Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*



**Department of   
Health and Human Services**



**

Cody Phinney, MPH

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

**DRAFT COMMISSION ON BEHAVIORAL HEALTH**

**with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)**

**MEETING MINUTES**

**May 18, 2023**

**9:00 AM**

This meeting was held online and by phone.

MEETING LINK:

<https://teams.microsoft.com/l/meetup-join/19%3ameeting_NmIzZDZlMzYtNDg3Ni00NzhkLThmMDUtOGRkYzMzNTc1MTk2%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22e2f9f008-841c-437d-b037-927c30ea003e%22%7d>

Meeting Phone Conference:

775-321-6111 Phone Conference ID Number: 759 246 140#

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

The meeting was called to order at 9:06 a.m.

COMMISSIONERS PRESENT:

Braden Schrag (Chair); Lisa Ruiz-Lee (Vice-Chair); Gregory Giron, Psy.D.; Jasmine Cooper, CPC; Arvin Operario, RN; Dan Ficalora CPC; Lisa Durette, MD

COMMISSIONERS EXCUSED:

Natasha Mosby, LCSW

Department of Health and Human Services (DHHS) Staff in Attendance:

Cody Phinney, Administrator, DPBH; Kelli Knutzon, Executive Assistant, DPBH; Sherry Stevens, Administrative Assistant III, DPBH; Kayla Villegas, Administrative Assistant III, DPBH; Ellen Richardson-Adams, Agency Manager, SNAMHS; Julie Lindesmith, Agency Director NNAHMS; Dr. Leon Ravin, Statewide Psychiatric Medical Doctor; Katie Martin Waldman, Clinical Program Manager II, Division of Family and Child Services (DCFS); Autumn Blattman, Regional Coordinator, Adult and Disability Services Division (ADSD); Eduardo Acosta, Administrative Assistant II, DPBH; Gujuan Caver, Agency Manager, Desert Regional Center, ADSD; Julian Montoya, Clinical Program Manager II, Sierra Regional Center, ADSD; Kayla Samuels, MA I, DPBH; Marina Valerio, Agency Manager, Desert Regional Center, ADSD; Roswell Allen, Health Program Manager III, Rural Regional Center, ADSD; Nathan Orme, Public Information Officer, DPBH; Kelcy Meyer, Regional Coordinator, ADSD

Others/Public Present:

Amanda Haboush, Executive Director, Nevada Institute for Children's Research and Policy; Barbara-Ann Keller; Dorothy Edwards, Washoe Regional Behavioral Health Policy Board (WRBHPB) Coordinator, Joseph Fillipi, Jr.; Leyco Rivas, Administrative Assistant IV, Contractor; Marissa Brown; Teresa Etcheberry, Clark Regional Behavioral Health Policy Board (CRBHPB) Coordinator; Trisha Chapman, Deputy Attorney General; Valerie Cauhape, Rural Regional Behavioral Health Policy Board (RRBHPB) Coordinator; Julia Ratti, Chair of the Washoe Regional Behavioral Health Policy Board

Chair Schrag called the meeting to order at 9:06 a.m. Roll call is reflected above. It was determined that a quorum was present.

1. PUBLIC COMMENT:

Cody Phinney, Administrator of the Division of Public and Behavioral Health was recognized by the Chair. Ms. Phinney took a moment to introduce herself to the Commission as the new Administrator of the Division. Ms. Phinney introduced the new Executive Assistant, Kelli Knutzon, as well.

   FOR POSSIBLE ACTION: Approval of meeting minutes from March 23, 2023. – *Braden Schrag, Chair*:

Chair Schrag asked if there were any comments on the draft minutes. With none heard, Chair Schrag asked for a motion to approve the March 23rd, 2023, minutes.

**COMMISSIONER OPERARIO MADE A MOTION TO APPROVE THE MARCH 23RD, 2023 MEETING MINUTES, AS WRITTEN. SECONDED BY COMMISSIONER FICALORA. THE MOTION WAS APPROVED UNANIMOUSLY.**

1. INFORMATIONAL ITEM: Discussion of Current Status of Legislative Bills That May Impact the Commission on Behavioral Health (AB 201 and AB 265) – *Amanda Haboush-Deloye, Chair of Clark County Children’s Mental Health Consortium on behalf of Adult and Disability Services Division (ADSD)*

Item was delayed and taken after Item #6. Amanda Haboush-Deloye, Chair of the Clark County Children’s Mental Health Consortium, started with an overview of Assembly Bill (AB) 265 which was explained to be a Bill to establish a Statewide Children’s Mental Health Consortia. Ms. Haboush-Deloye stated that the three regional mental health consortiums are in law but the statewide consortia is not. Ms. Haboush-Deloye said the statewide consortia has been operating for more than ten years. Ms. Haboush-Deloye said the Bill is in a good position to be approved and go to the Governor to be signed.

