DPBH COMMISSION ON BEHAVIORAL HEALTH
Meeting

MINUTES
September 18th, 2020
8:30 AM

MEETING LOCATIONS:

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.

Phone: 1-669-900-6833 (Access Code: 775-684-5906)

1. **Call To Order/Roll Call:**

COMMISSIONERS PRESENT:
Lisa Durette, M.D., (Phone), Tabitha Johnson, (Phone), Natasha Mosby (Phone), Melanie Crawford, Ph.D. (Phone), Jasmine Troop, LCPC (Phone), Lisa Ruiz-Lee (Phone) Asma Tahir (Phone)

COMMISSIONERS EXCUSED:
Barbara Jackson,

Phone:
Joseph Filippi, DPBH; Rex Gifford, DPBH, Suzanne Sliwa, DAG; Dr. Leon Ravin, DPBH; Cody Phinney, DHCFP; Gujuan Caver, ADSD; Ellen Richardson-Adams, SNAMHS; Joanne Malay, Deputy Administrator DPBH; Susan Lynch, SNAMHS; Megan Wickland, ADSD; Stan Cornell, SNAMHS; Brook Adie, DPBH; Julian Montoya, ADSD; Theresa Wickham, Lake's Crossing; Mickey Lasco, Rural Clinics Carson City; Laura Valentine, Rural Clinics; Jessica Adams, ADSD; Sydney Banks, NPA; Valerie Balen, NPA; Tina Schmidt, ADSD; Roswell Allen, RRC, Kristian Rivas, DCFS

Chair Durette called the committee meeting to order at 8:33 a.m. Roll call is reflected above. It was determined that a quorum was present.

2. **Public Comment:**

Chair Durette asked for public comment. There were no comments by the public.

3. **For Possible Action, Previous Meeting Minutes**:

Chair Durette asked Commission Members if they had a chance to review the previous minutes. Chair Durette thanked Mr. Filippi for the detailed minutes of the last meeting and asked if there were any edits necessary.

Commissioner Crawford had several edit suggestions for the May 15th, 2020 Commission on Behavioral Health minutes. Dr. Crawford stated there were no page numbers on the previous minutes so it was hard to describe were the edits should be made.

Mr. Filippi apologized to the Commission and stated the Commission on Behavioral Health meeting minutes going forward will have page numbers.

Commissioner Crawford continued to provide her suggested edits. On the 8th page from the bottom where it states, "Commissioner Crawford clarified" the specific codes were "CPT", not "PE codes". On the 10th page the record should reflect "Psych or Psychological" testing codes not "site" codes. On the 11thpage the record should reflect "the psychological and neurological CPT codes changed in 2019."

Commissioner Crawford added at the top of page 12th "Commissioner Crawford questioned if anything was billed under the old codes would be paid" should in fact read: "if anything under the old codes would be paid." Finally, Commissioner Crawford pointed out that she was referred to as "Chair Crawford" and requested that be corrected to "Commissioner Crawford."

Commissioner Crawford stated that considering how lengthy the meeting minutes were there were very little changes that needed to be done and stated that it was a nice job.

Mr. Filippi advised that Rex Gifford is the administrative assistant who is responsible for drafting the meeting minutes and thanked him for his hard work. Mr. Gifford will make the requested edits as soon as possible.

Chair Durette thanked Mr. Gifford and asked if any other commissioners had further edits for the meeting minutes.

Commissioner Crawford made a motion to approve the meeting minutes with suggested edits. Commissioner Troop seconded the motion. The motion passed unanimously.

4. **For Possible Action, Consent Agenda: Consideration and Possible Approval of Agency Director Reports**:

   Lake's Crossing Agency Director's Report presented by Theresa Wickham, Agency Director. Ms. Wickham informed the Commission that she is new to her position as Agency Director and is reporting on a quarter that she was not in the Division, however she did state that she has excellent notes to go by. The report is submitted to the Commission as exhibit "A."

   Ms. Wickham continued to inform the Commission that some of the Lake's Crossing Agency's employment vacancies have been filled including 3 forensic positions and two Social Worker positions which now makes the Social Worker positions fully staffed. One part-time Psychiatrist was added as well as two Psychiatric Nurse II positions were filled. Drew Cross, the previous Agency Director now fills the Psychiatric Nurse 4 position, and Ms. Wickham now holds the Agency Director's position. There are currently vacancies and the Agency is actively advertising to fill those positions on Nevada's job posting site., as well as other advertising such as professional associations, LinkedIn, and by word of mouth. Ms. Wickham noted the salary caps as an employment deterrent for professional positions statewide. Ms. Wickham did note she is hopeful that the next legislative session will raise the salary caps.

   Ms. Wickham stated that they are constantly receiving patients and that it is like a revolving door, therefore she noted that Lake's Crossing Agency is being very efficient and thorough evaluating clients. Ms. Wickham gave kudos to her team and expressed how proud she is of them. Lake's Crossing Agency is working on creating a long-term treatment team for the long-term patients. Thinking about how patients can be helped holistically, Ms. Wickham having been a nurse wishes to treat patients holistically; meaning mind, body and soul with the long-term treatment team to see what helps them since they are going to be there for a long time.

   Currently Ms. Wickham is working on a mass evacuation plan in case of an emergency. The mass evacuation of Oregon prisoners because of the fires was noted as example as to the need for a mass evacuation plan. This mass evacuation plan is a collaborative effort with the Department of Corrections (DOC) because they can transport patients quickly to Carson City. The goal is that when Deputy Administrator Joanne Malay returns to Lake's Crossing to look at the two locations in Carson City to see which location is ideal for the mass evacuation plan.

   Ms. Wickham briefly talked about COVID-19 and Lake's Crossing Center's COVID-19 plan, stating that if anyone wishing to enter the facility has any of the symptoms of COVID-19, that they will be turned away and not

allowed entry. Temperatures are documented on everyone coming into the facility. Everything that can be done is being done to keep COVID-19 out of the building. Ms. Wickham then asked if the Commissioners had any questions.

Chair Durette thanked Ms. Wickham for her report, no other Commissioners commented or had questions.

Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report presented by Ellen Richardson-Adams, SNAMHS Outpatient Services Manager. The report is submitted to the Commission as exhibit "B."

Ms. Richardson-Adams stated that she will be talking about both in-patient and out-patient services. She highlighted that caseloads have remained consistent and that SNAMHS is fully operational during the COVID-19 pandemic. Although the State of Nevada currently has a hiring freeze, they have been able to review the essential positions and have been able to fill those positions as needed.

