

**COMMISSION ON BEHAVIORAL HEALTH
DIVISION OF CHILD AND FAMILY SERVICES
JANUARY 20, 2021
DRAFT MINUTES**

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

This meeting used Lifesize Technology for video and audio capability.

COMMISSIONERS PRESENT:

Lisa Durette
Gregory Giron
Tabitha Johnson
Natasha Mosby
Jasmine Troop
Lisa Ruiz-Lee
Braden Schrag

STAFF AND GUESTS:

Ross Armstrong, Division of Child and Family Services
Kathryn Wellington-Cavakis, Division of Child and Family Services
Linda Guastella, Division of Child and Family Services
Kristen Rivas, Division of Child and Family Services
Sarah Dearborn, Division of Health Care Financing and Policy
Julie Slabaugh, Deputy Attorney General
Susanne Sliwa, Deputy Attorney General
Yeni Medina, Aging and Disability Services Division
Misty Vaughan Allen, Office of Suicide Prevention
Cherylyn Rahr-Wood, Zero Suicide Statewide Coordinator
Joseph Filippi, Division of Public and Behavioral Health
Char Frost, Clark County Regional Behavioral Health Policy Board
Jeanette Belz, on behalf of the Nevada Psychiatric Association

1. Call to Order and Introduction – *Lisa Durette, Chair*. Chair Durette called the meeting to order at 8:32 am.

2. Public Comment – *Commissioners/Public*
There was no public comment.

3. For Possible Action. Approval of the September 17, 2020 Meeting Minutes – *Lisa Durette, Chair*

MOTION: Commissioner Troop made a motion to approve the minutes from the September 17, 2020 meeting.

SECOND: Commissioner Schrag.

VOTE: The motion passed unanimously.

4. Introduction of New Commissioners – *Lisa Durette, Chair*

- Gregory Giron – Clinical Psychologist at Carson Tahoe Hospital. He is an outpatient therapist and does a lot of patient assessments. He has lived in Nevada for 20 years and he hopes to add a voice in Psychology to the meeting.
- Braden Schrag – Representative of the general public who has a special interest in the field of intellectual disabilities. He brings a degree in Psychology and he worked in Pediatric Psychology at a community mental health program in Kentucky. He was a Social Worker doing child abuse/neglect investigation. For the last 17 years he has been a Law Enforcement Officer where he has been involved in multi-disciplinary projects. He does some consulting to the federal government on countering and preventing extremism across many groups. Building diversity of teams. He is also on the Police Employees Assistance program, CADRE. He is looking to bring that diversity and knowledge to the Commission and how we can support the needs of our public mental and behavioral health system.

5. For Possible Action. Discussion and Approval of the DCFS Agency Reports – *Ross Armstrong, Administrator, Division of Child and Family Services (DCFS)*

Mr. Armstrong said everyone should have received the agency report. He will highlight what is going on at DCFS.

- We are still working through the COVID 19 pandemic which includes protecting our staff and the families we serve. We are protecting our capacity to deliver services.
- There has been an incredible spike in the last 60 days of staff testing positive. We have set up a system to handle this through our HR. Department. This poses some challenges to protect our capacity.
- Regarding CARES funding - we had an expansion with our children's Mobile Crisis Unit with some temporary Federal funds, to increase coverage in Washoe County to 24-hours and to add an additional team from Clark County. Working closely with the Division of Public and Behavioral Health (DPBH) on this.
- Governor's Budget – State of the State address was last night. The budget is now public and on the Governor's Finance Office Website. There is no reduction in Children's Mental Health staff. The DCFS positions that were frozen during the Special Session are no longer frozen. We will be able to hire for those positions in July 1, 2021.
- Tomorrow all Divisions of Department of Health and Human Services (DHHS) will give their pre-session budget presentations, viewable on the Legislative website. All Divisions budgets will be reviewed at a higher level. They can provide the access if anyone wishes.
- We have not been able to re-open the acute unit at Desert Willow Treatment Center (DWTC), largely due to the inability to get nurses hired. There is the 12-bed expansion so there is more residential treatment, but the acute unit is struggling to get back online. We are focused on that with HR and DWTC to get that back online. This is our biggest operational shift the Commission should be aware of.