Ms. Haboush-Deloye stated that Assembly Bill (AB) 201 has been held up. Ms. Haboush-Deloye said there is a fiscal note attached so it must go to the Ways and Means committee. Ms. Haboush-Deloye said the Bill repeats some aspects of AB 265 regarding the statewide consortium but with some differences. Ms. Haboush-Deloye said the statewide consortium would be appointed by the Commission and there would be additional tracking requirements for expenditures. Ms. Haboush-Deloye said the agencies would have to track costs and identify savings as well as determine where funds would be used. Ms. Haboush-Deloye stated the Bill defines the Children’s Behavioral Health System of Care including all the different services being tracked. Ms. Haboush-Deloye concluded by asking if there were any questions.

Vice-Chair Ruiz-Lee asked where 201 originated, whether it was a regional board bill draft.

Ms. Amanda Haboush-Deloye stated she was not sure but believes it may be a division bill or on behalf of the Joint Interim Standing Committee on Health and Human Services.

Vice-Chair Ruiz-Lee stated the reason for the question was because the original draft of the Bill had a fiscal note attached and the Bill was hefty in certifications of providers and review. Vice-Chair Ruiz-Lee said the amended version provided to the Commission seemed watered down from the original.

Ms. Haboush-Deloye said the Bill still mentions it may have fiscal impact and even if it is reduced it will still have to go through that [Ways and Means] process.

Vice-Chair Ruiz-Lee stated that she found it interesting how these bills allocate various committees the right to submit bill drafts and the Commission still sits in a position with no allocation. Vice-Chair Ruiz-Lee stated it made no sense in terms of logic or process and would like the Commission to think of ways to proactively address this in the next session.

Ms. Haboush-Deloye stated that is why in their bill draft they built that requirement in for the Statewide Children’s Mental Health Consortium. Ms. Haboush-Deloye said the regional children’s mental health consortiums do not have bill drafts, the regional policy boards do but they do not only concentrate on children.

Chair Schrag asked Ms. Amanda Haboush-Deloye where AB 265 originated because the original language had significant carving. Chair Schrag pointed out that many of the bill drafts that were developed which directly impacted what the Commission does did not seek Commission consultation or gave the Commission an opportunity to review them.

Amanda Haboush-Deloye responded that they [Clark County Children’s Mental Health Consortium] presented the Bill last session and it did not go through because it had a fiscal note attached to it. Ms. Haboush-Deloye said she believed it was shared during the last session with the with the Commission. Ms. Haboush-Deloye stated they brought it back this session without the fiscal noted but there were also changes that were not made during the last session and those amendments changed the Bill to what it is now. Ms. Haboush-Deloye said it ended up being the same bill that was put forth in 2019.

The Chair recognized Vice-Chair Ruiz-Lee for comment. Vice-Chair Ruiz-Lee stated for the record that she followed some of these committee hearings and it is correct where the Bill [AB 265] is today is similar to where it ended at the last session, but where the Bill started this session was nowhere close to where it landed last session. Vice-Chair Ruiz-Lee said the point to be made is that it would be helpful if, as these bills are crafted and there are changes that are being proposed to the authority of the Commission or there are reroutes or carve outs or whatever the case might be, if we could have conversations about that rather than have to try to watch it in session, pick up, and respond to it accordingly. Vice-Chair Ruiz-Lee concluded by reiterating that the Bill looks very similar to how it ended during the last session, but where it started this session, it did not look like last session.

Ms. Haboush-Deloye apologized and stated that it has been different this year and amendments have been taking more time to go through due to new staff. Ms. Haboush-Deloye stated that the process got behind which was noticeable even with the dropped bills. Ms. Haboush-Deloye said it took a little bit for the amendments to get in there when it was realized the first draft that went in didn't include the things from the last session, but that was never the intention.

Vice-Chair Ruiz-Lee stated that she appreciated Ms. Haboush-Deloye’s statements. The Vice-Chair said it is important for there to be a collaborative framework in the way this work is approached. The Vice-Chair said it is the best way to present a united front, otherwise it is a risk that Commission members could come from an opposing position to legislators. Vice-Chair Ruiz-Lee stated it is better to provide a united front.

