

Steve Sisolak
Governor

Richard Whitley, MS
Director



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



Lisa Sherych
Administrator

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

DPBH COMMISSION ON BEHAVIORAL HEALTH
MEETING MINUTES
May 13th, 2021
9:00 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.

Meeting link: [105936574@teams.bjn.vc](https://teams.bjn.vc/join/105936574)

Meeting number: 117 023 212 7

Password:

Join by phone: +1-775-321-6111,770708883#

Access code: 770 708 883#

1. Call To Order/Roll Call:

COMMISSIONERS PRESENT:

Lisa Durette, M.D. (Chair), Lisa Ruiz-Lee (Vice Chair) Tabitha Johnson MFT, Gregory Giron Ph.D., Braden Schrag, Natasha Mosby, Jasmine Troop,

COMMISSIONERS EXCUSED:

Department of Health and Human Services (DHHS) Staff:

Joseph Filippi, DPBH; Rex Gifford, DPBH; Dawn Yohey, BBHWP; Megan Wickland, ADSD; Ellen Richardson-Adams, SNAMHS; Marina Valerio, DRC; Theresa Wickham, LCC; Julian Montoya, SRC; Susan Lynch, SNAMHS; Joanne Malay, DPBH; Jessica Camp, SNAMHS; Stanley Cornell, SNAMHS; Stephanie Woodard, DPBH; Victoria Erickson, SRC; Jessica Flood, DPBH; Brook Adie, DPBH; Cookie Gamiao, DPBH; Guan Caver, DPBH; Katheryn Martin, DPBH; Kyle Devine, DPBH; Leon Ravin, Statewide Psychiatric Medical Doctor; Michelle Sandoval, DPBH; Roswell Allen, DPBH; Betsy Neighbors, DPBH

Others/Public Present:

Susanne Sliwa, DAG; Julie Slabaugh, DAG; Linda Anderson, DAG; Teresa Etcheberry, Clark Regional Health Coordinator

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

2. Public Comment:

There was no public comment.

3. **FOR POSSIBLE ACTION: Previous Meeting Minutes:** Approval of meeting minutes from March 25th, 2021.

Chair Durette asked the Commission if they had any edits for the March 25th, 2021 meeting minutes.

Commissioner Troop made a motion to approve the meeting minutes as written. Commissioner Schrag seconded the motion. The motion passed unanimously.

4. **FOR POSSIBLE ACTION: Consent Agenda, Consideration and Possible Approval of Agency Director Reports:**

Chair Durette informed the Commission that Informational Item 5, the Behavioral Health Planning and Advisory Council (BHPAC) presentation would be lengthy and suggested approving the Agency Director's Reports without discussion unless the Commissioners wanted the agencies to present their reports or if the Commissioners had any questions about the Agency Director's Reports. Commissioner Schrag stated that he did not have any questions about the Agency Director's Reports and made a motion to accept the Agency Director's Reports as submitted.

Lake's Crossing Agency Director's Report Lake's Crossing Agency Director's Report is Exhibit "A".

Stein Forensic Hospital, SNAMHS Agency Director's Report SNAMHS Agency Director's Report is Exhibit "B".

Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report NNAMHS Agency Director's Report is Exhibit "C".

Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report SNAMHS Agency Director's Report is Exhibit "D".

Rural Clinics (RC) Agency Director's Report The Rural Clinics Agency Director's Report is Exhibit "E".

Sierra Regional Center (SRC) and Rural Regional Center (RRC) Agency Director's Reports The SRC Agency Director's Report is Exhibit "F".

Desert Regional Center (DRC) Agency Director's Report DRC Agency Director's Report is Exhibit "G".

Rural Regional Center (RRC) Agency Director's Report was combined with the Sierra Regional Center (SRC) Report and is Exhibit "H".

Commissioner Schrag made a motion to approve the Agency Director's Reports as submitted with no further discussion. Commissioner Ruiz-Lee seconded the motion. The motion passed unanimously.

