

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

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DPBH COMMISSION ON BEHAVIORAL HEALTH  
Meeting

DRAFT MINUTES  
November 20<sup>th</sup>, 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.

Meeting link: <https://nvhealth.webex.com/nvhealth/j.php?MTID=m4f88d3e98ae323900c31f3bc293fdb56>

Meeting number: 146 330 0824

Password: ytKmN9wF6V3

Join by phone: +1-415-655-0001 US Toll

Access code: 146 330 0824

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

COMMISSIONERS PRESENT:

Lisa Durette, M.D., (WebEx), Tabitha Johnson, (Phone), Melanie Crawford, Ph.D. (WebEx), Jasmine Troop, LCPC (WebEx), Lisa Ruiz-Lee (Phone), Asma Tahir (Phone), Gregory Giron, Ph.D. (WebEx), Braden Schrag (WebEx)

COMMISSIONERS EXCUSED:

Barbara Jackson, Natasha Mosby

WebEx:

Joseph Filippi, DPBH; Rex Gifford, DPBH, Theresa Wickham, DPBH; Tina Gerber-Winn, DPBH; Kyle Devine, Outpatient Manager NNAMHS; Marina Valerio, Agency Manager DRC; Monica Richardson, DPBH; Dawnmarie Yohey, Clinical Program Planner DPBH; Valery Haskin; Dorothy Edwards; Dr. Elizabeth Neighbors, Licensed Psychologist II; Suzanne Sliwa, DAG; Dr. Leon Ravin, DPBH; Gujuan Caver, ADSD; Ellen Richardson-Adams, SNAMHS; Joanne Malay, Deputy Administrator DPBH; Susan Lynch, SNAMHS; Megan Wickland, ADSD; Stan Cornell, SNAMHS; Mickey Lasco, Rural Clinics Carson City; Jessica Adams, ADSD; Roswell Allen, RRC

Chair Durette called the committee meeting to order at 8:31 a.m. Roll call is reflected above. It was determined that a quorum was present.

Chair Durette opened the meeting requesting everyone introduce themselves. Chair Durette started by introducing herself by stating that she is a child psychiatrist and Chair of the Commission. Joseph Filippi was next stating that he is the Executive Assistant for the Division of Public and Behavioral Health (DPBH) and that he assists the Commission. Mr. Filippi clarified that there are two types of Commission on Behavioral Health meetings, one is for adults and the other are for youth. He is the contact for the Commission on Behavioral Health adult meetings. Dr. Greg Giron is a clinical psychologist at Carson Tahoe Hospital and that he is a pediatric psychologist by training and works with patients of all ages at the hospital. Joanne Malay is the Deputy Administrator for DPBH, and she oversees Clinical Services which includes the State psychiatric hospitals and clinics. Ellen Richardson-Adams is the Director of Outpatient Services for Southern Nevada Adult Mental Health Services (SNAMHS). Susan Lynch is the Hospital Administrator for SNAMHS.

Stanley Cornell is the Agency Manager for Stein Forensic Facility. Jasmine Troop is a Commissioner representing substance abuse and she is a licensed clinical, drug and alcohol counselor as well as a licensed counselor. Braden Schrag is a new Commissioner, and he is excited to participate, he represents the general public and has a background in law enforcement, pediatric mental health, and social work. Theresa Wickham is the Agency Manager for Lake's Crossing Center; she is a registered nurse. Monica Richardson is the Rates Cost and Containment Manager for DPBH. Ms. Richardson let the Commission know that she is available to answer the Commission as to why there is such a disparity in the rates between northern Nevada and southern Nevada. Dawnmarie Yohey is a Clinical Program Planner for DPBH. Dr. Leon Ravin is the Statewide Psychiatric Medical Director for DPBH. Dr. Elizabeth Neighbors is the Statewide Forensic Program Director for DPBH. Kyle Devine is the Outpatient Manager for Northern Nevada Adult Mental Health Services (NNAMHS). Jessica Adams is the Deputy Administrator of Developmental Services for Aging and Disability Services (ADSD). Marina Valerio is the Agency Manager of Desert Regional Center. Gujuan Caver is the Clinical Program Manager for Desert Regional Center. Roswell Allen is the Rural Regional Program Manager. Tina Gerber-Winn is the Agency Manager for Rural Clinics. Dr. Melanie Crawford is a Commissioner and licensed psychologist that has an office in Reno and works part time for the University of Nevada Reno (UNR). Asma Tahir is a Commissioner she works at the University of Nevada Las Vegas (UNLV) supervising a lab and instructing. Tabatha Johnson is a Commissioner and the Clinical Director for Desert Hope Treatment Center and she has a private practice in Henderson. Susan Sliwa is legal counsel from the Attorney General's Office (AG). Rex Gifford an Administrative Assistant for DPBH.