Chair Schrag agreed with Vice-Chair Ruiz-Lee and stated if there is not coordination between providers, professionals, or everyone as a whole then it looks bad from a legislative perspective that the Commission cannot get their own house in order which puts the Commission in a precarious position of needing or wanting to move forward. Chair Schrag said that it was about the real people receiving services. Chair Schrag stated the Bills and amendments were significant enough to the impact of the Commission and did not consider some of the need for continuity of care and bridging between the child system and the adult system. Chair Schrag summed up by wanting to echo that in the future everyone works with each other and try to support the work that each other are doing at different levels and providing for the Commission the policy guidance and oversight for the bigger picture of continuity of care and quality of review.

Commissioner, Dr. Durette also commented that the concept of separating children's mental health and adult mental health is how the State got into the pickle it is in where there are very bifurcated systems, and not appreciating the fact that humans exist along a continuum. Dr. Durette stated that because a person magically turns 18 does not mean they no longer can receive care or be part of a system and that she would strongly advocate against any changes that would separate the two age groups. Dr. Durette concluded by saying for the purposes of the Commission, we have the Division of Child and Family Services (DCFS) focused and the Division of Public and Behavioral Health adult focused, but it is the same body of people that have oversight of the entire lifespan issue and having a separate and distinct board [for children] just seems like not a great utilization of resources and could further negatively impact our entire system of care, which we know already is currently broken.

Chair Schrag also recommended that Commissioners check out bill drafts and research bills by seeing how they originally submitted to how they are amended.

Sherry Stevens, Administrative Assistant III for DPBH, stated a training for the NELLIS Legislative system later in the meeting.

Chair Schrag thanked Amanda Haboush-Deloye for the presentation and no further comments were heard.

1. INFORMATIONAL ITEM: Updated Technical Bulletin and Process for Requesting Division of Public and Behavioral Health (DPBH) Denial of Rights/Restraint and Seclusion Form. *– Sherry Stevens, Administrative Assistant III, Department of Public and Behavioral Health (DPBH)*

Sherry Stevens updated the Commission on the Denial of Rights/Restraint and Seclusion Technical Bulletin that the contact information has been changed to the main Division of Public and Behavioral Health phone number and email for facilities to receive forms. No further updates provided.

1. FOR POSSIBLE ACTION: Consent Agenda: Consideration and Possible Approval of Agency Director Reports – *Commission*

**Northern Nevada Adult Mental Health Services (NNAMHS)**

Julie Lindesmith, Agency Manager of NNAMHS, summarized the written report provided. Ms. Lindesmith stated the agency programs are growing, especially outpatient programs. Ms. Lindesmith said they have filled 15 positions but still have approximately 97 positions to fill. Ms. Lindesmith also provided a success she wanted to share that they have started both pet and music therapy again for the first time since COVID. The Community Outreach has increased, and the Crisis Intervention Officers are returning to campus.

Chair Schrag asked what positions were filled.

Ms. Lindesmith stated they were mostly administrative positions, but they were able to hire three mental health technicians and two mental health counselors.

**Southern Nevada Adult Mental Health Services (SNAMHS)**

Ellen Richardson-Adams, Agency Manager, with SNAMHS reported their outpatient groups have grown as well. Ms. Richardson-Adams stated Neil has recently implemented a discharge evaluation tool as an additional labor layer of review. Ms. Richardson-Adams said it is a big positive because we're always looking at quality and process improvement internally. Ms. Richardson-Adams also reported that Stein Hospital has been working in cooperation with other agencies to shorten the wait times for admission and services. Ms. Richardson-Adams said they are improving as a whole their new employee orientation and focusing on employee value, retention, and making sure individuals have the tools, knowledge, and skills to get started and be successful.

**Lake’s Crossing Center**

Ellen Richardson-Adams apologized on behalf of Drew Cross. Mr. Cross could not attend due to Legislative meetings.

**Rural Clinic Services**

Ellen Richardson-Adams provided a report for Rural Clinics. Ms. Richardson-Adams stated that staffing is continuing to increase. Ms. Richardson-Adams said they have had staff make personal moves across the and they have been able to stay on in their position or transfer into a sister agency. Ms. Richardson-Adams said operations and clients are remaining consistent. Ms. Richardson-Adams reported the agency received some ARPA funding to provide mobile outreach for children. Ms. Richardson-Adams stated they have received other grant funding to also provide the same programs for adults in the rural area as they were providing for children with the mobile units.

