish their child to the county. The agency deputy Jessica Adams is coming up with new ways in this new session thinking outside of the box. As soon as we know more about it we can present it to you. That is really becoming a big issue right now. This is across the board because it is happening in Las Vegas as well. Some of the individuals with IDD do not have the skill set to take care of the kids. We say that they are kids and if we need more training bring us in as a partner, but just don't isolate them. It is a new problem that we are trying to wrap our arms around. Mr. Montoya asked the Commission if they had any questions.

**Rural Regional Center (RRC) Agency Director's Reports** submitted for Commission review and presented by Julian Montoya, Agency Manager of Sierra Regional Center (SRC). The RRC Agency Director's Report is Exhibit "4.7".

This report was presented by Mr. Montoya combined with the Sierra Regional Center Report.

**Chair Schrag asked for a motion. Commissioner Giron made a motion to accept the Agency Director's Reports as written. Commissioner Cooper seconded the motion. The motion was unanimously approved by the Commission.**

**5. FOR POSSIBLE ACTION: Consideration and Possible Approval of DPBH Policies – Joanne Malay, Deputy Administrator, DPBH**

Ms. Susan Lynch, Hospital Administrator for SNAMHS presented for Ms. Malay. Ms. Lynch read the following policies:

- CRR 2.0 The Nevada Disability Advocacy Law Center (NDALC) Civil Facilities
- CRR 2.1 Consumer Complaint Procedure
- CRR 2.2 Cultural Competence
- CRR 2.3 Notifications/Cooperation with Law Enforcement Agencies
- CRR 2.4 Voter Registration Policy

Ms. Lynch explained policy CRR 2.0 The Nevada Disability Advocacy Law Center (NDALC) Civil Facilities visitation in civil facilities. This policy provides those guidelines for the NDALC to meet with clients as well as reviewing medical records. There is only a minor change under procedures. It is under 6.1 the previous policy had very specific timeframes for each civil agency. Those specific days and timeframes were removed and now it is designated times, or by appointment. Meetings were updated so now they can be in person, by telephone, and computer based as well. The virtual component was added during the pandemic.

2.1 Consumer Complaint Procedure did not have any changes.

2.2 Cultural Competence was modified because there have been recent changes in the standards and regulations for cultural competency. This policy was modified to accommodate that. There were also some resources that were updated. Primarily at the end of the policy is that training for cultural competency does need approval from outside the agency and that was added to the policy.

2.3 Notification/Cooperation with Law Enforcement Agencies. There was a clarification in wording. Which was the consent provided which is 5.0 on the procedures, page 2. There was some clarification on 5.3.1 Agency Managers will not be providing any clinical opinion on whether a patient can provide their own consent.

2.4 Voter Registration Policy the only update was all the attachments.

Ms. Lynch asked the Commission if they had any questions. The Commission did not have any questions.

**Commissioner Operario made a motion to approve the policies as submitted. Commissioner Cooper seconded the motion. The motion was unanimously approved by the Commission.**

6. **INFORMATIONAL ITEM:** Update on Seclusion and Restraint/Denial of Rights, DPBH – *Joanne Malay, Deputy Administrator, DPBH* Update on Seclusion and Restraint/Denial of Rights, ADSD – *Marina Valerio, Agency Manager, Desert Regional Center, ADSD:*

**Update on Seclusion and Restraint/Denial of Rights, DPBH** presented by Joanne Malay, Deputy Administrator, DPBH:

Ms. Malay let the Commission know that there were not any significant changes that were not mentioned last Commission on Behavioral Health meeting. There has been a slight decrease in the civil population in northern Nevada and that is secondary to both staffing issues and the need for more forensic beds. You will see a decrease in northern Nevada civil bed census.

The adult forensic facilities evaluation clients, which differs from the restoration clients. How evaluation clients are admitted under a different Nevada Revised Statute (NRS). They are the ones who have not been found incompetent to stand trial, so they are admitted to facilities to have an assessment to determine if they are competent to stand trial and then they are adjudicated through the system. Our statutory requirements are under a different statute, it is NRS 178.425, which states that those defendants, or clients as we call them, have been found to be incompetent to stand trial. That means the detention centers and the courts have already done an evaluation, or had one done on these clients and they were found to be incompetent. After that they are admitted to our facilities for restoration. This means the number of evaluation clients will decline as they adjudicate through our system, and you will see that decline on the Seclusion and Restraint Reports and census report over the next few quarters.