## 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 opened by thanking Mr. Gifford for the previous Commission on Behavioral Health Meeting transcription and asked the Commission if they would like to make comments or motion to approve the minutes.

**Commissioner Crawford made a motion to approve the meeting minutes. Commissioner Johnson seconded the motion. The motion passed unanimously.**

### 3a. Thanking Prior Commissioners for their service to the Commission

Chair Durette added 3a to the agenda to thank Dr. Melanie Crawford and Asma Tahir for their service to the Commission especially because they have served during one of the more difficult times of Nevada. We are appreciative of your participation, insights, ideas, and teamwork.

Chair Durette also took this time to introduce the two new Commission members. The Commissioner in the role of psychologist was Dr. Melanie Crawford. Now the position will be held by Dr. Gregory Giron.

Commissioner Giron stated that he looks forward to participating in the Commission and that he has always admired Commissioner Crawford's work in Northern Nevada. He hopes to provide the Commission with any expertise that he can help with. Commissioner Giron thanked everyone.

Chair Durette again thanked Asma Tahir for her service to the Commission as Commissioner in the role of representing the general public, which will now be held by Mr. Braden Schrag.

Commissioner Schrag introduced himself. He stated that he is from Clark County and that he has a degree in psychology. He has worked in pediatric mental health in rural counties in Kentucky. He was also a social worker performing child abuse and neglect investigations, sexual assault investigations, family planning, assessments, and he worked in law enforcement doing community-based programs outside the department he has done work in rehabilitation and reintegration of certain individuals on an international front. Commissioner Schrag stated that he has a variety of things he does and that he is passionate about mental health, wellness, and behavioral health. He works as a crisis intervention peer counselor in law enforcement in trauma informed programming. Commissioner Schrag is looking forward to sharing

some of his personal experiences utilizing and accessing mental health services for family members and being an active part of this group. Commissioner Schrag stated that he humbled and excited to be here.

Chair Durette welcomed the new Commission members and thanked them for being part of the team.

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

Ms. Wickham wanted to highlight the facilities fantastic COVID prevention program. Ms. Wickham described the facilities COVID prevention program from entry into the facility. Ms. Wickham stated that upon entry you will be screened and checked. She highlights that there are nine criteria for COVID screening, and if you exhibit two of the nine criteria you will not be permitted into the facility. Due to the strict enforcement of the COVID prevention program there are currently zero infections and since March there have been only eight employees that have tested positive for COVID. It was caught very early so it has not had a chance to spread throughout the facility. Ms. Wickham invited the Commissioners to visit the facility after the COVID pandemic has passed.

Ms. Wickham also wanted to highlight the collaboration between the four DPBH in-patient centers. The facilities are constantly working with each other. For example, Ms. Wickham is helping the Dini-Townsend facility as a Director of Nursing (DONS) II. She is in constant communication with the other facilities asking how they can help each other such as transferring clients back and forth or giving reports so that the incoming and the receiving institutions know everything about the client coming in.

Chair Durette acknowledged the amazing job of controlling COVID with the facilities and stated that with cognitive care and how many facilities have been infected that it was amazing to have so few cases since March.

**Stein Forensic Hospital, SNAMHS Agency Director's Report** presented by Stanley Cornell, Clinical Program Manager 3. Stein Forensic Hospital, SNAMHS Agency Director's Report is Exhibit "B".

Mr. Cornell stated Stein Forensic Hospital COVID procedures are the same as Lake's Crossing Center. Mr. Cornell focused on staffing. He said that since the end of the third quarter they have had three vacancies and they are now at eleven. Since then, there has been some turnover. The hospital is ramping up recruitments, there is an open recruitment right now that has had ninety-one respondents. There is a physical fitness trial (PFT) to set the screening process that is done for forensic applicants. The first PFT trials are set for the first week of December and there are ten applicants so far. They are filling these vacancies with a state of urgency. The nursing department is full. There is only one vacancy that can be filled in social work, that is for a clinical social work position in which we are interviewing for that position today. Overall, we are in good shape.

Chair Durette said that it is amazing to be that well-staffed during the pandemic.

**Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report** was submitted for Commission review and presented by Kyle Devine, Outpatient Manager, DPBH. NNAMHS Agency Director's Report is Exhibit "C".