5. **INFORMATIONAL ITEM: Presentation on the Behavioral Health Planning and Advisory Council (BHPAC) history, role, and future directions – Dr. Stephanie Woodard, Senior Advisor on Behavioral Health, DPBH:**

Chair Durette explained to the Commission that there is a second board called the Behavioral Health Planning and Advisory Council (BHPAC) and that BHPAC has reached out to the Commission for a couple of issues. The first issue is that the BHPAC's charge is aligned with the Commission on Behavioral Health (COBH), with the exception that BHPAC has oversight on mental health block grant distribution, and there is over 20 members, so reaching a quorum is difficult.

The BHPAC membership is different than that of the COBH because 51% of the BHPAC members have to be members of the public. The Commission is asked to think about integrating BHPAC with the COBH. The first question is does the COBH wish to integrate with BHPAC. The second question is it feasible to move the BHPAC into a sub-committee of the Commission so it can meet quorum in order to preserve the BHPAC. Chair Durette

thanked Dr. Woodard for presenting the BHPAC presentation to the Commission and yielded to Dr. Woodard to present the BHPAC presentation.

Dr. Woodard, Department of Health and Human Services, Senior Advisor on Behavioral Health, began the presentation by explaining the history of the BHPAC. The BHPAC was established by a Governor's Executive Order in 1989. The BHPAC was originally called the Nevada State Health Planning and Advisory Council. In 2013 the name was changed from the Nevada State Health Planning and Advisory Council to the Behavioral Health Planning and Advisory Council (BHPAC). It is required through the State's Mental Health Block Grant that this council must be available to review, provide consultation and input to the State's plan to administer the Mental Health Block Grant.

The bylaws were last updated in 2016. According to federal U.S. guidelines, the BHPAC is required to review plans including mental health, and substance abuse prevention block grants. They are to submit recommendations to the state and as serve as advocates for quality of life of consumers. They also provide oversight to monitor, review, and evaluate the allocation and accuracy of services statewide related to behavioral health.

In the bylaws the mission of the Nevada BHPAC is to serve as an advocate for individuals with chronic mental health and mental illness, children and youth with severe emotional disturbance, other individuals with mental illness or emotional problems and persons with substance abuse and recovery disorders.

BHPAC's responsibilities are to provide, advise, advocate, monitor, review, and evaluate. The composition, however, is much greater than what is required under federal statute. Federal statute requires that there has to be federal representation from principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services. That is the minimum membership needed from state representation. We also need representation, which is not specified, members of the public or private entities concerned with the need, planning and operation, funding, or use of mental health services and support.

The requirement is that 51% of the committee is made up of adults with serious mental illness that are, or have, received mental health services as well as families of such adults, or families that have children with severe emotional disturbance. Currently in the Nevada BHPAC, by executive order, there are 23 governor appointed positions which includes the minimum that is required by federal regulation, but also includes membership from Medicaid, criminal justice, substance abuse and prevention agency, and education.

The reason this is being brought up to the Commission is because currently the BHPAC has had issues meeting quorum. The large number of memberships that they are required to have and having a large amount of state agency involvement have been major factors in the lack of quorum. Over time the membership that is representing the state agencies becomes varying because people move positions, they have other work assigned to them making it difficult to maintain membership on the state side. There is also difficulty keeping the memberships full. Currently there are 12 vacancies therefore over half of the memberships are vacant as of now.

The state receives federal reviews annually as either a desk audit, virtual audit, or onsite as part of the Community Services Block Grant. This winter the Community Services Block Grant was to be reviewed by the BHPAC and during several years of reviews the BHPAC was consistently unable to perform its duty in support of the Community Services Mental Health Block Grant, so now it has become a primary compliance issue between the state and our federal funders.

We have taken a step back to see what our options are and we have made some recommendations to the Governor's Office. The Governor's Office is currently vetting their options with legal counsel to see how we might be able to support BHPAC with some changes. Some of the changes proposed are to; reduce the number of members in the Executive Order, in which over several years has been proven that having a council this size is inefficient and it does not help get the required work done that this council is charged with. One other recommendation is to have the appointing authority be changed from the Governor's Office to either a council, commission, existing board, or the Administrator of the Division of Public and Behavioral Health (DPBH). That

would allow us to expedite, when there is a vacancy on the committee, additional applications to fulfill the memberships quickly because of high seat vacancy and membership turnover year over year.