Questions

(Q) Chair Durette. From the clinical services perspective, what is the plan for DWTC and the Southern Nevada cohort of DCFS facilities for the next biennium?

(A) Mr. Armstrong. To hold steady. There is no expansion of services. There are some budget saving decisions in terms of getting out of some leases of offices. There are changes in terms of outpatient and remote. Let us not make patients come into our office but let us find places out in the community that are easier to access. You will see in the budget a reduction in offices in the

south, but we are not getting rid of staff positions. We want to get that acute unit at DWTC up so there is that resource.

6. Presentation on what the Commission can do to Leverage/Support the Office of Suicide Prevention (OSP) to Address Youth Suicide Rates Rising Throughout the State – *Misty Vaughan Allen, Office of Suicide Prevention*

Chair Durette stated that this could not be more important right now. We have had a spike in youth suicides in the state. We have had 7 to 11-year-olds who have completed suicide. It is a crucial time to identify ways we can improve our suicide prevention methods.

A Power Point was distributed to everyone and Ms. Allen presented:

The OSP was legislated in 2003 but began with funding in 2005. That was the most funding they have had. The office was designed to improve education awareness outreach. Ms. Allen started in 2005 to develop and implement and evaluate a state plan. They had a training facilitator in Las Vegas. The 2005, 3-year funding impacted rates dramatically. The youth rate of suicide has doubled since 2009. This year has been very complex with suicide ideation and attempt behavior.

It is challenging for them with the demand for their work because their budget has decreased. They chase discretionary funding and they cannot focus on their state strategy. This is not an effective or acceptable way to run a comprehensive suicide prevention program.

The Legislative changes in 2015 and 2017 that mandate a suicide training has been a game changer. They have many partners now. Opportunities have been broadened.

OSP initiatives during COVID Partnering with the Department of Veteran Services.

- Mayors and Governors Challenge Teams. This initiative also helps families of service members and veterans.
- Cherylyn Rahr-Wood, Zero Suicide Statewide Coordinator works with at least 16 hospitals making many changes. This initiative will reduce rates. The challenge is funding. It is an opioid grant. Her vision is hampered by lack of funding and support.
- Focusing on outreach to front line workers. COVID has reduced stigma in front line workers.
- Worked with hotlines to prepare for the greater response.
- Developed the Resilience Project to support families. Resilience Ambassadors - Outreach and training to hit the communities that have huge gaps; black, indigenous, and people of color.
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They are updating their state strategy. The Commission asked how it can help. OSP needs dedicated funding to implement a broader vision, a comprehensive strategy based on national strategies and based on CDC recommendations. The national rate has dropped in 15 years. Nevada was holding steady. She showed a graph showing suicides in 2019. For Nevada we still had the 7th highest rate in the nation. Our Veterans are double the state rate and our elderly have the highest rate in the nation. We have the 51st spending in mental and public health - access to care, so how do we get out of the top 10 without a greater political will?

She reviewed the number of youth suicides in 2019 and 2020, including the spike in Clark County in September/October 2020. They are concerned about what is happening out there.

She reviewed Vital Signs Report – What We Can Do.

She wants to show the Commission the partnership we can start building. How do we promote economic support? It will be a challenge in the next couple of years. We have a foundation built and we are ready to provide the support and be out in every community. Building connections saves lives.

The reduction of using lethal means is an initiative they have. They had dropped the rate of this when they were out there at gun shops and gun shows, but the climate changed and they have not been able to do that, and the firearms rate has bumped up. Of the youth lives taken recently in Clark County, about 70% were with firearms.

We continue to train all over the place. Did over 3,200 during COVID, mostly over Zoom.

She reviewed Nevada's Ideal Crisis Continuum and the five recommendations that came out of the Clark County Youth Suicide Review 2016-2018.