Cody Phinney, Administrator of DPBH, thanked the Commission for their understanding regarding Drew Cross’s absence as well as Joanne Malay’s. Ms. Phinney explained they took her place at the Legislative meetings so that she could attend the Commission meeting. Ms. Phinney said there is a lot going on with the legislative session by way of forensic capacity and Jo and Drew and that team are working extraordinarily hard on the critical issue of forensic capacity and the number of people who need treatment for competence, treatment of competency and assessment for competency. Ms. Phinney stated the Division is focused and moving forward looking for ways to expand including a project that would use a portion of a jail facility and in Las Vegas a completely new structure on the campus that would be available in 2028.

**Sierra Regional Center**

Julian Montoya, Clinical Program Manager, with Sierra Regional Center provided a summary of the written report provided. Mr. Montoya stated the agency has been able to get more clients through intake and numbers are on the rise again. Mr. Montoya said staffing wise they are still losing a few service coordinators but are getting more staff coming back in, so they have leveled out a little bit for that. Mr. Montoya said the concerning thing for them is with this session they have asked for a rate increase for providers. Mr. Montoya said they have been given some money already this past this past year but have not seen the increase in provider capacity yet. Mr. Montoya updated the Commission on a new performance evaluation system for their staff allowing case managers to get back to what they want to do rather than just chasing the numbers as the system will focus on quality and not necessarily quantity.

**Desert Regional Center**

Gujuan Caver, Agency Manager, at Desert Regional Center provided update on the community service programs. Mr. Caver stated that their staffing has leveled out. Mr. Caver said they could benefit from Spanish speaking staff. Mr. Caver said their client wait list is down and they are seeing a little movement from providers that support some of the referrals for both Share Living Arrangement (SLA) and Job and Day Training (JDT) services. Mr. Caver stated they have brought on two new providers for SLA services. Mr. Caver stated they continue to work with family services throughout the state and further a collaborative relation to support the children. Mr. Caver shared a story with the Commission regarding a Raider’s player who helped build a house for a family receiving assistance.

Marina Valerio, Agency Manager, reported on Desert Regional’s in-patient care facilities. Ms. Valerio stated they are maintaining a census of 40 individuals. Ms. Valerio said they have a home currently under American Disabilities Act (ADA) renovations with two more waiting. Ms. Valerio said they are still interviewing for technician position and some new hires. Ms. Valerio stated the ICF team is part of a collective bargaining agreement when they are changing shifts and now do shift bidding, which was a big change. Ms. Valerio said 83% of our staff got the shift of their choice and 74% of the staff were able to remain in the homes that they were previously working in. Ms. Valerio said they have seen an increase in the number of individuals who are leaving the home for JDT.

**Rural Regional Center**

Roswell Allen, Agency Manager, from Rural Regional Center provided an overview of his report. Mr. Allen said they are not seeing much of an increase in providers willing to take on more clients. Mr. Allen said the agency hopes to see those services grow over the next six months to a year. Mr. Allen stated they are doing interviews with providers and clients to gauge what services they do or do not like. Mr. Allen said they are doing community outreach to educate people on what services Rural Regional Center provide. Mr. Allen reported they are beginning a program July 1st called the Family Preservation program which helps people stay in their natural homes. Mr. Allen concluded by sharing what they just learned about a program with University of Nevada, a path to independence, and their first participant will be able to live on campus this fall.

1. FOR POSSIBLE ACTION: Discussion, Review, and Possible Approval of the Division of Public and Behavioral Health (DPBH) Clinical Services Policies.

Ellen Richardson-Adams presented on Clinical Service Policies, Review of Client Death for Adult Mental Health Agencies Policy, Draft of CRR 6.06 Caregiver’s Authorization Affidavit, Division of Public and Behavioral Health Clinical Services Branch Seasonal Influenza Vaccination Program, Division Policy Due Dates Matrix, and Draft HR 2.0 Division of Public and Behavioral Health Clinical Branch Employee Use of Personal Assistive Devices. Ms. Richardson-Adams stated there were not any updates on the policies, only changes to the policy names. Ms. Richardson-Adams briefly presented each policy, please see documents at [DPBH Clinical Services Policies May 2023 (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/DPBH%20Clinical%20Services%20Policy%20May%202023%20Packet.pdf) .