Ms. Richardson-Adams asked the Commission if they had any questions, no comments or questions were raised.

Stein Forensic Hospital, SNAMHS Agency Director's Report presented by Stanley Cornell, Clinical Program Manager 3. The report is submitted to the Commission as exhibit "C."

Mr. Cornell started off the briefing letting the Commission know that four new Forensic Staff Specialists were hired. Joyce Davis the Director of Nursing II position retired her position was filled by a Director Of Nursing 1 from out-patient services. Currently there is one Forensic Specialist 4 Supervisor vacancy and one Forensic Specialist position, five Psychiatric Nurse 2 vacancies, however they can recruit and fill four of those positions because there is one transfer coming from out-patient services to fill that vacancy. There are still four Psychiatric Case Worker 2 positions vacant that are still on hold. Some of the hiring difficulties have been overcome, currently there are four people on the Forensic Specialist wait list.

The inpatient list submitted to the Commission had 58 patients, there are now 63 in-patients as of the current date. Evaluations are being updated because there are new admissions. As for the list of Commitments for Competency Restoration, all available beds to clients committed under NRS 178.425 were offered beds within 7 days of Stein Forensic Hospital receiving the orders.

As for out-patient there are currently 17 patients receiving competency restoration services. There is currently not anyone on a wait list to be helped. In the area of seclusion and restraints the hospital has experienced a reduction in seclusion and restraints due to therapeutic use of seclusion when indicated according to policy to reduce incidents of physical aggression or self-harm. A debriefing and review process occur during any form of restraints or seclusion. The rate of seclusions and restraints was .41 per client per month. Stein Oversight Committee reviews all incidents involving restraints or restraints leading to seclusion. There is a need to secure essential services and housing for Stein Hospital's long-term clients. There are four long-term clients currently with the possibility of fifth client. The barrier is securing long-term housing to facilitate those conditional releases. Long-term clients eligible to petition for release do occupy beds that could be used for in-patients.

Regarding agency concerns and issues. The consent decree in all cases adjudicated under NRS 178.425 continue to be offered beds within the 7-day mandate. Four referrals from Nye County and Lincoln County for pre-trial competency evaluations have increased quite a bit in the last 3 months. The annual average is about two per month, however we just completed 10 out of 11 of these types of referrals since the last report. Out-patient competency caseloads are up 50% year over year barriers to out-patient competency levels are securing available and reliable language interpretation services, transportation and effective medication management for clients with outside providers.

Mr. Cornell asked the Commission if they had any questions.

Chair Durette asked how Stein Forensic is doing with COVID-19.

Mr. Cornell responded that they have a COVID-19 mitigation plan similar to Lake's Crossing where there is a screening process where clients are asked questions and their temperature is screened. Currently there is no visitation allowed to reduce the number of outside people coming into the facility. For C-Pod located between Rawson-Neal, there is one point of entry that is shared with hospital staff and it is the same screening process. There has been about 3 staff members who have reported having a positive COVID-19 test. That is all reported through HR who work with State epidemiology, they also do a separate report through Red Cap. Red Cap reporting is picked up by HCQC (Health Care Quality and Compliance). Stein Hospital is keeping track of who is testing positive and advising them days to stay out and updating tracking systems as to the staff who are out.

Sierra Regional Center (SRC) Agency Director's Report presented by Julian Montoya, Clinical Program Manager 2. The report is submitted to the Commission as exhibit "D."

Mr. Montoya informed the Commission that SRC has moved into another location. They are at 480 Galletti Way, Building 8. SRC officially moved into the new location in June of 2020. They turned over some older SRC buildings to a Washoe County homeless shelter. Mr. Montoya encouraged the Commission to come and visit the new location when everything slows down.

Mr. Montoya reviewed caseloads with the Commission. Although quite a few positions were frozen by the State, caseloads at SRC have been steady. Over the last two months two critical positions were un-frozen and they were able to hire for service coordination and another position. Currently they are doing the Justification to Fill (JTF's) to try and fill those positions.

With the current instability with the budget and the COVID-19 pandemic, SRC has taken caution with some of their authorizations, so there might be an increase in their waitlists. However, as of now they are more secure in where they stand therefore the waitlist times may come down. The jobs and day training programs are just starting to open, or open with limited capacity because of COVID-19. Monitoring is causing an increase in the waitlist now.

The Commission had no questions for Mr. Montoya.

Desert Regional Center (DRC) Agency Director's Report presented by Gujuan Caver, Clinical Program Manager 2. The report is submitted to the Commission as exhibit "E."

Mr. Caver started with the number of open cases as of the time of the report which was 5,044, stating with COVID-19 the number of cases has decreased. The school district is their main referral source. Since the school district is now using a virtual-based platform, he expects to see more referrals and new cases coming to Desert Regional Center.

The waitlist is similar to Sierra Regional Center's waitlist. There are some people on the waitlist that are late funded so there might be an increase in the waitlist.

Mr. Caver talked about the State hiring freeze. He now sees some of the positions in the hiring freeze being lifted, so DRC has started recruiting for those positions. Specifically, Service Coordinators, Supervisors and other staff needed. Since DRC has went to a virtual delivery system, he has seen Service Coordinators and other staff struggle with the change to virtual systems. DRC sent out some surveys to see what the transition looked like from the employees and patient's perspective. According to the surveys both patients and staff were making progress into virtual systems. The goal is to keep interactions mostly virtual and limiting face to face interactions as much as possible.

Mr. Caver asked the Commission if they have and questions. The Commission didn't have any questions.

Rural Clinics (RC) Agency Director's Report presented by Laura Valentine, Clinical Program Manager 2. The report is submitted to the Commission as exhibit "F."

Ms. Valentine stated that Rural Clinics does have some vacancies. This correlates with how rural the clinic is, the more rural the clinic the higher the vacancy rate. A Mental Health Technician was hired in Winnemucca and two Psychiatric Nurse positions will be transferring from other State positions into the agency in the next couple of weeks.

Ms. Valentine highlighted that it is hard to fill the rural area vacancies, not only because of the hiring freeze but many candidates do not wish to live in some of the rural areas. With the limitations of staff in rural areas they have been helped by telehealth. Providing supervision, support and services through telehealth has helped rural staff and communities.

Ms. Valentine stated that they have been balancing their caseloads. Losing some clients through trituration, utilization management and the ability for clients to go other places. However, they have seen a significant increase in clients coming in and requesting new services.

Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report was submitted for Commission review and presented by Joanne Malay, Deputy Administrator for Clinical Services, DPBH. The report is submitted to the Commission as exhibit "G."

Ms. Malay informed the Commission that Northern Nevada Adult Mental Health Services (NNAMHS) recently hired a Director of Nursing 2, Christian Hoffman who is an APRN that has psychiatric and family practice experience. She was a prescriber in the medication clinic and has been in the Director of Nursing position for about a month. Ms. Hoffman will be overseeing the nursing department for both the Lake's Crossing Center and the Dini-Townsend facility.

In the south they are also hiring for a Director of Nursing 2, the eligible list was just received, and the possibility of the position being filled soon is hopeful. The Director of Nursing 2 position for southern Nevada will oversee the nursing departments for Stein Forensic Hospital and the Rawson-Neal Hospital in-patient nursing part.

Rural Regional Center (RRC) Agency Director's Report presented by Julian Montoya, Clinical Program Manager 2 for Roswell Allen, Developmental Specialist 4. The report is submitted to the Commission as exhibit "H."

Mr. Montoya stated the RRC report is like SRC and DRC with hiring freeze difficulties and additional contracts. One position in Pahrump has been opened.

Chair Durette asked if any of the Commissioners had any questions about the reports submitted.

Commissioner Troop made a motion to approve the Agency Director's Reports. Commissioner Ruiz-Lee seconded the motion. The motion passed unanimously.

5. **For Possible Action, Approval of DPBH Policies:**

Updated Involuntary Administration of Psychotropic Medications presented by Joanne Malay, Deputy Administrator, Clinical Services, DPBH and Dr. Leon Ravin, Nevada Statewide Psychiatric Medical Director. Dr. Ravin presented a new regulation approved by the LCB (Legislative Council Bureau) on August 25th, 2020 that authorizes alternative pathways for the facility to pursue moderate administration of medications. The report is submitted to the Commission as exhibit "I."

This regulation does not currently eliminate the pre-existing process of seeking an involuntary court order for admitted patients to receive medications, but it uses the legal precedent that was approved by the United States Supreme Court to offer the facilities to provide internal review of the request for the treatment of practitioners to administer medications to the patients against the patient's will. Dr. Ravin did offer to take questions and referred questions regarding the definitions to please see the report.

Dr. Ravin explained that the proposed procedure. If the patient admitted under emergency conditions or court commitment to a psychiatric facility and the patient has substantial likely hood of harm to others or they are unable to care for themselves without the use of medications, and has consent from the patient or the patient declines to consent then the program documents, staff can request that the medical director approve the moderate administration of medications. Once that request is received by the medical director the director then appoints a review committee that consists of three members, all of whom are practicing mental health and one of whom is a licensed psychiatrist. None ofof the committee members should be involved in diagnosing or treatment for the patient or be the person who does the final review of the committee findings. In addition, the medical director appoints an advisor who is not involved in the care of the patient with psychiatric issues, understands psychiatric issues and receives training on these issues. The role of the advisor is to be a representative of the patient during the review hearings. The advisor has to understand psychiatric issues and not present personal opinions on the matter, but rather be a spokesperson for the patient. The committee shall schedule a hearing but give enough time, not less than 24 hours, as notice to the patient and the advisor to prepare for the hearing. The advisor should meet with the patient to prepare for the hearing. Once the hearing is held, a written record shall be kept of the hearing, and in addition the hearing must be recorded by video or audio. The minutes must be produced. The committee prepares a written decision that goes to the medical director. Both the minutes and the decision must be placed in the patient's medical record and copies provided to the patient. The committee does have guidelines as to what to consider when reviewing a hearing written in the policy.

Once the medical director receives the medical report from the committee the medical director may recommend proceeding with administering medications they can also modify or decline the request. One option the medical director must consider as part of making their final decision is that they can interview anyone whom they believe is pertinent to the making of this decision. They may also review any records in addition to what records the committee may have considered. If the medical director or their designee approves psychotropic medications the approval is only good for 30 days. If, after the 30 days, the patient still meets the criteria for psychotropic medications and still refuses consent then the process starts all over again.

This policy was also reviewed by the deputy attorney general to make sure it was appropriately based on the regulations passed by the LCB. For the Commission on Behavioral Health's knowledge, Dr. Ravin stated that he is putting together educational materials about the regulation that will be available to all the state hospitals that are interested in adopting the new regulation. Additionally, Dr. Ravin is willing to do either in-person or web-based training for any of the sites in the State of Nevada.

Chair Durette said it was a great presentation and she liked the flow chart. Chair Durette asked the Commission members if they wished to proceed with this since it is an action item, or if they had any questions.

Commissioner Crawford asked for clarity on the definition of "24 working hours".

Dr. Ravin explained that the definition was taken from the regulation. It is the hours of operation during the week which excludes any hours on Saturday, Sunday or a holiday.

Commissioner Crawford asked Dr. Ravin for clarification that this would be for facilities that are open 24 hours as well and Dr. Ravin confirmed and explained that if a hearing request was asked on a Friday that the hearing would not be conducted before Monday.

Commissioner Crawford made a motion to approve the Updated Involuntary Administration of Psychotropic Medications Policy. Commissioner Ruiz-Lee seconded the motion. The motion passed unanimously.

6. **Informational Items, Updates on Seclusion and Restraint/Denial of Rights:**

Update on Seclusion and Restraint/Denial of Rights, DPBH presented by Joanne Malay, Deputy Administrator, Clinical Services, DPBH. The report is submitted to the Commission as exhibit "J."

Ms. Malay stated that the seclusion and restraint numbers overall, in all the hospitals, has continued to decrease. Any spikes in the graph for restraints have been more particular individuals than the average. That trend continues to this day, however there is a decrease overall.

As far as length of stay and waitlists, there is a slight increase in the emergency wait list for the civil hospitals, but there is not a waitlist for the forensic facilities. Part of the decrease in the waitlist is due to the early COVID-19 pandemic shutdown that is why the trend is showing upwards now. Patients that need to be admitted are not waiting that long to be admitted. The number of patients in quarantine and needing quarantine has slowed down the flow of patients to our hospitals. The mobile crisis teams are out in the hospitals in southern Nevada. Northern Nevada is implementing the same model to reduce wait times.

Forensic facilities are starting to have more admissions, from the district and all over the state. The forensic facilities long-term commitments are starting to rise, that trend was expected.

Ms. Malay asked the Commission if they had any questions.

The Commissioners did not have any questions.