Ms. Malay also wanted to highlight the number of long-term commitments. Long-term commitments are under NRS 178. Long-term commitments are committed to our facilities for up to 10 years under NRS 178.461. Those clients have been found incompetent to stand trial and still remain a danger to themselves or others and they cannot be discharged to the community at that time. Therefore, they are under our care as treatment is provided in a safe environment for them. As you can imagine we have 174 beds now total and each time you have a client that is admitted for 10 years that takes up a bed for a long period of time, so the reflection will be on the amount of clients and how quickly they can be processed through the system. You can see the number of long-term clients has increased greatly which takes up bed capacity. That is why we are working on different ways to move those clients on. Ms. Malay asked the Commission if they had any questions.

Chair Schrag thanked Ms. Malay for the report. The Commission did not ask any questions.

**Update on Seclusion and Restraint/Denial of Rights, ADSD** presented by Marina Valerio, Agency Manager of Desert Regional Center.

Mr. Filippi informed the Commission that Ms. Valerio was unavailable for the report, but Mr. Caver was available for any questions. Chair Schrag asked the Commission if they had any questions, and they did not.

**7. INFORMATIONAL ITEM: Update on the Bureau of Behavioral Health, Wellness and Prevention. – Shannon Bennett, Bureau Chief, BBHWP**

Ms. Bennett let the Commission know that one of the focuses of the Bureau now is the launch of 9-8-8 which will serve as the National Suicide Prevention Lifeline. This is for those experiencing a crisis. A soft launch is expected on July 16<sup>th</sup>, 2022. If the Commission is interested Ms. Bennett can go into more detail about the National Suicide Prevention Lifeline in the next Commission on Behavioral Health meeting. Right now, they are setting up the infrastructure to answer how is this going to function, how the Bureau provide appropriate oversight, how we insure it will be successful. Also, thinking through branding and community messaging. The Bureau would set up a vendor to see what this will look like. The Bureau is also working through regulations that passed the last legislative session which is SB 390 to adopt a fee on telephone lines in the State of Nevada to support not only 9-8-8, but the entire crisis response system.

Ms. Bennett reminded the Commission that she is new to the position and so she may not have all the answers to the Commission's questions, but she is happy to report back and share the answers at a later date. This is the major focus of the Bureau at this time. Ms. Bennett offered to answer any questions.

Commissioner Giron asked Ms. Bennett if she could define a soft launch for 9-8-8 since it is such an ambitious program?

Ms. Bennett agreed and explained that the Bureau is going to push the program broadly at the beginning and the large media campaign will come in at a later date. The program will launch on July 16<sup>th</sup>, but the Bureau wants to make sure everything is working correctly before the large scale media push.

Chair Schrag asked Ms. Bennett what have been some of the greatest successes that she has seen so far with the program development as the Bureau nears implementation?

Ms. Bennett explained that there is a very large coalition of people who are putting together the plan and implementation guidelines for the entire Crisis Response System. The biggest success is seeing the community come together for such an ambitious project.

Chair Schrag asked what are some of the greatest challenges that you see at this time?

Ms. Bennett answered that this is a lot to push forward in a relatively short amount of time. Making sure the Bureau is ready to successfully launch something this large and making sure it can be supported as it grows is what the Bureau is focused on now to make sure they are ready.

Chair Schrag said that in some of the earlier meetings there was discussion making sure we had adequate staffing of service providers, which were separate subcommittees, but from your observation how has that part of the process gone so far?

Ms. Bennett replied that she is not certain, but she would be happy to report back to the Commission with the answer at a later date.



Commissioner Giron asked Ms. Bennett if there is a chance that the soft launch will not happen?

Ms. Bennet assured Commissioner Giron that it will happen.

Chair Schrag asked if the Commissioners had any further questions, and they did not.

**8. INFORMATIONAL ITEM: Update on Aging and Disability Services Division (ADSD) – *Jessica Adams, Deputy Administrator, ADSD***

Ms. Jessica Adams, Deputy Administrator for Aging and Disability Services for Developmental Services presented the report by letting the Commission know that many of their services are funded through a 1915c community-based waiver through Medicaid. That is how they are able to do a lot of dimensional and engagement services throughout the pandemic we have been able to have some flexibilities in the waiver that typically ADSD would not have. This allowed ADSD to keep doing services such as telehealth, which ADSD doesn't typically do. This was due to appendix K. This appendix runs 6 months after the end of the public health emergency. ADSD is working on how to keep some of the programs that have worked well under appendix K.

