

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

September 23rd, 2021

9:00 AM

MEETING LOCATIONS:

This meeting was held online and by phone.

Join Online

Zoom Meeting link: <https://zoom.us/j/91751374622?pwd=dmpuQWtKOWt0MXhYVnkNMM1FURXVNZz09>

Meeting ID: 917 5137 4622

Passcode: 732426

Join by Phone

Phone Number: +1 669 900 9128 US (San Jose)

Meeting ID: 917 5137 4622

Passcode: 732426

1. Call To Order/Roll Call:

COMMISSIONERS PRESENT:

Lisa Durette, M.D. (Chair), Tabitha Johnson MFT, Gregory Giron PhD, Jasmine Troop, Natasha Mosby, Braden Schrag, Arvin Operario, Billie J. Miller, Dan Ficalora

COMMISSIONERS EXCUSED:

Lisa Ruiz-Lee (Vice Chair)

Department of Health and Human Services (DHHS) Staff:

Joseph Filippi, Executive Assistant, DPBH; Rex Gifford, Administrative Assistant III, DPBH; Megan Wickland, ADSD; Theresa Wickham, Agency Manager, LCC; Susan Lynch, Hospital Administrator, SNAMHS; Joanne Malay, Deputy Administrator, DPBH; Stanley Cornell, Agency Manager, Stein Forensic Facility; Jessica Flood Abrass, Northern Regional Behavioral Health Coordinator; Roswell Allen, Program Manager, RRC; Suzanne Sliwa, Deputy Attorney General (DAG); Christina Brooks Agency Manager, NNAMHS; Jenny Casino, Licensed Clinical Social Worker, SNAMHS; Micky Lasko, Reach Coordinator, RRC; Valarie Haskin, Rural Regional Behavioral Health Coordinator, RRC; Ellen Richardson-Adams, SNAMHS; Julian Montoya, Clinical Program Manager II, ADSD

Others/Public Present:

Linda Anderson, Nevada Public Health Foundation; Leah Case Nevada Pediatric Association

Chair Durette called the meeting to order at 9:00 a.m. Roll call is reflected above. It was determined that a quorum was present.

Chair Durette started the meeting with introductions. Since not all of the Commissioners were able to attend the September 9th, 2021, Division of Child and Family Services (DCFS) Commission meeting, Chair Durette asked Commissioner Miller, who was unable to attend, to introduce herself first.

Commissioner Miller introduced herself as Billie Miller, a native Nevadan who has been working in health care for the last 24 years. Behavioral health is important to me both personally and professionally. I am looking forward to working with you all on this commission and I look forward to giving feedback and learning from the group, so thank you so much for having me.

2. Public Comment:

Chair Durette asked if there was any public comment. There was no public comment.

3. FOR POSSIBLE ACTION: Previous Meeting Minutes: Approval of meeting minutes from May 13th, 2021.

Chair Durette asked the Commission if they had any edits for the May 13th, 2021, meeting minutes.

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

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

Chair Durette asked the agency directors to highlight or point out to the commission the information that they would like to share with the Commission.

Lake's Crossing Agency Director's Report Presented by Theresa Wickham, Agency Manager, LCC. Lake's Crossing Agency Director's Report is Exhibit "A".

Ms. Theresa Wickham stated that they do not have any COVID-19 cases in Lakes Crossing Center, which is fantastic and is because of the hard work of every staff member and vigilant screening. LCC has lost a wing to quarantine, they are quarantining everyone who comes in whether they are vaccinated or not. The main concern is recruitment. Since the time of the report there has been one part time psychologist resign to accept a position in California, and the one inpatient full-time psychologist has resigned because there is more money in private practice. Ms. Wickham is offering and recruiting everywhere she can think of, offering the salary cap that the State Legislature has allowed and there has been one person who has applied so far. That person will be interviewed this week. Ms. Wickham is becoming very concerned about this recruitment.

Chair Durette thanked Ms. Wickham for sharing and stated that even on the child side it seems that this is a chronic issue and that maybe this is something that the Commission can address because we have a work force shortage, we continue to pump out work force in all domains here in Nevada, but yet we are going to lose people because the salaries are better elsewhere.