Chair Schrag asked for a motion to approve the name changes to the policies as well as moving forward with the existing policy.

**COMMISSIONER COOPER MADE A MOTION TO APPROVE THE POLICIES AND UPDATED NAMES AS WRITTEN. MOTION WAS SECONDED BY VICE-CHAIR RUIZ-LEE. THE MOTION WAS APPROVED UNANIMOUSLY.**

1. INFORMATIONAL ITEM: Update on Seclusion and Restraint/Denial of Rights For DPBH.

Ellen Richardson-Adams presented the update on Seclusion and Restraints and/or Denial of Rights for the Division of Public and Behavioral Health. Please see [Microsoft PowerPoint - BH Commission Report 2023 May (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/Seclusion%20and%20Restraint%20Form_NRHP_Final(1).pdf)

1. INFORMATIONAL ITEM: Update on Seclusion and Restraint/Denial of Rights, Aging and Disability Services Division (ADSD)

Marina Valerio, agency director of Desert Regional Center, reported on seclusion and restraints for Adult and Disability Services. Ms. Valerio stated there were three restraints. Ms. Valerio said it was one individual who was upset that certain staff were on vacation. Ms. Valerio concluded by saying they are hoping to keep the number of restraints down.

1. FOR POSSIBLE ACTION: Review and Possible Approval of Standardized Seclusion and Restraint Form, Nevada Hospital Association and Nevada Rural Hospital Partners

Joseph Filippi Jr. with Nevada Rural Hospital Partners said that Marissa Brown with Nevada Hospital Association was trying to connect to the meeting to present the standardized form. Mr. Filippi stated that they have submitted the form and hope it meets the Commission’s expectations.

Marissa Brown joined the meeting and first congratulated Cody Finney on her new role as Administrator. Ms. Brown introduced herself as the Workforce and Clinical Services Director with Nevada Hospital Association. Ms. Brown said she spoke with Doctor Ravin, he had alerted her to the fact that not all the hospitals were complying the Nevada Revised Statute (NRS) on seclusion and restraints and denial of rights. Ms. Brown said the Association performed a survey and found that some hospitals were unaware of the statute, and some were confused as to what needed to be reported. Ms. Brown said they modified the form from the request of the Commission at the last meeting they presented the form. Ms. Brown said they hope for some consistency and compliance with the form.

Chair Schrag that it was for consistency and continuity. Chair Schrag said the issue of seclusion and restraints and data collecting is a keen issue for the Commission.

Commissioner Operario said he believed Ms. Brown understood the role the Commission has in an oversight and advisory capacity. Commissioner Operario stated that the seclusion and restraints should be reported in a timely manner but the hospitals that do report seem to report sporadically. Commissioner Operario said he thought the implementation of the form standardizing and then a formal process of reformatting back for review would be his recommendation.

Marissa Brown asked if there was a time frame for submission of reports or how often they should send reports.

Chair Schrag deferred to administrative staff to answer the question.

Sherry Stevens stated that a reasonable amount should be collected rather than sending them one by one and should be timely. Ms. Stevens said they do not have to report every day. Ms. Stevens confirmed that providing forms weekly would be acceptable.

Joseph Filippi Jr. asked about email submissions and whether that was still the preferred way to submit forms.

Chair Schrag confirmed that digital copies are preferred to hard copies. Chair Schrag inquired as to the form being made available on the DPBH website.

Dr. Leon Ravin stated It was his understanding that all the forms on the divisions website belong to the jurisdiction of the DPBH and approved by the Attorney General (AG) Office and because the division does not have the ownership of this form, he did not think the form would be allowed on the division’s website.

Cody Phinney stated that she was willing to work with Dr. Ravin on ways to possibly find a solution though she could not promise it would be accepted.

Sherry Stevens indicated the form will be on the Commission’s site.

Chair Schrag asked for a motion on the approval of the form.

**COMMISSIONER OPERARIO MADE A MOTION TO APPROVE THE FORM AS WRITTEN. MOTION WAS SECONDED BY COMMISSIONER COOPER. THE MOTION WAS APPROVED UNANIMOUSLY.**

1. INFORMATIONAL ITEM: Presentation on the Use of the NELIS System to Search and Follow Nevada Legislative Bill Draft Requests and Bills

Nathan Orme and Kayla Samuel, DPBH Legislative Liaisons, provided a presentation on the use of the NELIS system. Please see [NELIS Guide (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/NELIS%20Guide.pdf) for the presentation.