As of now the national public emergency is due to expire on July 15<sup>th</sup>, 2022. The federal government promised they would give a 60-day notice, but they have not given the notice yet, so we believe that the national public emergency will be extended one more time. The national public emergency can only be extended for 90 days at a time, so there may be up to 10 months before appendix K flexibility might end that is why ADSD is trying to amend the waiver to keep some of these things. The waiver has to be rewritten so ADSD will lose approval for 5 years. The current waiver ends on September 30<sup>th</sup>, 2023. ADSD has been gathering feedback from the public and those who are served as well as stakeholders. There has been some good feedback during these sessions, so now we are going to take that feedback and see what can be added to the waiver for better services. There will still be multiple workshops and hearings before the final waiver that is finalized for authorization.

As far as staffing, most of ADSD has contractor provided staffing with multiple agencies across the state giving services to thousands of people with intellectual disabilities in their own homes. All of those provider agencies are hurting for staff just as much as our state agencies are. This has a lot to do with pay because rates for services like this are not high. Our residential services are at \$24.00/hour. When you are an agency, and you take out rent and the cost of running the agency with staff at \$15.00/hour there are signs out there for \$20.00/hour everywhere for jobs, so we will be looking at requesting to change rates the next legislative session. There was a survey completed just before the last legislative session ended, so ADSD will be presenting that hopefully to significantly raise rates to keep up and make this field a career and add things like paid leave, health care, and everything that would make this a career for them. Ms. Adams asked the Commission if they had any questions.

Chair Schrag thanked Ms. Adams for her report. The Commission did not have any questions.

**9. FOR POSSIBLE ACTION: Discussion and approval of future agenda items - *Commission***

Chair Schrag asked the Commission if they had any suggestions for future agenda items. Mr. Filippi reminded the Chair that Mr. Montoya mentioned AB 387 which was more about bringing the agencies together to address the custody issue for Nevada children. Since that has to do with children it might be something to focus on in a Commission on Behavioral Health meeting with the Division of Child and Family Services. Mr. Filippi also reminded the Commission that Mr. Montoya has offered to present to the Commission at a later date. Mr. Filippi asked the Commission if they wanted to put that on the September agenda.

Mr. Filippi also mentioned the 9-8-8 update from Ms. Bennett if possible too.

Chair Schrag suggested to work with Mr. Filippi on AB 387 with DCFS and that he would like to include a 9-8-8 update on the next Commission on Behavioral Health meeting.

Commissioner Cooper suggested a report from the agencies human resources regarding why people are declining positions and to see if there is anything the Commission can assist with for the next meeting.

Mr. Filippi asked Commissioner Cooper if the request is to highlight that data in their quarterly reports or to have a separate presentation from each agency, specifically with difficulties hiring clinical positions?

Commissioner Cooper responded that if that was in the reports it would be better than asking human resources to pause what they are doing to answer the Commission.

Mr. Filippi thanked Commissioner Cooper and stated that he would pass the information on. Noting that there are representatives from DPBH and ADSD Mr. Filippi asked Commissioner Cooper if she wanted him to pass this request to DCFS?

Commissioner Cooper responded that it would be worthwhile.

Mr. Filippi noted that Ms. Waldman was in attendance and asked Ms. Waldman if she could let DCFS know of the Commission's request. Ms. Waldman confirmed that she could.

Mr. Caver thanked Commissioner Cooper for clarifying her request and stated that he has already contacted his agencies human resources department, including the other representatives from the DS side and that this specific information will be included in the next meeting.

**Chair Schrag made a motion to include a 9-8-8 update on the next Commission on Behavioral Health meeting agenda. Commissioner Operario seconded the motion. The motion was unanimously approved by the Commission.**

#### **10. PUBLIC COMMENT**

Chair Schrag asked if there was any public comment and paused for comments.

Mr. Filippi noted that there were no public comments, but he reminded the Commission that the next Commission on Behavioral Health meeting with DCFS is the time to bring the Annual Governor's Letter draft forward and discuss any final changes. Mr. Filippi reminded the Commission that the next Commission meeting with DCFS will be June 23<sup>rd</sup>, 2022, and until that time to go into Microsoft Teams and look at the letter draft and the annual reports from the regions. Mr. Filippi let the Commissioners know that if they have any questions, or if they cannot access Microsoft Teams to reach out to him and that there is about a month left to update everything.

#### **11. ADJOURNMENT:**

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 10:08 a.m.