Stein Forensic Hospital, SNAMHS Agency Director's Report Presented by Stanley Cornell, Agency Manager, Stein Forensic Hospital. Agency Director's Report is Exhibit "B".

Mr. Stanley Cornell was happy to report no COVID-19 infections for patient clients since the last report. The total for the pandemic since last year is 3. They have had none during the calendar year. As far as staff COVID-19 infections, since the last report there have been 7. One staff member that tested positive was vaccinated. They have all cleared except one who is currently out and is in isolation for testing positive. Out of the 7 staff members there was one staff member who died in Los Angeles at LA Medical Center. He had comorbidities. That was sad and unfortunate.

Other highlights, as with other agencies, staffing is a concern. At the end of August, we had 22 vacancies. It is not a lack of recruiting efforts. Out of those 22 we had 19 PCNs who have gone through our physical fitness screens, interview, and the hiring process. They are just waiting on the background checks, physicals and such to clear them. We have a lot in the pipeline. We are just hoping that they do not drop out by the time we approve and the time we can actually get them onboarded.

One item is the census. We have been at and slightly above census due to the volume of commitments coming from the courts. We are doing the evaluations and getting them out as quickly as we can. The evaluators are working very hard to keep up with the volume.

Commissioner Schrag asked Mr. Cornell what the pipeline process is from the moment you receive an application through approval in general, because I realize each person may be individualized, but what is the general?

Mr. Cornell verified that Commissioner Schrag was asking about hiring and Commissioner Schrag confirmed he was asking about the hiring process.

Mr. Cornell answered that the average time frame is about 3 months. The background check, physical and psychological screenings that they have to go through, I unfortunately don't have any control over. Mr. Cornell thanked Commissioner Schrag for the question.

Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report Presented by Ms. Christina Brooks Agency Manager for NNAMHS. NNAMHS Agency Director's Report is Exhibit "C".

Ms. Christina Brooks informed the Commission that over the last quarter there has been an average of 11 people waiting in the community for an inpatient bed. The availability of community based living arrangements continues to be a challenge. We are also continuing to struggle with hiring such as nursing, social work, psychiatry, and psychology.

Chair Durette asked Ms. Brooks what she thinks the hiring difficulty is attributed to? Is it similar to Theresa with salary issues, or availability?

Ms. Brooks answered exactly, referring to hiring issues.

Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report Presented by Ellen Richardson-Adams, Agency Manager for SNAMHS. SNAMHS Agency Director's Report is Exhibit "D".

Ms. Richardson-Adams noted an increase in caseloads. The census in outpatient treatment has increased and SNAMHS is right at capacity. There are the same amount of resignations as new hires coming in. There is a new hiring system through the Department of Health and Human Resources that took some getting used to for new applicants and SNAMHS. Since the system has been in use for the last 6 months we are getting used to it. Ms. Richardson-Adams asked the Commission if they had any questions.

Chair Durette asked if, just like the other agencies were reporting, there were any barriers to recruiting?

Ms. Richardson-Adams stated that the barriers to recruiting are no different than before, except the reasons for resignation on the outpatient side are the same as the national trend we have been seeing. People have been moving to other states, such as Texas. Ms. Richardson-Adams said that she believes COVID has changed people's priorities and goals. Now we are seeing that change. We are also seeing that change with staff that are coming to interview such as wanting to move to Nevada because they have family here or the cost of living here. We are seeing it at both ends.

Rural Clinics (RC) Agency Director's Report Presented by Ellen Richardson-Adams, Agency Manager for SNAMHS. The Rural Clinics Agency Director's Report is Exhibit "E".

Ms. Richardson-Adams presented the Rural Clinics Agency Director's Report too. Ms. Richardson-Adams said that they are experiencing the same issues with hiring and resignations. There is about the same amount of vacancy rate. They are working hard to get those vacancies filled. As you know with the rural areas it is difficult to recruit for that system of care, but the agency is doing the best they can and hoping to make employment with them as enticing as possible.