Update on Seclusion and Restraint/Denial of Rights, ADSD was not presented, however the report was submitted to the public and the Commissioners for this meeting.

7. **For Possible Action, Review the Commission's Bylaws Last Revised April 2017 & Recommend Updates Deemed Necessary** – Commission Members and Joseph Filippi, Executive Assistant, DPBH. The report is submitted to the Commission as exhibit "K."

Mr. Filippi went through the Division of Public and Behavioral Health (DPBH) Commission on Behavioral Health Bylaws presentation that was shown on the WebEx meeting screen and that was presented to the public and the Commissioners for the meeting. Mr. Filippi stated that the last time the bylaws were updated was April 12th, 2017. Since the bylaws have not been updated for a while there are some minor changes that may be necessary.

Mr. Filippi made some suggestions for the Commissioners to consider. The first suggestion was an edit to the mission of the Commission on Behavioral Health. Mr. Filippi suggested since it only says DPBH (Division of Public and Behavioral Health) and Division of Child and Family Services (DCFS), which are the main agencies that support the Commission and that provide services to the population of adults and children with mental health, but to cover the population with developmental disabilities and related disabilities it is suggested to add the Aging and Disability Services Division (ADSD) to the bylaws mission list.

Under article 1 section 3, where the bylaws state "The Commissions ongoing planning process will collect information from these organizations:" the bylaws state the organizations as "a. Behavioral Health Planning and Advisory Council of the Public Health Service Act" and "b. Nevada Child Behavioral Consortia". Since the Commission currently receives a lot of information from the Nevada Child Behavioral Consortia, however; the Commission has not received any information or input from the Behavioral Health Planning and Advisory Council (BHPAC). For the record that council has had some issues with meeting quorum. Mr. Filippi suggested adding the Regional Behavioral Health Policy Boards because over the last two years the Commission has been reviewing their annual reports submitted and using the regional data to assist in the submission of the Commission

Annual Letter to the Governor. The recommendation is to add them to the list of organizations to have the Commission collect information from in the bylaws, if the Commission agrees.

Under "Officers" it states that "the Commission will "make nominations for the Chairperson" when NRS 232.361.3 is reviewed it does not specify the Commission nominates the Chairperson, it states that the Governor appoints the Chairperson to the Commission. The suggestion is to change in the bylaws the word "nominations" to "recommendations" so then in the future if the Commission wants to make those recommendations to the Governor's Office, of course it is up to the Governor to appoint the Chairperson.

Under section 4 it states, "A member of the Commission may not serve as Chair more than two consecutive terms in office." Mr. Filippi stated his opinion is to remove that sentence from the bylaws, so that a person such as Dr. Durette, who is currently the Chair, would not be removed from the Chairperson position even if they have served over two consecutive terms in office. This choice is up to the Commissioners, the purpose is to let the Commission decide instead of having a term limit.

Mr. Filippi's suggestion for Article 5 is to change the wording from "Administrator of the Division" to "Executive Assistant of the Division" because Mr. Filippi is usually the point person communicating with the Commission's priorities. Additionally in part 4 of article 5 of the bylaws it states "Any other person desiring to place an item on the agenda or make a presentation to the Commission shall provide this information to the Chairperson or the Administrator not later than 10-days before a Commission meeting." Mr. Filippi's suggestion is to change from 10-days to 14-days because of the time period to create packets for the Commission members.

Lastly, under article 6, where Standing Subcommittees are created, Mr. Filippi suggested that part "a. Bylaws" is confusing because the Commission members make the changes, therefore a subcommittee would not have the power, without the entire Commission present to make changes.

Mr. Filippi asked the Commission members if they had any suggestions or questions.

Chair Durette commented that Mr. Filippi's presentation was thorough and asked the Commission members if they had any questions or feedback about the suggested updates to the bylaws.

Commissioner Troop stated that many of the suggestions were very good. Commissioner Troop did have reservations about the Chairperson's term-limits suggestion. Commissioner Troop praised Chair Durette, but highlighted her concern that in the future if a Chairperson was not committed or had issues with the Commissioners that they would be forced to keep that Chairperson in a forced position because the Commission bylaws do not have a term limit. Commissioner Troop suggested "with approval from the Commission, or upon a vote" so the Commission has the option of keeping or replacing a Chairperson in the future.

Chair Durette thanked Commissioner Troop for her praise and supported a term limit for the Chairperson and recommended keeping the term limit wording in the bylaws as they are.

Ms. Malay, Deputy Administrator, DPBH did remind the Commission that the Chairperson is appointed by the Governor.

Commissioner Ruiz-Lee asked if the term limit language was valid because the bylaws clearly state that the Governor appoints the Chairperson, should the Governor appoint the same Chairperson term after term wouldn't that reasonability be the Governor's since the Commission would not have direct authority to enforce the term limit or decide for the Governor.

Mr. Filippi assured the Commissioners that he would investigate the issue further and asked Chair Durette if she had been appointed by the Governor. Or was she voted in by the Commission? Mr. Filippi asked because Chair Durette has been in the Chairperson position longer than Mr. Filippi has held his position with the State of Nevada.

Chair Durette stated that she thought that she was voted in by the Commission because it was during the transition time that previous Chairperson was leaving. Chair Durette did not remember getting any correspondence.

Mr. Filippi stated that unfortunately the Governor's office has not been responsive when the Division of Public and Behavioral Health has reached out to them with questions. Especially regarding appointments, for which Mr. Filippi is still waiting on a response from the Governor's office. Mr. Filippi did let the Commission know that he will contact the Governor's office again to ask them for a letter of appointment for Chair Durette's position, if that did not occur. Mr. Filippi assured Chair Durette that she is doing an amazing job and that the reason to ask the Governor's office for a letter of appointment to comply with NRS (Nevada Revised Statutes) and a consultation with the DAG (Deputy Attorney General) Office for guidance such as how long the term is for and if the Chairperson is appointed for a second term, would a second appointment letter from the Governor be necessary.

Chair Durette asked if anyone from the DAG would have any feedback on this.

Susanne Sliwa, Deputy Attorney General, agreed with Mr. Filippi that something in the letter would be a good idea. She suggested the letter's verbiage state the limit of the term, unless extended or reappointed by the Governor. Mr. Filippi volunteered to reach out to the Governor's office for conformation of the appointment and suggested no change to the bylaws regarding term limits until there is conformation from the Governor's office.

Chair Durette made a motion to approve the Commission on Behavioral Health Bylaws with the exception of changing the term limit language.