They have a new intern from the School of Public Health in the North. Her project will be to research social media and its impact on suicide and technology and how to improve their training.

They want to do a deeper dive with our ACES (Adverse Childhood Experiences). They did a Social Media Campaign in Spanish and English on how to keep kids safe.

They did a Town Hall on BIPOC (black, indigenous, and people of color) prevention. They have a recording if you did not see it.

Questions.

(Q) Commissioner Schrag. What were the limitations of getting into gun shows and gun stores?

(A) Ms. Vaughan Allen. Her speculation is that the mass shootings in the schools was the beginning. We were doing great work, but the gun shops closed down. It was probably political. Our work was only about injury prevention and keeping our families safe. So, we backed off. We worked with many veterans who guided us with that conversation. Need to get to a place of restarting that. Commissioner Schrag would be interested in continuing a conversation offline. He has a couple of ideas. Veterans and Law Enforcements Officers. Misty thinks that would be great. Richard Egan does the work in Las Vegas.

(Q) Commissioner Johnson suggested approaching the Licensing Boards when renewals are due to see if a few dollars could be used for OSF. She thinks many people would be willing to add a few dollars toward prevention.

(A) Ms. Vaughan Allen. 9-8-8 is being built right now. There will be legislation to implement and sustain it. It will take over for the suicide prevention help line. They are doing a pilot. It will not be implemented until 2022. It is a national movement. It will also support the crisis system as a whole. OSP would then have a pot of money. Only Misty is funded by General Funds. With

that guaranteed funding, their work would be more effective. Thank you for the idea of the Licensing Boards.

(Q) Commissioner Ruiz-Lee. Regarding OSF's funding challenges, it seems that there is a lot of CARES dollars that has come down or will come down the pipeline. Does OSF have any eligibility for those dollars to increase service array?

(A) Ms. Vaughan Allen. In November we got a huge amount of CARES funding mostly to work on the Clark County spike. That is how the Public Service Announcements were funded. Cherylyn trained a lot of people. She will continue to support those people this year. She believes there might be more CARES funding and they will have more time to plan for it.

(Q) Char Frost. Have you seen if there are more dollars for suicide prevention in the Governor's proposed budget? It looks like there is a strong focus on Health and Human Services.

(A) Ms. Vaughan Allen. She has not seen specifically, but she thinks there is more in mental health because it is going to be a rough couple of years. That funding will hopefully support them down the road.

(Q) Ms. Frost. Is that something you would want help with?

(A) Ms. Vaughan Allen would greatly appreciate that. Their goal is early intervention and prevention which makes a huge difference. They also want to work on postvention services; after someone has lost a loved one to suicide or after someone is not successful in their attempt.

(Q) Chair Durette. With the Air Force she was part of the suicide investigation team. They focused on how to prevent future events. The Youth Death Team in Nevada is running about 1.5 to a 2-year lag on death investigations. How can you pair immediate postvention investigations and proactive planning when we are already running in a system with a 2-year delay?

(A) Ms. Vaughan Allen. We have some data. It has immediate ideation, attempts, but it does not tell the whole story. It is difficult to share that without the right context. Washoe County had some high losses in the Fall of 2019 to the beginning of 2020. They developed crisis support for the community, then COVID hit. They were going to look at regulations or directives on getting that immediate data. If we can get to the families early on we can make an impact. Clark County brought it up and they are waiting on some technology and software changes. They want to be aware of what they are asking of healthcare professionals in the hospitals, but we know suicide is increasing. Possible regulations would get information in an immediate manner.

(Q) Chair Durette. What would it look like to pull out members of the Child Death Team to bring in mental health experts to create a suicide investigation team that comes out of the Commission and OSP? There are existing models that are effective.

(A) Ms. Vaughan Allen. We do have a committee to review suicide fatalities that has been around since 2013. It is typically adult. OSP does collaborate, so we are hearing some of the trends. They are trying to make that timelier. Legislation would have to change to get the data.