Ms. Richardson-Adams asked the Commission if there were any questions. Chair Durette and the Commission didn't have any questions.

Sierra Regional Center (SRC) and Rural Regional Center (RRC) Agency Director's Reports Julian Montoya, Clinical Program Manager II. The SRC Agency Director's Report is Exhibit "F".

Mr. Montoya introduced himself and stated that Sierra Regional Center's issues are more with provider staffing. As far as state staffing, the service coordinators have been able to keep up with that. Like it was mentioned before there is a new hiring system, Success Factors, which is a whole new system for hiring. That is going to be a good process, but it is new, so it has taken several months to get accustomed to that. As far as staffing, the issues have been salaries. The staffing is not critical. It is just the nature of the work force. If we could hire at a higher level of course we would have less and less issues. That even goes to the administrative support staff which right now is needed. The issue is that there are jobs in the private sector that are paying more than we can offer, so that continues to be a problem. Our biggest issue is with our service providers and them hiring staff. That has added critical nature where they have brought in the support staff to maybe \$11.00 an hour and you can go to Burger King and make \$14.00 or \$15.00 an hour. They are using a lot of their administrative staff overtime to have people to staff our homes. That is at a critical mass right now, I don't know how we are going to do that. Right now, we have a deputy that we will talk to later in the presentation that will talk about some of the stuff we are trying to do. Like increase the rates, but we have a couple of bigger providers that say they are actually working at a 60% level, so it is kind of scary. Since I have been here I have never seen anything like that especially for Washoe County. As far as provider capacity we are not sure what to do.

Mr. Filippi informed Chair Durette that Marina Valerio from Desert Regional Center is going to be a little late. She had another meeting she had to attend. She will join in the next 15 minutes or so. Mr. Filippi's suggestion is to move to Rural Regional Centers Agency Director's Report and if the Chair or Commission had any specific questions about RRC that Mr. Filippi would be able to pass that on to her.

Chair Durette acknowledged Mr. Filippi and said that now we have 3 agencies; Lakes Crossing, SNAMHS, and Sierra Regional Center that have expressed difficulty with recruitment and retention relating specifically to state salary. As we continue to listen, as a Commission we must formulate an action item to approve a message, not that the Commission is in charge of salaries, but a unified message could be helpful.

Rural Regional Center (RRC) Agency Director's Report Presented by Roswell Allen Program Manager for Rural Regional Center. Rural Regional Center Report and is Exhibit "H".

Mr. Allen let the Commission know that their offices were open across all the rural areas, Ely, Elko, Carson City, and Douglas County. Staffing has remained stable. We are trying to hire, but we have a particular problem hiring in the Elko and Winnemucca region. Part of the problem there is that we have the mines which can pay someone \$25.00 an hour to put in fence posts, but we don't pay that for a case manager. Although that is a difficulty we are still working on that issue. As Mr. Montoya said we are adjusting to the new hiring process, so hopefully things will get better as we move along. The staff has continued to meet with people out in person in the community to ensure that they are healthy and safe. Our clinicians are doing in person and Zoom calls. We have lost some recent services because providers are short staffed. In some cases, we have lost homes and had to consolidate homes in the community because the loss of staff due to COVID and the staff not returning. They are leaving the direct support work that Mr. Montoya has referred to and are not returning. They have benefits that don't require them work or just come back because at Walmart they can get \$17.00 an hour just to restock shelves, or Carl's Jr where they can get \$14.00 or \$15.00 an hour which is \$4.00 or \$5.00 an hour more than what they are getting as direct support staff. Our focus issue is trying to retain our direct support staff in this business

which is very stressful. We have one provider in the Carson City area that has just closed down completely. For us it is the direct support staff that we are concerned about.

Mr. Allen added that they have a monthly meeting with the providers they work with and contract within the community and have been trying to unify the group to do some lobbying because what they do is extraordinarily difficult and there are other groups that have come together and had a strong voice and lobby. That is one thing we are doing with the providers is trying to get them to unify and come up with a unified voice to get better conditions for staff and pay.

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

Chair Durette reminded the Commissioners that this is an action item and asked if anyone wanted to make a motion.