Commissioner Crawford stated that she was in favor of term limits and said that as a new Commission member she looked to the bylaws for direction and found that term limits were not specified in the bylaws. Additionally, there are some roles and responsibilities that are not addressed in the bylaws. For example, participation in the local governing boards meetings and the responsibilities of the executive board meetings, like the reviewing of the seclusion and restraint forms. If this information was in the bylaws it would have helped her understand her role as a Commissioner better.

Mr. Filippi responded that the review of the seclusion and restraint/denial of rights forms is in the NRS (Nevada Revised Statutes) Chapter 433 under the Commissions powers and duties. The NRS language can be added to the bylaws if that is considered helpful. Because the Commission has jurisdiction over all of the mental health facilities the statute does specify that the Committee has an obligation to review the seclusion and restraint/denial of rights reports. As far as new Commission members, they receive a Commissioner orientation packet which goes into more detail about how the meetings are ran and their requirements of reviewing those reports. The local governing boards are the next item on the agenda. It will be presented by Joanne Malay, Deputy Administrator, that will go into more detail into the local governing boards, their purpose and the Commissioner's role in that. This was added to this meeting because of the confusion that Commissioners may have about the local governing boards and their roles with them. Mr. Filippi is hopeful that all questions about the local governing boards will be answered.

Commissioner Crawford asked if the term limits are needed in the bylaws or are, they in the NRS as well.

Mr. Filippi responded that all the Commission members are appointed by the Governor's office. The term limits were thought to be the same, however they are varied for some reason. Some Commission members are appointed for 2 years and some are only appointed for 1 year. Mr. Filippi has asked the Governor's office for clarification as to why the terms are different and the Governor's office has yet to respond to the question.

Commissioner Crawford clarified that she was finishing out a term from someone who had left the position and that when she was accidently appointed again it was for 4 years.

Mr. Filippi said that he believes that the 4 year term is typical and since the terms are not set by the Commission it really doesn't need to be in the bylaws unless the Commission wants it added because the term is specifically in the appointment letters.

Commissioner Crawford added that she thinks it would be good to have the term limits in the bylaws to help any appointee know how long their term is so that can help them decide if they wish to be a Commission member or not. She stated that as a new Commission member one of the places she looked for answers was the bylaws and even if the bylaws are an inappropriate place to put this information she is in favor of having this information available to future appointees for the Commission even if in a different format or document.

Chair Durette asked how you would make a motion to move things forward and does any of the Commissioners have thoughts or feedback on the subject.

Mr. Filippi clarified with Chair Durette that she made a motion to approve the bylaws with edits except the term limit editing language. Chair Durette affirmed this with the Commission and Mr. Filippi.

Commissioner Crawford said she would second that and suggest the Commission discuss how to orientate new Commission members in a future Commission on Behavioral Health meeting.

Mr. Filippi stated that the Commission member orientation packets should cover everything and that he thought the Commission had reviewed them before. He suggested that if it was more helpful to have a meeting with the Chair or the Executive Assistant when they start might be helpful.

Commissioner Crawford thought it was important to have the discussion and asked for Commissioner Troop's opinion since she is the newest Commissioner. Commissioner Crawford agreed that assigning a point person would be very helpful.

Commissioner Troop stated that the Commissioner orientation packet was helpful and supported future Commission members being contacted by the Executive Assistant or the Chairperson at least to reach out to them and let them know that if they have any questions they have a resource to contact.

Mr Filippi was committed to the idea and said that he can request a meeting with future Commission members when he sends the packet.

Chair Durette supported the idea as well and amended her motion to the Commission to not only exclude the language on term limits but to include that the Chairperson will work with the Excusive Assistant to orient new Commission members.

Chair Durette made a motion to approve the Commission on Behavioral Health Bylaws with the exception of the term limit editing suggestions and adding to the bylaws that the Chairperson will work with the Executive Assistant to orientate new Commission members. Commissioner Ruiz-Lee seconded the motion. The motion passed unanimously.

8. <u>Informational Item, The Role, Responsibility and purpose of Local Governing Boards (LGB):</u>

The Role, Responsibility and purpose of Local Governing Boards presented by Joanne Malay, Deputy Administrator for DPBH.

The Role, Responsibility and purpose of Local Governing Boards presentation was presented to the public and the Commission and is Exhibit "L". Ms. Malay read the report to the Commission with little deviation following this introduction.

Ms. Malay stated the presentation will review the bylaws for the local governing boards (LGB's) and review the statutes regarding the Commission and its role. The requirements for the federal, state and local accrediting and certifying bodies that guide our facilities and clinical services and a draft of the proposed LGB bylaws. The reason for today's presentation and considerations were a few items for clarification and to effectively serve the member's time on mental health. The members time is important, and we want to use it with the LGB's

effectively. It is noted during a recent survey that neither the accrediting organizations or the governing body had gone many months without these bylaws. It is important to note however, that there are no statutory elements on the grounds of the local governing boards. The review of the facilities was taken into consideration for this presentation. Ms. Malay began going through the presentation from page 3 citing NRS (Nevada Revised Statutes) Chapter 433 to completion with little deviation. Please note that in the presentation the words "mental illness" were used to describe anyone with mental illness, intellectual disability, developmental disabilities and substance abuse disorders who are serviced in these facilities.

Ms. Malay finished the presentation and asked the Commissioners if they had any questions.

Commissioner Crawford asked if there were any significant changes besides that of infectious disease. Ms. Malay answered that there are no specific changes per se other than the new bylaws and that her hope was this presentation would help clarify the roles of the LGB. What it helps with is if there are any items that the LGB finds and adds new methodologies and performance indicators working currently within the hospitals and helps keep our hospitals consistent as well.

Ms. Malay proposes that it might be best if there are any questions about the bylaws in effect to reach out to Mr. Filippi.

Ms. Malay asked Commissioner Crawford which meeting she attended. Commissioner Crawford said that she was most caught off guard at two meetings. One for Lake's Crossing Center and the other at NNAMHS. She had never attended an LGB meeting before and she was able to get a copy of the current LGB bylaws and still felt ill equipped to fulfil her role. She was the only Commissioner present at those meetings, and she is concerned there may have not been a quorum based on the current LGB bylaws. This is an area where she appreciates Ms. Malay's additional guidance and Commissioner Crawford wishes she would have had this information earlier.