Since the establishment of the BHPAC in executive order there has been the addition of Behavioral Health Coordinators which are now funded through the State. They are funded out of Mental Health and Substance Abuse Block Grants, so they have a critical roll in some of the planning in and around the mental health block grants especially at the regional level. Then there is the Regional Behavioral Health Planning Boards (RBHPB) which are also doing a lot of this work.

When answering, how does the BHPAC fit into the larger system, it was during the time that the COBH was consolidating their recommendations for the Annual Governor's Letter that was reviewed by the state assessing what the needs and gaps are in the state as identified by the RBHPB as well as the Children's Behavioral Health Consortia validated and upheld by the Commission in targeting some specifics for the subsequent block grants. We are already using this process in addition to the BHPAC and more often than not it has been taking the place of the BHPAC because there has not been an opportunity to convene them to do some of the meaningful work that the Commission is doing.

Dr. Woodard spoke with Chair Durette about the opportunity to have a more formal meeting with the BHPAC and the Commission because a lot of the work each body is doing is aligned. Dr. Woodard thinks that it is also beneficial to the Commission to have a formal relationship with the BHPAC because the significant make up of that council is either individuals with lived experience, or family members of individuals with lived experience and those voices at the table in consultation with the Commission may be beneficial to the Commission over the long term. Dr. Woodard then asked the Commissioners if they had any questions.

Commissioner Schrag asked what the overall measurable effectiveness of the planning coalition in the past. Is there any metric to show how well they have done. I know you mention that they have not been able to meet quorum and with the change of the more localized aspects from the organization up. Dr. Woodard answered that since she has not had any the ability to fulfill the commitments of the BHPAC have been variable. There was a state position, at one time, within the Bureau that provided a lot of support to the BHPAC including assisting with drafting agendas, organizing presentations, and doing what they could to ensure that membership was contentiously filled as well as meet quorum. They often did quorum calls to ensure that members were going to be able to attend and reach-out to individuals to make sure the members were going to be there. It was a lot of extra work for the staff to provide enough support for the BHPAC to meet on a regular basis. A lot of the BHPAC's success has been predicated on a lot of staff support that was provided to ensure they had a body that can convene and meet quorum.

Dr. Woodard add that as far as BHPAC's duties, advocacy is a major role of the BHPAC. Having members that have had lived experience at the table for not just the block grant but also plans for the overall health system. Where some of those gaps are is where additional work is needed. The mental health block grant is not that much money so we try to do as much as we can to get services supported by the monies provided by the mental health block grant with future service sustainability factored into service decisions to stabilize the service and grow other service programs. The process is long, but it has had success. Having the BHPAC help guide us in the past has been incredibly helpful, but it as been several years since the BHPAC has been engaged meeting after meeting quarter after quarter to follow an annual process of planning with monitoring oversight and evaluation too.

Commissioner Troop stated that she was on the website and noticed that the last BHPAC meeting was in August of 2020. Commissioner Troop asked Dr. Woodard if that was correct. Dr. Woodard was not sure if the BHPAC was able to make quorum since then because she was supposed to present a presentation to the BHPAC in the fall, but they were unable to make quorum. Dr. Woodard added that because of some of the challenges that the BHPAC had for the last several years Substance Abuse and Mental Health Services Administration (SAMHSA) has prioritized and provided us, at no cost, onsite and offsite technical assistance which has been used several times. Through the technical assistance provided by SAMHSA some of the recommendations from earlier such as lowering the mandatory number of members and having a different appointing authority were suggested. Now is

the time that everything is coming together to re-evaluate the group knowing that it can provide a critical role for us.

Chair Durette stated that now that the Commission knows that they can shift the appointment of the BHPAC members to the Commission would that allow us to make a shift into a sub-committee such that it deletes the quorum requirements and helps bring the knowledge and BHPAC members to the Commission and adds support of the Commission to BHPAC. The idea is a bi-directional support model. Dr. Woodard replied that they are still waiting for answers from the Governor's Office, but ultimately it will come down to, what is the statutory authority that guides each of those bodies not only state but federal statutory authority for the Commission and the executive order and if there is a desire in the Governor's Office to re-evaluate the executive order to change membership and change the appointing authority.