Commissioner Schrag made a motion to pass the agency directors reports as written. Commissioner Miller seconded the motion.

Chair Durette asked if there were any questions. Mr. Allen asked if he could add to his report. Chair Durette approved and Mr. Allen's remarks are noted under his agency report above.

Chair Durette wished to suggest a motion to accept the reports as written and additionally the Commission draft a letter that goes to the heads of DPBH and the legislature specifically highlighting the barriers directly related to state salary caps. In this day and age of COVID we have to do something about it. At least provide a living wage for individuals that provide care to those who need it the most.

Mr. Filippi asked Ms. Sliwa the DAG for clarification about the proposed agency support letter from the Commission and asked if there would have to be another Commission on Behavioral Health meeting to create the letter? Ms. Sliwa said yes, there would have to be another Commission on Behavioral Health meeting in which the agency support letter would be an actionable item.

Chair Durette asked if there could be an adhoc meeting for the agency support letter instead of waiting until the next Commission on Behavioral Health meeting? Ms. Sliwa confirmed that an adhoc meeting is a viable option.

Commissioner Schrag asked to confirm with Ms. Sliwa if the Commission worked on that letter, but had to put it in an adhoc meeting for approval to move forward, or does the Commission need to do the adhoc meeting to approve drafting the letter? Ms. Sliwa suggested, since we are still in the consent agenda, to schedule an adhoc meeting to discuss and approve the drafting of the letter and maybe assign the drafting of the letter. This is because the actionable item now for review is the agency director's reports and that discussions about the letter would be off the topic of agency director's reports acceptance which need to be done today.

Mr. Filippi clarified for Chair Durette with Ms. Sliwa that Chair Durette could draft a letter for a future adhoc Commission on Behavioral Health meeting in which the Commissioners could approve, reject, or edit the agency support letter. Ms. Sliwa verified that would be acceptable.

Chair Durette recited the previously proposed motion then proposed amending the original motion to add the agency support letter. Citing the agency director's reports reflecting salary issues to retain and recruit staff. The fact that we do not pay our staff a living wage to take care of our most vulnerable individuals here in Nevada is just horrible, in addition to approving the consent agenda Chair Durette will draft an agency staffing support letter and send that to Mr. Filippi. Then the Commission will have an adhoc Commission on Behavioral Health meeting to review, edit, and approve the letter so we don't have to wait for the next quarterly meeting.

Chair Durette made a motion to pass the agency directors reports as written and to draft an agency support letter as well as approve a future Commission on Behavioral Health meeting in the near future to review the agency staffing support letter. Commissioner Schrag seconded the motion. The motion passed unanimously.

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

2.013 Civil Rights Grievance Procedures

A 5.3 (4.039) Quality Assurance and Performance Improvement

CRR 1.14 Root Cause Analysis (RCA)

CRR 1.14 Health Care and Psychiatric Advance Directives

New Policy. Window of Administration for Long-Acting Injectable Anti-psychotics (LAI)

Mr. Filippi pointed out to the Commission that a mistake was made on today's agenda. The 4th policy listed, *CRR 1.14 Psychiatric and Health Advance Directives* was placed on the agenda, but unfortunately DPBH forgot to send the Commissioners the policy to review so that will have to be tabled for the next meeting in November.

Chair Durette thanked Mr. Filippi.

Ms. Malay stated that the *2.013 Civil Rights Grievance Procedures* inclusive language was not updated in the policy that the Commissioners were sent, so Ms. Malay would like to hold off on presenting them until the next Commission meeting so she can ensure that the policy is received by the Commission for approval.

Ms. Malay talked about *A 5.3 the Quality Assurance and Performance Improvement* policy. Ms. Malay stated that all they did was update the language as a part of updating procedures, and no other changes were made in that policy or it's attachment.

CRR 1.14 Root Cause Analysis had updated definitions, data, and language to more of the agency and hospitals that are referred to. No other content changes were made or made to the attachments. The only update was the addition of the Sentinel Events Registry and the CMS website.