(Q) Commissioner Ruiz-Lee. Re Suicide Investigation teams – are you moving with the anticipation of what is coming down the road with our front-line workers and medical workers when we get to a post COVID universe? What supports are being put in place?

(A) Ms. Vaughan Allen. We knew this was going to be an impact from the beginning. We worked with partners at UNLV and Crisis Support Services to establish more hotlines for professional. This is at the national level as well. We heard that they are getting response at the national level, but not a lot of response here. But she thinks we lost a couple of health care workers to suicide recently. Zero Suicide is about going in and finding the gap, training the entire workforce. They are reaching out to physicians.

(A) Ms. Rahr-Wood. With suicide, it is about shifting culture from the top down. We work on reducing the stigma, and everyone having the knowledge. When she talks to leadership she suggests everyone taking the Workforce Survey so we can see where they fit in suicide prevention. We are training the inside of their communities. It is a collaborative effort, system wide.

Commissioner Giron attended a conference in Washington before the pandemic. They looked at modern technologies developing for mental health. The virtual world has changed the landscape of our country and youth and threatened so many institutions because they are not ready. He thanked Misty and OSP for the great work they are doing.

Ms. Vaughan Allen. The technology has taught us so much. More people are getting help we are reaching bigger audiences with chat rooms. We need to embrace the technology. Connection is crucial to helping our elders and youth stay safe.

Chair Durette: This opens opportunities for the Commission so we can be the spokespeople for good mental health. She suggested an action agenda item for the next meeting for something in regards to what the Commission can do in conjunction with the OSP or helping utilize our authorities and resources to be the mouthpiece for improving mental health and suicide prevention in the state. This is an opportunity we should take advantage of.

7. Aging and Disability Services Division (ADSD) Update – *Jennifer Ahn, Nevada Early Intervention Services Program (NEIS), Yeni Medina, Autism Treatment Assessment Program (ATAP)*

There was no one present from Nevada Early Intervention (EI) Services

Yeni Medina reported for Autism Treatment Assessment Program Nevada Early Intervention Services

Ms. Medina reported on numbers for November 2020.

- There were 80 new applications, 915 active children with an average age of 9, and 59 children were inactive.
- The average wait time for all ATAP children was 133 days.
- There has been a steady increase in ATAP caseload along with a slight decrease in their waitlist. They expect to continue that trend.
- They see growth in professional and para-professional providers.
- They continue to work with providers who are interested in working with children in ATAP.
- They continue to provide parent training.

8. Medicaid Update and Changes – *Sarah Dearborn, Division of Health Care Financing and Policy*

- Update on 1915i State Plan Amendment (SPA) for Specialized Foster Care (SFC) Population (SFC).

The new provider type for SFC services has been implemented. The codes for the two new services was established. Intensive and Support and Services and Crisis Stabilization Services. These new services are part of the 1915i Home and Community-Based services state plan option, specifically targeted at the SFC population. They have been working a lot with DCFS and county

agencies and all SFC providers to prepare for this implementation. She will take a proposed amendment to the State Plan to the public hearing on 1/26/21. They are proposing to amend the State Plan to be able to include an additional Care Coordination model used by the local county agencies to determine eligibility for entry into these services. The local county agencies utilize The Safe Model. Currently in the State Plan they have included the Care Coordination Model FOCUS, a WIN Care Coordination model.

Along with DCFS and Game Well Technologies, Medicaid developed recorded training. That will be posted to the Medicaid website for viewing. This will be helpful to providers.

(Q) Chair Durette. How does a child access the SFC services? What are the eligibility requirements and the requirements of the agency?

(A) Ms. Dearborn. The agencies have a signed agreement with DCFS or the local county agencies. Foster parents provide those intensive in-home services and support. The agencies help with the coaching and the crisis stabilization. There is an eligibility checklist posted on Medicaid's website. It is determined through the Care Coordinator, Case Worker, or Care Manager or Wraparound Facilitator along with the Child and Family Team.