Mr. Devine highlighted two areas of concern in the report. The first is working with local Emergency Rooms (ER) to assure that people are not waiting to access mental health services. Currently on any given day there is an average of fifteen individuals in the ER waiting for access to mental health services.

The second issue is the community-based living arrangements. There are not enough beds to meet current client needs.

Chair Durette thanked Mr. Devine.

**Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director’s Report** presented by Susan Lynch, Hospital Administrator SNAMHS. SNAMHS Agency Director’s Report is Exhibit “D”.

Ms. Lynch highlighted from the report that there are many vacancies which would be 129 at the report submission time. However, there has been some approvals for some key positions and as of note a key facilities manager. There has been hiring and interviewing of psychiatric nurses and mental health technicians. A licensed clinical social worker has been added as well as a senior psychologist. One of the psychiatric nurse positions was able to convert to a new infection control nurse position. Recently a successful candidate was found for the DON II position that will be in charge of Rawson Neal Hospital and assigned to the nursing department. As far as the wait list in the community, to fill some of the positions we were able to shift a licensed clinical social worker over to our mobile crisis team, so the needs of the local ER are addressed daily trying to help patients whether they are discharged from the ER or moving into Rawson Neal Hospital.

**Rural Clinics (RC) Agency Director’s Report** presented by Tina Gerber-Winn, Agency Manager. The Rural Clinics Agency Director’s Report is Exhibit “E”.

Ms. Gerber-Winn stated that the Rural Clinics remain open with precautions and that they rarely have clients in the office. Telehealth is primarily used for both outpatient counseling and medication clinic but if a client has no other means of access they can come to the office. The facilities caseloads have reduced, and they have stabilized after the seven-month period. The facility has a very good screening team for those who want to be seen in person. The facility has been successful in referring clients either to themselves (RC) or to other community providers. Rural Clinics is looking forward to filling positions, but the hiring freeze has slowed hiring.

**Sierra Regional Center (SRC) Agency Director’s Report** presented by Roswell Allen, Program Manager of Rural Regional Center (RRC). The SRC Agency Director’s Report is Exhibit “F”.

Mr. Allen presented the reports for both RRC and SRC combined. Mr. Allen stated SRC and RRC both continue to take referrals. Their service coordinated team is working to accept patients and programs in the community both remotely and in person, where required. Providers continue to manage sources in the community and the current concern there is that there may be more spikes in COVID-19 within the homes and they are currently making plans to what will have to be done if they get a reduction in staffing due to COVID-19. They may have to change where people live if the living arrangement is sustainable or if they have to go to another program. The program is working with other providers to review such concerns as COVID-19 increases in Washoe County and in the rural regions.

**Desert Regional Center (DRC) Agency Director’s Report** presented by Gujuan Caver, Clinical Program Manager 2. DRC Agency Director’s Report is Exhibit “G”.

Mr. Caver highlighted from the submitted report that there are issues with IDD admissions. Mental health disorders have complex behavioral needs. Working with providers such as DPBH and Mental Health as well as Family Services for children, however because of the COVID-19 pandemic the meetings have not been as consistent compared to post COVID-19, but those issues are acknowledged. The issue of hiring and the hiring freeze is an ongoing process.

**Rural Regional Center (RRC) Agency Director’s Report** was combined with the Sierra Regional Center (SRC) Report and is Exhibit “H”.

**Commissioner Troop made a motion to approve the Consent Agenda. Commissioner Crawford seconded the motion. The motion passed unanimously.**

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

**Approval of DPBH Policies** presented by Joanne Malay, Deputy Administrator, Clinical Services, DPBH.

- A 4.1 DPBH Clinical Services Branch Mail Room and Mail Handling Safety
- A 4.0 DPBH Clinical Services Branch Emergency Notification
- CCR 1.1 Consumer Rights
- CCR 1.4 Health Care and Psychiatric Advice Directives
- CCR 1.9 Denial of Rights in Civil and Forensic Clients
- CCR 1.14 Root Cause Analysis
- CCR 2.4 Voter Registration Policy
- CCR 2.7 Client Access to Records
- CRR 6.25 HIPAA Practices
- HR2.0 DPBH Clinical Services Branch Employee Use of Personal Assistive Devices

Ms. Malay made a correction to the agenda stating that CCR 2.7 that states both Client Access to Clinical Records and Client Access to Records are the same and that CCR 2.7 was duplicated. After correcting the record Ms. Malay pointed out that none of these policies are new and are just due for review and approval. Furthermore, there were no changes to any of the policies, however CCR 1.9 Denial of Rights in Civil and Forensic Clients there is a change on page 5 of 7 in section 6.714 the process has changed, but the change was not shown in the policy form given to the Commission, it needs to be updated. The change states each agency develops and maintains the data base to capture the denial of rights. Additionally, it will be available to the Division if they need it.