Ms. Malay finished by stating that Dr. Ravin would be able to answer any questions regarding then new policy, *Window of Administration for Long-Acting Injectable Anti-psychotics (LAI)*.

Chair Durette asked the Commission if they had any questions on policies 2, 3, and 5.

Commissioner Schrag made a motion to approve policies 2, 3, and 5 as presented. Commissioner Ficalora 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, DPBH:

Ms. Malay presented by stating that there were no events outside of the normal seclusion and restraints. Ms. Malay only wanted to point out a couple of incidents. There was a significant increase in our seclusion hours in particular for SNAMHS, the seclusion hours per client spent for adults at one point was increased through May and June. This was due mostly to our seclusion and restraint hours from new clients, so that increase is related to 3 particular clients for just that period.

Ms. Malay continued with Dini-Townsend Hospital. There was a significant decrease in the number of clients. That is a decrease secondary to both the quarantine units, we are seeing that in all of our facilities, there is a 10-day quarantine area. That number is way down. Admission into our facility also keeps our COVID presumptive and positives at very low numbers. Some of the staffing challenges that Ms. Brooks mentioned earlier is another reason for the decreased numbers at Dini-Townsend Hospital.

Ms. Malay offered to answer any questions the Commission might have.

Chair Durette thanked Ms. Malay for her presentation and stated that how the facilities and quarantine units are managed is effective. Chair Durette then asked the Commissioners if they had any questions. The Commissioners did not have any questions.

Update on Seclusion and Restraint/Denial of Rights, ADSD presented by Megan Wickland, Health Program Manager III, Aging and Disability Services (ADSD).

Ms. Wickland provided an update for developmental services. Ms. Wickland stated that they are still operating under the flexibility of the appendix “K” for their waiver services and as you have heard from both Mr. Montoya and Mr. Allen our providers are facing a significant staffing shortage, so they have been meeting with them and getting feedback on ways that they can identify stream lining some of the processes to alleviate any unintended burdens at this time. A lot of the provider feedback has been around rate increases, so we were able to add in rate increase of 4.35% in our budget to support our providers at this time. That will be ongoing for our residential support services and the jobs and day training services. We have also worked with the Division of Health Care Financing and Policy (DHCFP) on their spending plan for the increased amount of funding which also will include a rate increase for our providers. That spending plan has been sent to CMS and we are just waiting to hear back to see if that has been approved. That may be some additional funding going to our providers to help out at this time. Ms. Wickland asked the Commission if they had any questions.

Chair Durette thanked Ms. Wickland for her report and asked the Commission if they had any questions. No questions were asked.

7. INFORMATIONAL ITEM: Local Governing Board (LGB) Reports:

Chair Durette asked if there was anything to report from the Local Governing Boards in both northern Nevada and southern Nevada. After a pause and no answer Chair Durette did ask if the northern Nevada LGB was able to make quorum?

Commissioner Troop said that she and Commissioner Schrag attended the northern Nevada LGB meeting, which made quorum, but could not recall the date of the meeting.

Chair Durette reminded her that the LGB meeting was August 4th. Commissioner Troop verified that.

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

Ms. Adie gave a few updates to the Commission. First the CDC Health Disparity Grant and the Nevada Resilience Project continued to assist DHHS and the communities. The focus for the CDC Health Disparities Grant includes expanding or developing new mitigation and prevention resource services to reduce COVID-19 related health disparities among populations that are at high risk and underserved. Including those suffering with substance abuse disorders. Outcomes are to improve state health department capacity and reduced health related disparities including behavioral health. Coordination with critical partners to adapt evidence-based practices for linking those with behavioral health to resources. Develop peer to peer navigators and support resilience ambassadors, that is the Nevada Resilience Program, for targeted resource for suicide mental health and substance use. This includes those who are living in rural communities, experiencing homelessness, and with disabilities. We are also in the process of developing our notice of funding opportunity for the substance abuse and mental health block grants awards that we received for COVID response, and our substance abuse and mental health block grant we received out of the American Rescue Plan. Those are 2 different additional block grants we received. We are working on the notice of funding opportunity that should be released in early October. Those dollars will be used to support our crisis system of care and we will be looking at opportunities for people to apply for funding for crisis support services, stabilization centers, credit mobile crisis units, and we are looking for opportunities as it pertains to prevention. BBHWP is looking for people to apply for prevention funding and

trying to train with our youth as they integrate back into the school and address COVID concerns. We are working with our children when they are experiencing adverse childhood experiences and prevention activities. Some substance abuse services were set aside for adolescents and women's services. That will be coming out in early October with the hope of getting the money into the community by January 1st.