(Q) Commissioner Ruiz-Lee. What are the criteria on the checklist for youth meeting this criteria and are we ensuring they are getting appropriate other clinical services and care?

(A) Ms. Dearborn. SFC youth will be eligible for these two services and all other Behavioral Health services.

(A) Dr. Freeman. In terms of new 1915i services there is the checklist Sarah described. The Care Coordinator will review the youth's record to ensure that they meet the criteria. They will go over their diagnosis, age, other eligibility factors as well as whether they are eligible in terms of whether regular community-based interventions are not meeting their needs. DCFS/Planning and Evaluation Unit (PEU) will conduct the quality assurance aspect by reviewing a percentage of care of these services. We also do program evaluation and assurance oversight over SFC as a whole and that will be ongoing separately.

(Q) Chair Durette. In many other states there is statewide or county-wide policies and procedures for medication oversight. What is the game plan for putting that in place to make sure youths are not over-medicated?

(A) Mr. Armstrong. Nevada has a unique structure for the Child Welfare System unlike how it is set up in other states. Years ago, in response to that lawsuit was where every youth in Child Welfare custody has to have a person legally responsible in terms of psychotropic medications. PEU and Family Programs Unit can do more to make that program come to life. He thinks it is primarily a paper program in terms of who is responsible. There is court oversight to ensure that is occurring. It is an opportunity to take that process of appointing the person legally responsible and creating more guidelines to make that a more effective statutory provision in terms of over medication of kids.

(Q) Chair Durette explained that other states have Child/Adolescent Psychiatrists to review that the medications are appropriate. How is our state going to be able to protect the most vulnerable kids?

(A) Mr. Armstrong. Each of the three state agencies has a clinical team embedded in it to do reviews. We can pull those procedures together and present at the next meeting how those three entities operate in the oversight of the medication and oversight of the PLRs; if we are following nationwide best practices or if there is room for improvement.

(Q) Commissioner Ruiz-Lee – Looking at combination of services listed, are these services strictly available to youths in the custody of a Child Welfare agency, or could they be expanded to youths who are not affiliated with an open Child Welfare case?

(A) Mr. Armstrong. The 1915i is only for those children who are in custody of a Child Welfare agency and limited to the services Sarah described. We had an array of services that would be good for children and we had to prioritize those services for rosier times. If we go forward and we recognize we need to serve an additional population, things can be changed in the future.

(Q) Commissioner Ruiz-Lee. Expand on the intention of the in-home intensive services and that quality of what that would be and how to ensure that that does not become a in-home BST/PSR effort that is just routinely billed.

(A) Dr. Freeman. Youth in SFC receive a parenting support intervention called Together Facing the Challenge (TFTC), an evidence-based practice. PEU reviews and oversees the fidelity tool, documentation for TFTC and the agencies have to go through certification and re-certification to show they are adhering to the model. In terms of the intensive in-home services, the billing for that service is intended to match the TFTC intervention, a progress note will be required for each day that the intervention is delivered, and a detailed plan of care is required for that service. PEU will perform Quality Assurance.

(Q) Commissioner Ruiz-Lee. You are not using the Child Welfare agencies; you are going to review a set number of cases yourselves?

(A) Dr. Freeman. Yes, 10%.

(Q) Commissioner Ruiz-Lee. Do you have the staff to do that?

(A) Dr. Freeman. We are setting up the procedures now. It is required, so we will get it done.

- Update on Certified Community Behavioral Health Clinics (CCBHC).

That model is moving along. We have nine certified in the state. We routinely do site visits and review documentation. They are doing great work to support our communities. Three of them are part of the Demonstration Program that initiated CCBHCs for Nevada. Those three have been moving along with the Federal Government which has extended the Demonstration Program through 9/30/23.

- Other Updates
 1. There is a public hearing 1/26/21. She will propose the State Plan Amendment for SFC as well as updates to the Medicaid Manual Chapter 4000
 2. There is a public workshop on 1/25/21 at 10 am to gain feedback from providers in the community about Substance Use Treatment Services, regarding prior authorizations.
 3. Proposing to remove prior authorization requirements on peer support services delivered through the Assistance Use model. Not remove it completely.