Ms. Sliwa from the Attorney General's Office stated that even if that were to happen and the BHPAC were to become essentially a sub-committee of the COBH. Sub-committees are still subject to the open meeting laws, so unfortunately the quorum problem would not be resolved.

Commissioner Troop asked if it were a sub-committee of the Commission, would the quorum have to be Commissioners or BHPAC members.

Ms. Slabaugh, from the Attorney General's Office answered that it would have to be sub-committee members.

Chair Durette asked that if the sub-committee met at the same time as the Commission, and Commissioners were also a part of the sub-committee then would that help achieve quorum. Then Chair Durette asked what the next steps are for the Committee. Dr. Woodard suggested waiting until they hear from the Governor's Office to understand what their opinions are in regard to how to move this forward. Once we hear back from them, depending on what they say, it will be working with our DAG's to make sure that we understand how we can align, if alignment is possible.

Ms. Slabaugh recited statute 433.318 that allows you to appoint a sub-committee and sign off as the Commission being the appointing authority because members of the sub-committee serve at the pleasure of the Commission. Therefore, the Commission would have to appoint them. There is a great deal of overlap with the statutory requirements under Title 42 of the U.S. Code the requirements for the members of the BHPAC as well as the Commission, so several of the Commissioners would meet the requirements for the Counsel. It also requires state agency representation of 6 or 7 different types of state agencies. This could be done if we get support from the Governor's Office to have it appointed as a sub-committee.

Chair Durette asked the Commissioners if they had any questions. There were no questions. Chair Durette stated that this is an informational item. The next COBH Meeting is in a quarter from now, hopefully the Commission will hear from the Governor's Office by that time and the Commission will be able to assess the possibility of absorbing the BHPAC into the Committee. Chair Durette asked if the Commission wanted to wait for an update and make this an information item in the next COBH meeting or if the Commissioners wanted to make this an actionable item for the next COBH meeting.

Commissioner Giron verified that the goal is to reduce the membership size of the BHPAC to make it more efficient and that the Commission is asking the Governor to take a closer look at how appointments are made in the BHPAC with the idea that the BHPAC's work more specific in their roles so that they can meet more regularly and be more efficient in their process. The main problem has been a quorum. Dr. Woodard answered that he is correct. Commissioner Giron reaffirmed and hoped that the Governor would find a way to have the BHPAC be integrated because their role is important on that committee.

Ms. Slabaugh told Chair Durette that the Commission could put this item on the June 3rd, 2021 Commission on Behavioral Health (COBH) with the Division of Child and Family Services (DCFS) agenda because one of the requirements under U.S. Code is children's mental health. Therefore, this would apply to both types of meetings the regular DPBH COBH meeting and the COBH meetings with DCFS. Ms. Slabaugh reminded the Commission

that this would be an “action item” once an answer is received by the Commission from the Governor’s Office. Therefore, if the Governor’s Office gives the Commission an answer up to 3 days before the COBH meeting it would be considered an “action item” if the answer from the Governor’s Office is within the 3 days before the COBH meeting, then it would be an “informational item.”

Chair Durette asked the Commission if there were any discussions before moving on to the next item. None of the Commissioners had any comments or questions. Chair Durette thanked the Commission for the thorough discussion.

6. FOR POSSIBLE ACTION: Discuss and approve recommendation to merge the Lake’s Crossing Center (LCC) and Northern Nevada Adult Mental Health Services (NNAMHS) Local Governing Boards. – Commission/Joanne Malay, Deputy Administrator, DPBH:

Ms. Malay commented that this issue was brought up in a timely manner since both in the north and south there are quorum issues therefore, we try to set the time for the LGB and the Commission, but sometimes the members are busy. In the north the quorum issue has become challenging for the LGB for Lakes Crossing Center, Dini-Townsend, and NNAMHS. To help with the quorum we now have it sequentially. The LGB will meet for Dini-Townsend and following that would be Lakes Crossing Center, so at the request of the staff in consideration of the Commission it is requested that those LGB’s be combined into one LGB and at one timeframe. The format would be the same as the Commission. If combined the hope is that it would be a more efficient use of time for the members of the LGB to meet quorum. This is put before you for your consideration. Ms. Malay then thanked the Commission.