Ms. Malay understood and said that not all LGB bodies have Commissioners some just have members among their staff, but there have always been Commission members on the LGB bodies in the south (southern Nevada) and that is why this was drafted. This is to give a broader prospective when you have Commissioners. Having Commissioners is not required, there is not a statutory requirement and nothing in the Behavioral Health Commission that says Commissioners must be a part of the LGB. Sometimes you have to come and look at the data that has been presented in order to make sure that services are consistent across all governing boards. If there are any questions or if you want to look at any other programs, we can take a look at the LGB's.

Commissioner Ruiz-Lee brought up that Ms. Malay mentioned that one of her accreditation entities had raised some concern about the structure. Is there something specifically that would need to change within the local governing boards (LGB's) in order to ensure that they are getting what they need or would the process, for the most part, stay unchanged?

Ms. Malay responded that the survey concluded that we didn't have a government board, any written policies and any responsibilities. That was one of the major findings, and the review of policies. Normally that would be done at the Commission meetings and either the local governing board.

Chair Durette asked the Commissioners if they had any other questions or concerns. The Commission did not respond with any questions or concerns.

9. **Informational Item: Local Governing Board Reports**

Southern Nevada Adult Mental Health Services (SNAMHS) Local Governing Board (LGB) Report presented by Susan Lynch, Hospital Administrator. The report is submitted to the Commission as exhibit "M."

Ms. Lynch stated that the SNAMHS Local Governing Board (LGB) met on July 17th, 2020 and they covered reports and additionally they covered prescriber's re-credentials. Ms. Lynch asked the Commission if they had any questions.

The Commissioners did not have any questions

Northern Nevada Adult Mental Health Services (NNAMHS) Local Governing Board (LGB) Report presented by Kyle Devine, Clinical Program Manager 2.

Mr. Devine stated that the NNAMHS Local Governing Board had a meeting August 5th, 2020 and all reports were presented and there were no questions. Mr. Devine asked if the Commissioners had any questions about the reports or the process.

Chair Durette asked if there was a separate report for Lake's Crossing Center.

Ms. Theresa Wickham, Agency Manager DPBH, stated that it was a joint meeting with NNAMHS and that the reports were presented and there were no questions, same as NNAMHS. Ms. Wickham complemented Commissioner Crawford on her first LGB meeting and was willing to take any questions by the Commission about Lake's Crossing Center's reports.

No questions were asked by the Commissioners. Chair Durette excused herself because she had another meeting to attend and passed Chair duties to continue the Commission on Behavioral Health meeting to Commissioner Ruiz-Lee. Quorum of the members present remained.

10. <u>Informational Item: Update on the Bureau of Behavioral Health, Wellness and Prevention:</u>

The Bureau of Behavioral Health, Wellness and Prevention (BBHWP) presented updates by Brook Adie, Health Bureau Chief. The report is submitted to the Commission as exhibit "N."

Ms. Adie updated the Commission, stating that in March or April they released two Notice of Funding opportunities. One for the Mental Health Block Grant and another for the Substance Abuse Block Grant and the SOR (State Opioid Response) dollars. This was done by two applications, one for each grant. BBHWP has went through the entire grant and determined the entities that they are going to award the grants to and they are currently working on getting those sub-grants completed. Some new providers have been awarded with the Substance Abuse Block Grant, a new provider in Pahrump, Nevada to do some transitioning and women specific services in their wraparound services program. There are 28 providers that are now being funded with the Substance Abuse Block Grant and State Opioid Response dollars that are doing many services such as transitional living, residential out-patient services, women's wraparound services, and other specific services to the opioid response with some peer recovery support services training and warm line. As we get the funding finalized and the sub-grants out we can provide more information to the group as to who is specifically funded and the services they are providing.

As for Metal Health Block Grants, the early serious mental illness program has been expanded. The first episode psychosis program was to Washoe County which is a partnership with UNR and Renown. There is currently a program in Carson City at Carson/Tahoe Hospital as well as another one in Clark County.

The Bureau of Behavioral Health, Wellness and Prevention received a COVID-19 specific grant that is providing a lot of resources around the State of Nevada. Brook Adie, Health Bureau Chief, DPBH introduced Kendall Holcomb, Public Information Officer, Nevada Resilience Project. The Bureau of Behavioral Health, Wellness and Prevention presentation was presented to the public and the Commission and is Exhibit "C". Ms. Holcomb read the report to the Commission with little deviation following this introduction. Ms. Holcomb asked the Commissioners if they had any questions about the presentation.

The Commission did not have any questions for Ms. Holcomb, but Commissioner Crawford thanked her for the presentation and stated that it sounds like they are doing a lot of good work.

11. Informational Item, Update on the Aging and Disability Services Division:

Update on the Aging and Disability Services Division presented by Jennifer Adams, Deputy Division Administrator for Aging and Disability Services Division (ADSD). The report is submitted to the Commission as exhibit "O."

Ms. Adams outlined that she is presenting updates to the Division's COVID-19 response and what went on during the special session with the budget as well as provider rates. Starting with COVID-19 you may have heard through agency managers that most of their workers are working from home and doing most of their contacts through the phone, Microsoft Teams, Zoom and whatever other way they can contact people even face to face if they can.

There are staff members who are going back and do home and work visits. They are coordinated and all of the PPE (Personal Protective Equipment) and all the protective precautions are taken. The offices are still closed to the general public but there is staff present to accept paperwork. We don't want to advise someone to mail in their paperwork if they have driven across town to the office to drop off paperwork, we are trying to be as accommodating to the public as we can.

In May all of the jobs and day training sites had been closed but as of now most have been opened again. There are multiple safety protocols in place. Some of those protocols include taking temperatures everyday of staff and everyone who walks in the door, maintaining 6 feet of space in the work area, handwashing, training on how to properly wash hands, increased sanitization and no more than 50% capacity in the building. Some of the sites have changed to operating multiple shifts where a group might come in the morning and another group comes in the afternoon to help serve as many people as they can. There are some in-home services happening, with the COVID-19 pandemic some people have been anxious to get out of their homes and get back to normal.

The special session put forward several service cuts that were going to increase the division's caseloads for the SLA (Simple Living Arrangement) and JDT (Jobs and Day Training) programs. Additionally, a small rate cut for the family preservation program and a decrease in the monthly respite allotments. Lastly there was a rate freeze for our SLA providers. They were scheduled to get a dollar an hour increase as of July 1st, 2020. Fortunately, the division's budget fared well during the special session, and the legislature decided to prioritize behavioral services, so the division was able to get their service dollars back. The family preservation program was not cut, and the SLA providers received their pay increase. As with the other programs, ADSD put in program freezes around April and May because we had budget cuts to abide by for FY20 (Fiscal Year) and budget cuts were anticipated for FY21. We are working now to diligently work with the budget we have.