9. Update on the Children's System of Care (SOC) Grant – *Kathryn Wellington-Cavakis, Division of Child and Family Services*

Kathy Wellington-Cavakis noted that their progress summary outlines the details of the last year of their work went out. She went over some highlights:

- Initiated building the structure to support our Children's Mental Health (CMH) Authority. Contracted to get an additional nine coaches trained in High Fidelity Wraparound for our Tier Coordination team. We work with the Nevada Training Partnership and Esther Brown who supported the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC) bill. She will create a scope of work

and budget to develop training specific to those who may come in contact with that population and those providing services to that population. Looking at a Train the Trainer's model to sustain this.

- Met with DPBH who holds our CMH in rural Nevada to explore what their priorities are. One is psychiatric care for children. SOC is working with UNR and UNLV Fellows to expand those services in Rural Nevada.
- Respite Programs for Families. Partnered with DPBH and ADSD and will use their model as a foundation to put together respite services. They are pulling together the contract and fiscal piece to use a fiscal intermediary to support getting the money out to families so we can get some respite to them.
- Early Childhood services. Our partners at DPBH have looked into people interested in serving the 0-6 population. Met with one of our CCBHCs to explore the idea of the grant funding a couple of positions to target that population so they could go through the Child Parent Psychology cohort and have clinicians focus on that population in rural NV.
- Excited to get a full staff to expand more into developing the CMH Authority and proposing it to the Commission and Consortia for approval. Allowing us to expand our service array and building on our tier coordination program and extending that to rural Nevada and frontier and tribal communities.
- Done a lot of outreach with our tribal communities. Met with Medicaid partners and want to engage in conversations around the sustainability plan and how to fund services beyond the life of this grant.
- Please read the progress summary and let her know if you have questions.

(Q) Commissioner Ruiz-Lee. Will the CMH Authority topic come up this Legislative session?

(A) Ms. Cavakis: We will continue to work on this. We are working on building the infrastructure. Then we will bring it up to our administration and this Commission and Consortia for support and approval.

(Q) Commissioner Ruiz-Lee. When does the funding of the grant end?

(A) September 29, 2023.

(Q) Chair Durette. How are we doing with technology in the rural and frontier areas and can the SOC grant support getting care to people in those areas?

(A) Ms. Cavakis. Yes, we have partnered with DPBH to purchase 40 additional licenses for our Mobile Crisis to sit on their platform to expand the services to 24/7. We used some funding to purchase telehealth equipment for intensive services. We supported the telehealth consultation through the Pediatric grant and talk about how we can make things easier for families to access. We can't give the equipment to families but can help set it up in communities.

10. For Possible Action. Review and Discuss Data on Trends of Lack of Plans to Prevent Future Events on the Seclusion Restraint Reports from Reno Behavioral Healthcare Hospital. Determine any Action the Commission Wishes to Take Regarding This – *Kristen Rivas and Commissions*

Ms. Rivas explained a Thorazine report the Commission requested was presented at the last meeting. We pulled another trends report and we looked at all chemical restraints. We are working on putting together that database now to present at the next meeting so we can present a full report on all chemical restraints.

Chair Durette said there was talk about modifying/codifying the proper definition of chemical restraint within the NRS or NAC. Where are we on that?

Commissioner Schrag would like better clarity of definition for everyone to work from. In some of the Seclusion Restraint reports how things are described, there seems to be inconsistency, especially with the juveniles. One issue came down to is this their medication program to begin with or a separate chemical restraint? Anything that better clarifies how and why things are done and the safety of the child would help. He would be in favor of this. He is in favor of putting the effort in for the clear definition and guidelines to follow the definition.

Ms. Slabaugh is unaware of any work on modifying the definition. They did regulations on the adult side to distinguish chemical restraint from medications in psychiatric facilities. She thinks it would have to be changed in the NRS.