Chair Durette asked the Commissioners if they had any questions, comments, or if they would like to make a motion to move this forward.

Commissioner Ruiz-Lee made a motion to approve the merger of Lake’s Crossing Center and the Northern Nevada Adult Mental Health Services Local Governing Boards as submitted with no further discussion. Commissioner Johnson seconded the motion. The motion passed unanimously.

7. FOR POSSIBLE ACTION: Consideration and Possible Approval of DPBH Policies presented by Joanne Malay, Deputy Administrator, DPBH:

Policies:

- 2.013 Civil Rights Grievance Procedures
- 4.005 Discharge of Consumers from Division of Inpatient Facilities
- 4.009 Consumer Safety and Security
- 7.000 Employee Safety at Lake’s Crossing Center
- 7.000 Policy on Employee Safety at Lake’s Crossing Center
- A 4.0 DPBH Clinical Services Branch Emergency Notification
- A 4.1 Clinical Services Branch Mail Room and Mail Handling Safety
- A 4.61 Utilization Management
- A 5.2 Review of Client Death for Adult Mental Health Agencies
- A 5.3 Quality Assurance and Performance Improvement
- A 6.2 Clinical Services Disaster Plan Requirement
- CD 7.3 DPBH Clinical Services Legionella Prevention and Control
- GOV 1.1 Clinical Services Hospital Governing Body
- HR 2.0 DPBH Clinical Services Branch Employee Use of Personal Assistive Devices
- SP 7.1 DPBH Clinical Services Branch Seasonal Influenza Vaccination Program

Ms. Malay informed the Commission that the Civil Rights Grievance Procedures is not new, but it has not been reviewed and updated. The policy needs approval. Ms. Malay offered to answer any questions about discrimination from either client or staff member. Chair Durette requested an overview of all the policies and then the Commissioners could ask questions at the end. Ms. Malay continued her report with the second policy, Discharge of Consumers from the Division of Inpatient Facilities and stated that there are no policy changes to this policy. 6.1.1 was updated to include Stein Forensic Hospital. Senate Bill 70 (SB70) Does discuss release of clients from a civil inpatient psychiatric hospital. Once that passes the Division will have to make some changes to the policy.

Ms. Malay informed the Commission that policy 4.005 Discharge of Consumers from Division of Inpatient Facilities conditional release for inpatient permissive language will not change much for this policy. Consumer Policy is an old policy, and with the Commission's permission, the Division can archive that policy file. Ms. Malay apologized that policies on the agenda, policies 4.09 and 7.000, were agency policies and therefore did not need the Commission's review. The rest of the policies Ms. Malay went through all of the policies individually and informed the Commissioners that all the policies were not updated. They just needed the Commissioners review and approval. Ms. Malay asked if the Commissioners had any questions, and none were asked.

Commissioner Schrag made a motion to approve all of the Policies as presented. Commissioner Mosby seconded the motion. The motion passed unanimously.

8. 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, DPBH:

Ms. Malay gave a brief overview of the Seclusion and Restraint/Denial of Rights report. Ms. Malay stated that there was a slight uptick in restraints earlier in the calendar year which was due to one client. Ms. Malay reminded the Commission that now we continue to train trainers for Crisis Prevention and Intervention to reduce restraints and seclusions, as necessary. We continue to work to deescalate by having more trainers and more staff on the units watching and deescalating regularly, which has worked well. Ms. Malay asked if there were any questions. The Commission did not have any questions for Ms. Malay.

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

Ms. Valerio stated that she would be reporting on DRC's ICF. Ms. Valerio stated that 7 of 39 patients over the last 6 months have been in restraints. There were 38 total the average was 3 and a half minutes per restraint, so they were not very intense and most of the restraints were holding the patient's hand to help them calm down and to stop them from hitting themselves. These are our lengthy restraints, not more physical, just to help the patient calm down.

Ms. Valerio stated that one individual was restrained 5 times it seems that he is having a difficult time being at home. This past year has been difficult for him and he is used to going out. He is not able to because he will not use a mask, but he can walk around the campus. Unfortunately, we can't take him to public places. That is what is causing him to be upset. Hopefully in the next few months he will be able to get out and do his work program and those numbers should decrease.