The rate study reviewing our rates for the simple living arrangement (SLA), jobs and day training (JDT) to use more medical transportation and behavioral consultation and intervention will include the development of hourly and daily rates, tiers for acuity and the possibility of different rates regarding urban and rural settings. That contract has been awarded and the vendor is Burns and Associates. DHCFP (Division of Health Care Financing and Policy) and ADSD had their first meeting with them a few weeks ago. We are looking forward to that study finally starting and we anticipate it will be a 6 to 8-month completion time. Even though the project would have been better if it was implemented earlier, at least ADSD will be in a better position in the following legislative session.

Ms. Adams asked the Commission if they had any questions.

The Commission did not have any questions.

12. **Informational Item, Update on the Division of Health Care, Financing and Policy (Medicaid) Regarding Network Adequacy Standards and Managed Care Outcome Monitoring Performed by the Division – Cody Phinney, Deputy Administrator, Division of Health Care Financing and Policy (DHCFP)**

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The Update on the Division of Health Care, Financing and Policy (Medicaid) presentation was presented. and is Exhibit "P". Ms. Phinney read the report to the Commission with little deviation from these opening remarks.

Ms. Phinney stated that CMS has increased the focus on quality measures, much of which is measured is in federal regulations. One of the needs is a written quality strategy. The quality strategy is how the division prioritizes and it is updated at least every 3 years and it is published publicly. That is how the division identifies goals, objectives and measurements. From that are the incentive structures to the managed care plans that we contract with and through the managed care plans to the providers of services. This is where we drive health care outcomes. Although very technical it is also very important because it is the main driving force that allows Medicaid to improve the health of people across Nevada. We are up over 700,000 recipients or about 1 in 4 Nevadans, so there is a lot of possibilities there. On page 5 of the presentation Ms. Phinney stated that the division is using Healthcare Effectiveness Data and Information Set (HEDIS) measures. This information is defined by the National Council on Quality Assurance. Ms. Phinney stated that HEDIS is the gold standard of healthcare quality data. The information is vetted very well, the mechanisms and process to define the measures and validate them is very prescribed and they are very comparable across different plans and different states. However, one negative thing about HEDIS is that it is only measured once a year because it takes a long time to get longitudinal information about how we are doing also, some measures are retired, and a newer measure must be used.

It is possible for Medicaid to use state-based measures in the monitoring of our managed care plans. Now that we have our updated management information system and our updated warehouse will go live this coming January, which will help accomplish this. The downside of state-based measures is that we have to define, ourselves, exactly what the data is and exactly how it will be collected and to make sure that it is adequately comparable across the field. It is challenging and costly but as long as you have the resources it is possible. The behavioral health slide has the information they are currently correcting.

In regard to COVID-19 complications with HEDIS, many of the HEDIS measures include a mechanism by which live people go to medical offices and collect data and information from medical records. These are called hybrid measures. They are the best measures we have to identify the impact that those services are gaining. As you can imagine with COVID-19 the hybrid in person collection of data stopped and there were not as many people getting services. For example, you have to go in person to get an immunization shot, this cannot be done through telehealth, and since this service is not offered at home, the nurse looking up the files will not do so and therefore that leads to a reduction in HEDIS data collection. This will affect 2021 data. Now not only do we have a measure set that is annual, it is now going to be very skewed. What the National Council on Quality Assurance recommended is we do our best and collect the information. They are going to allow their certification process for health plans to use their 2019 data, if the health plan chooses. This way they are not penalized because of COVID-19.

What the division has told our health plans and Nevada Medicaid is we are going to honor NCQA's recommendation to use that for the accreditation for the official reporting. We are asking them to give us their actual data and we're going to keep and report that data with a disclaimer that this data was impacted by COVID-19. That way we will have the information and know what is happening.

In regard to Rapid Cycle Performance Improvement Projects, these are done twice a year with all of the plans. It is done as a group and they do the same goal and project, but not the same intervention. The goal is that if one plans intervention works and gets a lot of improvement in a measure, then we can apply that across the entire program with all the plans. For example, if we are doing follow-up after an emergency department visit and one of the plans had a great intervention that they were certain would impact this measure, but it did not have an impact. Although there was a lot of speculation that this intervention would work, its failure is noted and not replicated to other programs

Pay for Performance is another incentive that we have in our current contract. This program was on track to start in 2020 until COVID-19 changed the plan. 1.25% of the capitation payments were held and portioned out upon successful completion of goals, or benchmarks, where the top teer was paid out at 100%, the lower tier was paid

out at 75%, etc. until the end of the year. The goals are to stretch goals with serious payout potential because 1.25% of our managed care contracts is around $34 million dollars a year. This is to create motivation to achieve the goals. However, because of COVID-19 it is impossible to continue with this part of the programs. This was disappointing because the programs have helped the division in whatever needed to be done. This may be implemented next year.

Network Adequacy is a hot topic because of all the current standards that we have. There are a couple of issues that we look forward to resolving in the next contract cycle. Currently there is a provider to enrollee ratio of 1:1500. This was based on standards that other insurance type providers are using at the time. The challenge is that they have 1500 providers enrolled and paneled but those providers do not just see Medicaid patients, so all of that capacity is not all for our members. We are working with the Interim Health Committee this session on a legislative bill that would collect some data for Nevada that could really improve our ability to have transparency. This could help answer how much of this capacity is for the Medicaid program. We are linking our standards with the Division of Insurance standards as they have improved and renegotiated some of theirs. Ms. Phinney likes the idea of being linked with the Division of Insurance because the Medicaid program is often used as a jumping off point to a health exchange program or a employer provided insurance. The more consistent we can be across those various products, the more consistent the plans run, the easier it is for consumers to go from product to product. This way enrollment is the same no matter if you are on public assistance or a private plan. It is also consistence with the plan so they can have accurate measurements of these things.

In regard to Re-Procurement we are going to issue our RFP on January 1st, 2021 That new contract will be ready on January 1st, 2022. It is a very long process that we have been working on this for the past year. This is a fresh start to help health outcomes move forward. We have had managed care in the State of Nevada for many years and it has grown exponentially now we are going to move to the next iteration. The procurements are only done for 4 years, so it is a long-term planning process. There will be new measures and new benchmarks in the next period for those plans to set the pay for performance the requirements for the network and the measures they are reporting.