Our mental health block grant application was submitted and posted; it was on listserv for public comment. We are working on the substance abuse block grant for our traditional block grants that we need to apply for every year. The substance abuse block grant is due every October 1st. We are working on getting it posted today on listserv for public comment.

The block grants are very lengthily. Ms. Adie thinks the important thing to focus on when you are reading through the applications is the step 2. Which really identifies the gaps that are need in our state and how we plan to fund them.

Ms. Adie said that they also received a testing and mitigation grant from SAMHSA (Substance Abuse and Mental Health Services Administration) for both the mental health block grant and the substance abuse block grant. SAMHSA determined the most streamlined way to get dollars into this state for mental health and substance abuse was to use the block grants as a vehicle to get the dollars to the state, so we are subject to some of the rules around the substance abuse block grant and the mental health block grant. One of them is for COVID testing and mitigation so we have been working with the Bureau of Health Care Quality and Compliance (HCQC) and we are looking at purchasing testing supplies. We cannot purchase vaccines with those dollars. It is roughly one million dollars. We are looking at purchasing testing supplies for our residential facilities and our substance abuse providers. That application is due to SAMHSA on October 1st.

We are also working with the public health side with testing and mitigation. There is a group that does infection control within residential facilities that we have been working with. Many of the residential substance abuse treatment providers have engaged with this team. They come, they help work with the facilities on policies, procedures, and infection control. They set up the facilities so that they are in a place to really mitigate outbreaks in their facilities and infection control.

There is also a community based, faith based, free testing option that funding has been provided to OPHIE (Office of Public Health Investigations and Epidemiology), so if anybody is in those two realms and you want more information, I can connect you with a group that is working with a community based and faith based groups.

We are also working on and have created our 988 jobs implementation plan for final review. This would be the crisis line, 988. The final documents should be ready and submitted around December to Vibrant which is the entity that is working with us.

Nevada Medicaid was awarded the demonstration grant of the Support Act. We are 1 of 5 states that will receive the increase federal match for substance abuse that is provided above a baseline period. This is a result of successful planning and opportunities that recently concluded. For more information on that you can contact Ky Plaskon at Nevada Medicaid.

Ms. Adie asked the Commission if they had any questions. Chair Durette stated that the Bureau had a lot going on. Ms. Adie confirmed that was true. There were no questions from the Commission.

9. INFORMATIONAL ITEM: Update on Aging and Disability Services Division Presented by Jessica Adams, Deputy Administrator, ADSD:

Chair Durette asked for the report. Mr. Filippi stated that the report was presented earlier by Ms. Wickland out of order. Chair Durette moved on to action item 10.

10. FOR POSSIBLE ACTION: Consideration and approval of the proposed 2022 meeting dates for the Commission on Behavioral Health - Commission

- Thursday, January 13, 2022
- Thursday, March 24, 2022
- Thursday, April 7, 2022
- Thursday, May 19, 2022
- Thursday, June 23, 2022
- Thursday, September 8, 2022
- Thursday, September 22, 2022
- Thursday, November 17, 2022

Chair Durette told the Commission that these proposed meeting dates were all Thursdays scattered throughout the year. Chair Durette asked the Commissioners to look at the dates to see if there were any issues, if there were not any issues Chair Durette requested a motion.

Commissioner Ficalora made a motion to approve the proposed Commission on Behavioral Health meeting dates as presented. Commissioner Operario seconded the motion. The motion passed unanimously.

11. PUBLIC COMMENT

Chair Durette asked if there was any public comment and paused for comments. No public comments were presented.

12. ADJOURNMENT OF REGULAR SESSION:

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 9:48 a.m.