Chair Durette asked Ms. Valerio if the patients were able to be vaccinated. Ms. Valerio said that all of the patients who wanted the vaccine and those whose guardians wanted the patients vaccinated did get vaccinated. There were some who were initially resistant to getting vaccinated, but we are going to try a second attempt. The patients that were resistant had the guardian's permission to get vaccinated, but they did not want to get vaccinated. The majority of our patients are vaccinated.

Commissioner Schrag asked that with some of the COVID restrictions being lifted by the Governor do you think that would have a positive impact absent a vaccination on the client. Ms. Valerio stated yes, that would help in returning the patients lives back to normal which would have a positive impact.

9. INFORMATIONAL ITEM: Local Governing Board Reports:

Chair Durette asked Ms. Malay to comment on the LGB from the agency perspective especially since the LGB will be going down from 3 to 2.

Ms. Malay replied that she would have to leave that comment up to the agency managers to make a specific comment or highlight which would be Kyle Devine and Susan Lynch.

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

Mr. Devine introduced himself and stated that the NNAMHS LGB was scheduled to meet on May 5th, 2021 but due to some of the issues brought up earlier the meeting had to be canceled.

Southern Nevada Adult Mental Health Services (SNAMHS) Local Governing Board (LGB) Report presented by Susan Lynch, Hospital Administrator.

Ms. Lynch stated that the SNAMHS (LGB) had a meeting on April 16th, 2021. The highlight to the meeting was that they had a Joint Commission Survey in March and that the LGB is actively working on their Action Plan to submit to the Joint Commission now. No surprises with the joint Commission Report. The survey went smoothly, and the surveyors were very pleasant and complementary to the staff.

10. INFORMATIONAL ITEM: Update on the Bureau of Behavioral Health, Wellness and Prevention presented by Brook Adie, Health Bureau Chief, BBHWP:

Ms. Adie started with sharing some updates. We did receive in March some substance abuse and mental health block grant supplemental funding, COVID supplemental funding, that we are going to be working releasing a request for information to solicit providers for some of the activities. Most of the activities that we will be funding are to uplift our Crisis Continuum of Care Services, so with the funding we are able to fund treatment, recovery support, infrastructure, prevention, intervention, and crisis services. Hopefully, the funds will be available July 1st, 2021. We did receive year two funding for the Jail Diversion Grant. This is a grant that we work with Carson Tahoe Hospital to implement an Assertive Community Treatment team for jail diversion. That program is up and running it is currently serving 8 to 12 individuals through that team, which has been a great partnership with Carson Tahoe Hospital and the local Outreach Safety Teams for their jail diversion work.

The Nevada Resilience Program was expanded. We did receive a no-cost extension. That program is going to continue and those are our Nevada Resilience Ambassadors, which has been a really successful program. The Path Application has been submitted to SAMHSA for our continued homeless outreach. We are supposed to receive a second COVID supplemental Substance Abuse and Mental Health Block Grant which should be coming out this week. The Bureau is currently working on a problem gambling endorsement within the division criteria. We are working within our certified treatment providers and giving them an opportunity to get an endorsement for problem gambling service. The division criteria is going to be updated endorsement and it is going to our DAG to be approved. There has been a lot of vacancies filled, but the Bureau is still trying to fill vacancies.

Chair Durette asked if there were any questions, and the Commission did not have any.

11. INFORMATIONAL ITEM: Update on Aging and Disability Services Division – Megan Wickland, Program Manager Quality Assurance Manager for Developmental Services, ADSD

Ms. Wickland stated that as we begin to open in June, guidance has gone out to the congregate jobs and day training sites so there will be no restrictions on who can attend those sites, however ADSD does have some abilities from Appendix “K” in place and which will remain in place until 3 months after the end of the public health emergency is declared. This will still allow individuals to receive those jobs and day training services at the setting of their choice, so they could still receive those services at home if need be. The ADSD Quality Assurance team is starting the certification process with the providers again.

Ms. Wickland asked if the Commissioners had any questions. No questions were asked.

12. PUBLIC COMMENT:

No Comments or questions were asked by the public.

13. ADJOURNMENT OF REGULAR SESSION:

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 9:54 a.m.