The EQRO (External Quality Review Organization) Technical Report, that is the report of all the outcomes of all HEDIS measures. There are many measures, as well as all the outcome data that is in the report. The latest data is from 2019. Ms. Phinney did offer, since the report is so lengthy, to report on specific outcomes if requested. She stated that the division is working on getting this report to the website in a more user-friendly format.

Ms. Phinney expressed her interest in what health outcomes most interested the Commission and offered to create a matrix to track those interests if the Commission likes.

Ms. Phinney asked the Commission if they had any questions.

Vice Chair, Commissioner Ruiz-Lee asked is the EQRO Technical Report data was used to select future vendors?

Ms. Phinney answered that the report does indirectly but not directly effect, because we will have vendors applying to us that we don't currently collect data on, so we'll have information on them from how they are doing in other states. The other vendors who apply will know what their information is, but the data is not comparable.

Vice Chair, Commissioner Ruiz-Lee followed up with asking if the State's new contracting process will have multiple plans and multiple contractors just like you currently have.

Ms. Phinney explained that they were looking at 4 contracts, federal rules require at least 2 unless you get a waiver, but they are complicated. So, there will be multiple contracts that are very similar except for the name.

Commissioner Crawford followed up with Ms. Phinney about what she thought were important measures regarding timely access to care. Commissioner Crawford stated some of those measures were noted in the report, but any information that could be helpful to improve access to care, or strategies would be interesting to her.

Ms. Phinney explained she forgot to mention in her presentation that they do have access to care standards. Some of the feedback that they have received about access to care standards is more specificity. For example, making sure that the window of treatment opportunity is not passed, and that patients will get access to health care within the timeframe that they need it. There is currently a requirement in our current contract for the plans to do a "secret shopper" to insure timely access. The "secret shopper" requirement is vague, and so we are working on making the requirements more specific as well as the division meets quarterly to go over all the provisions.

The Commission thanked Ms. Phinney for the detailed report.

13. **For Possible Action, Discuss and Approve the Process for Commissioners to Receive Electronic Denial of Rights and Seclusion and Restraint Reports for Review and Approval in Accordance with NRS 433.534 – Commission Members and Joseph Filippi, Executive Assistant, DPBH**

Mr. Filippi explained that during a previous COBH meeting, the idea was bought up to stop using FedEx to send the seclusion and restraint reports to each Commissioner as required under NRS 433.534, and to see if the Commissioners were interested in receiving the reports electronically. Before the decision was made we first had to work out the logistics. After having some internal meetings between DPBH, ADSD, and DCFS as well as all of our IT staff, we came up with the conclusion that Microsoft Office Teams would be a secure tool to utilize for the distribution of the reports to the Commissioners. So today what I would like to discuss is how this process would work for the Commissioners, to receive these reports and to see if the Commissioners were interested in utilizing this process or not.

The first thing that would occur under the proposed process, is instead of receiving these reports from the hospitals via FedEx the hospitals would upload the seclusion and restraint/denial of rights forms to a specific private Microsoft Team. The Team would only be accessible to certain DPBH, DCFS and ADSD agency staff and the Commissioners. Reports would be uploaded to this Team and each Commissioner would have their own channel, which is basically a sub-section of that Team. The seclusion and restraint/denial of rights report would be uploaded into that folder prior to the next upcoming Commission meeting whether it is the upcoming DCFS or the adult behavioral health meeting for DPBH and ADSD. The Commissioners would be asked go onto Microsoft Teams and access their reports and review them as they usually would. Additionally, DCFS came up with a useful tracking sheet that would be easy to use even if the Commission decided to use paper copies instead. Each Commissioner would have a tracking sheet that lists all the reports the Commissioner is receiving. This will help the Commissioners keep track of what they received and what they have reviewed, as well as allow them to document any notes or comments they want to write down on the tracking sheet instead of using a separate sheet.

That is the plan, now we want to present this idea to the Commission to see if the Commissioners as a whole agree that they would want to start receiving these reports electronically instead of by mail. Mr. Filippi then opened this topic up for the Commissioners to discuss.

Vice Chair Commissioner Ruiz-Lee stated that she thought it was a great idea because it would help eliminate a lot of the paperwork and paper management of reviewing those forms. The only question she has is would the review and approval happen within Microsoft Teams? Where does paper exist in the process, if at all?

Mr. Filippi stated that he doesn't think paper has to be a factor at all. The Commissioner could just respond via email or through Microsoft Teams, for example saying "I have reviewed all the reports assigned to me" or they could state that during the following meeting. The tracking sheet is an additional helpful tool that each Commissioner could print out and maybe sign that they have reviewed the listed reports and, if possible, scan that and email to us or upload it to the Microsoft Team. This would show as a record that the Commissioner has reviewed the reports and can be returned to the hospitals for their records. The Tracking Sheet may be the only paper task that we would have to ask of each

Commissioner. We are still determining how that process will work internally. Mr. Filippi then asked Ms. Kristen Rivas, Clinical Program Manager 2, DCFS what her thoughts were.

Ms. Rivas said that in Microsoft Teams with the tracking sheet that was created, there is a place where you can type in your name and then it is date stamped within Teams to show there was a review and that you opened each one. This is considered an electronic signature, and this would be used to eliminate paper, but this can be done several ways. We do have the flexibility to do that in Teams. If you type in your name it will show when the last time you were in the document, then you could just print it out and send it back to the facilities. The Commissioner could also list any comments, or you can bring it with you to the meeting. We are trying to make the process paperless and as easy as possible for the Commissioners.

Vice-Chair Commissioner Ruiz-Lee asked Mr. Filippi what was needed of the Commission to help with this process, do they need to make a motion.

Mr. Filippi said that a formal motion is needed to show that the majority of the Commissioners approve of this new electronic process of receiving the reports. Then going forward, if the Commissioners approve the process, agencies can start uploading those reports to the Teams, make sure all have access to Teams, and make sure each member can access the reports. If there is any technical issues or you can't figure out something you can always reach out to me or Ms. Rivas and we can work through the issues with you. A formal motion from the Commission today would be appreciated.

Commissioner Troop stated that this was a great idea. Especially knowing the budget situation that we are all in. The saving of money from FedEx and mailing everything back to the Commissioners.

Commissioner Troop made a motion to approve the Process for Commissioners to Receive Electronic Denial of Rights and Seclusion and Restraint Reports for Review and Approval in Accordance with NRS 433.534. Commissioner Tahir seconded the motion. The motion passed unanimously.

14. **Public Comment**:

No Public Comment

15. **Adjournment of Regular Session:**

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 10:37 a.m.