1. INFORMATIONAL ITEM: Update on Regional Behavioral Health Policy Board Legislative Bills

Dorothy Edwards, Regional Coordinator for the Washoe Behavioral Health Policy Board, reminded the board that their Assembly Bill (AB) 69 expands the loan repayment program is administered by the Nevada Health Service Corps to include certain providers of behavioral health care. Ms. Edwards said the goal is to move the dial on the behavioral health workforce. Ms. Edwards said their Bill is now sitting in the Ways and Means Committee. Ms. Edwards said the legislator who is assigned to their board, Assemblywoman Sarah Peters, has assured her they still have a week. Ms. Edward said they will remain hopeful that it will be heard in Ways and Means and passed on to the next Committee. Ms. Edward stated that the Northern Regional Behavioral Health Policy Board had AB 9 and the bill failed to meet the deadline, so it has not moved on. Ms. Edwards also said the Southern board was interrupted this past year when they lost their coordinator, but they have a new one, his name is Mark Funkhouser. Ms. Edwards reported that Valerie Haskins coordinator of the Rural Regional Policy Board was presenting their bill, AB 37, that morning to the Ways and Means Committee. Ms. Edwards reminded them that AB 37 was a workforce development bill.

Teresa Etcheberry the Clark Regional Policy Board Temporary Coordinator reported on the status of their bill. Ms. Etcheberry said the bill creates a stream of revenue for a critical needs fund that will allow all regions of Nevada supportive housing as well as allowing for other resources to assist in creating and maintaining housing stability. Ms. Etcheberry said the dollars are to act as a mortar sounding and leveraging fiscal, federal, and other dollars that are allowing cost effective approaches. Ms. Etcheberry stated the intent of the bill is to look at people that are coming out of a HUD funded housing programs that still need some additional support, but don't need that high level support that they were receiving in a housing program and supportive housing for folks that may need some help periodically depending on what's going on with them. Ms. Etcheberry said that some of the conversation had been around people that are adults living with their adult parents that have intellectual disabilities and parents are trying to plan a long term for when they are no longer around to help their adult child navigate through life.

1. INFORMATIONAL ITEM: Annual Report Presentation from Regional Behavioral Health Policy Boards

Please review reports: [Annual Letter to GOV 2022 Clark Summary (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/annual%20letter%20to%20GOV_2022_clark%20summary.pdf) , [Draft Rural Regional Behavioral Health Policy Board Annual Letter2023 (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/DRAFT%20Rural%20RBHPB%20Annual%20Report%204.28.23.pdf) , [2022 Southern Regional Behavioral Health Policy Board Annual Report (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/Southern%20Regional%20Behavioral%20Health%20Policy%20Board%20Annual%20Report%20-%202022.pdf) , [Washoe Regional Behavioral Health Policy Board Annual Packet 2023 (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/Washoe%20Regional%20Policy%20Board%20Annual%20Packet%202023.pdf) , [2022 Northern Regional Behavioral Health Policy Board Annual Report (nv.gov)](https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Boards/CBH/Meetings/2023/2022%20NRBHPB%20report%204.1.2023%20FINAL.pdf)

1. FOR POSSIBLE ACTION: Review and/or request of Regional Behavioral Health Policy Board Information or Any Other Source Materials Needed, Possible Sub-Committee Formation, or Other Action as Determined by the Commission to be Necessary for the Successful Drafting of the Commission’s Annual Letter to the Governor

The Commission began conversations to address the letter to the Governor. Commissioner Operario recommended divvying up the work as it had been done in the past based on the information they received.

Chair Schrag stated he didn’t believe they needed to develop a sub-committee.

Commissioner Cooper stated she would work on the substance abuse portion of the letter.

Commissioner Giron stated he would take Northern Regional Policy Board information.

Conversation ceased due to loss of quorum. Two members left the meeting, leaving the Commission without a majority.

1. FOR POSSIBLE ACTION: Review, Discussion, and Possible Approval of Updates of NRI Review and Tracking Sheet for Seclusion and Restraints – *DPBH Administrative Staff and Commissioners*

Will be added to a future agenda. Unable to act due to loss of quorum.

1. FOR POSSIBLE ACTION: Discussion, Identification, and Approval of Future Agenda Items – *Commissioners*

No discussion

1. PUBLIC COMMENT

No discussion

1. Adjournment of Regular Session

Chair Schrag closed the meeting at 11:46 a.m.