Dr. Freeman has a BDR we were asked to look at that proposed a different definition for chemical restraint. She read the new definition.

Chair Durette asked if there is an opportunity to modify that statement. She and Dr. Raven were discussing this.

Dr. Freeman: We were asked to look at it for a different reason. She can find out who is bringing the bill and we would work with that person or go to the hearings to talk about why we would want a different definition. Dr. Freeman will send it to Laura Adler to send it out to the Commissioners. She said there may be other bills as well.

Ms. Rivas said we were asked to include an agenda item that the Commission address Reno Behavioral Health regarding their trends of lack of plans identified.

Chair Durette said there continues to be a pattern at this facility of multiple events of an individual with no changes of plan. In the past we have sent a letter notifying the facility that we observed a trend, would you please come to our next meeting.

MOTION: Chair Durette made a motion to send a letter to Reno Behavioral Healthcare Hospital and request they attend our next meeting to discuss their management of Seclusion and Restraints in youth and how they address patterns to mitigate repeat offenses.

DISCUSSION: Commissioner Giron said this is a great question for any agency dealing with children or adults who need management or require some extra organized or plan besides just sedating.

SECOND: Commissioner Schrag.

DISCUSSION: Commissioner Giron said the person they send should be that authoritative voice for them; someone who developed the program and knows what should be going on. Chair Durette said we have sent letters like this previously and in their response letter they often describe what is happening from a policy and clinical perspective. She hopes the same would happen.

VOTE: The motion was passed unanimously.

Ms. Rivas will put a letter together to send to Reno Behavioral Healthcare Hospital.

Dr. Freeman said the bill discussed earlier is SB70 from the Northern Regional Policy Board and she thinks Chair Durette can work with Dr. Raven as to how you want that to be worded to go forward. Dr. Stephanie Woodard is also involved in this.

11. Update on Vacant Commission Positions (Nurse and Physician – not Psychiatrist) – *Chair Durette; Commissioners; Kristen Rivas, DCFS*

Ms. Rivas has not heard that any applications have been received. We are keeping it on the agenda. There were no recommendations or suggestions from anyone today.

12. Announcements – *Lisa Durette, Chair*
None

13. For Possible Action. Discussion and Identification of Future Agenda Items. – *Lisa Durette, Chair*

1. Oversight of psychotropic medication for youths in the foster care system.
2. Ways the Commission can be more active in outreach for Suicide prevention.

MOTION: Chair Durette made a motion that we add these to our standing agenda items.

SECOND: Commissioner Troop.

VOTE: The motion passed unanimously.

14. Public Comment – *Lisa Durette, Chair*

Ms. Frost said there was no reference at the meeting to the recent U.S. Department of Justice 1/7/2021 press release about the investigation into the use of juvenile restraints at DCFS Juvenile Justice facilities; she believes at Summit View and Nevada Youth Training Center (NYTC). She encourages this group to put that on as a future agenda item and get updates as to how the state is addressing that. Ms. Frost will send a copy of that press releases to Laura Adler who will send it to the Commissioners.

Mr. Armstrong said we are still early in the process. He can provide an update at the next meeting. There are two Department of Justice investigations. One is at two JJ facilities operated by DCFS regarding chemical restraint. The other is an investigation into the state of Nevada in terms of whether we overly institutionalized youths with behavioral health needs in violation of the Americans with Disabilities Act on the Olmstead Decision. We have a little more information about the investigation into the JJ facilities. We have not heard anything more on the second investigations. We can provide updates on both of those investigations at the next meeting. Ms. Sliwa said this could be a bullet point on the next agenda.

MOTION: Chair Durette made a motion to re-open the future meeting agenda items and add under the DCFS standing agenda item, a report about updates on allegations.

SECOND: Commissioner Ruiz-Lee

VOTE: The motion passed unanimously

The Executive meeting will resume at 10:35 am.

15. For Possible Action. Adjournment of Public Session – *Lisa Durette, Chair*
Commissioner Durette adjourned the meeting at 10:25 am.