**Commissioner Crawford made a motion to approve the Policies. Commissioner Tahir 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.

Ms. Malay stated that in the report given to the Commission there is a slight decrease in the number of clients in all of the hospitals since the pandemic. However, the numbers are rising and that will be reflected in the client numbers in the next quarter. The spike in seclusion and restraints have historically been a single person with multiple events as opposed to multiple people multiple events. Usually the new client coming into the facilities trying to figure out the environment. In forensics there is an increase of commitments that will be reflected in the next quarter reporting.

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

Ms. Valerio wanted to give recognition to the staff of Desert Regional Center. They have an ICF with individuals that live there twenty-four hours a day. Those individuals have been isolated since the beginning of the COVID-19 pandemic and the staff has kept them safe, currently nobody has tested positive. It has been difficult for clients because they were used to going out into the community, so the staff has been very creative keeping them occupied and entertained. The clients have not been able to see their families as much, so they have been doing virtual meetings with their families. The number if incidents has decreased. The facility has been short staffed, so there has been a lot of overtime which deserves recognition.

Ms. Valerio continued with the restraint report stating that incidents are decreasing, in September the number of incidents were two and in October there were eight, but there was a new client in October, and she was responsible for four of the eight incidents. Upon investigating the incidents, she was found out that she wanted to be touched, so she was given a blanket for her anxiety and there have been no further incidents this month.

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

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

Mr. Devine stated that he was unable to attend the NNAMHS Local Governing Board meeting, however the report from that meeting was given to the Commission, but unfortunately Mr. Devine has no further meeting knowledge.

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

Ms. Lynch stated that the SNAMHS Local Governing Board (LGB) met on October 16<sup>th</sup>, 2020 and the main topic covered was the Board's bylaws, so there was a draft of the bylaws that were discussed and edited creating the changes at the end of the meeting. The finalized copies should have been received by the Commissioners by October 19<sup>th</sup>, 2020. During the department reports the team spoke about recent surveys that they had, and Ms. Lynch wanted to give the Commission an update. The facility is in the process of replacing the patient doors with a set of three separate hinges to an anti-ligature continuous hinge during this time period NNAMHS facilities manager helped. Ms. Lynch stated that Greg, from NNAMHS drove down to SNAMHS to be with the maintenance team to learn how to install the hinges and wished to thank him for his help. Currently one pod is completed with the anti-ligature hinges and a plan going forward to replace the rest.

Lake's Crossing Center (LCC) Local Governing Board (LGB) Report presented by Theresa Wickham, Agency Manager.

Ms. Wickham stated that there were two important items in the LGB meeting. One was the staffing issues which are related to recruiting psychologists and psychiatrists. The main issue for recruitment is the salary caps placed by DHRM. The facility is actively recruiting and using different ways to recruit. A lot of the recruiting efforts are word of mouth. Facility tours are given to potential recruits to see if the facility might be the type of facility they may wish to work for. These efforts will continue until the facility is fully staffed.

Lake's Crossing is also working on increasing their programs. A lot of this has to do with a long-term pledge to find an enrichment program to further their development which could include online course work to complete a GED, some college course work, or crafts. In the second quarter the facility facilitated an art show. Ms. Wickham expressed that Lake's Crossing is very wholistic with the goal of treating the mind, body, and spirit, in which the spirit is fulfilled with creative arts.

8. **Informational Item, Update on the Aging and Disability Services Division:** Taken out of order, on the Agenda this is marked as Informational Item 9.

Ms. Adams outlined that she is presenting updates to the Division and clarified for the newer Commission members that ADSD facilities are Desert Regional Center (DRC), Rural Regional Center (RRC) and Sierra Regional Center (SRC) Ms. Adams continued to update the Commission on ADSD efforts against COVID-19 as well as the provider rate setting which was discussed in previous meetings.

ADSD is working with the Division of Health Care Financing and Policy (DHCFP) on the next steps for continued meetings on service flexibilities in the home and community programs. Approval from senators for Medicare and Medicaid services under Appendix "K" has many adjustments to service delivery and service coordination during time of this pandemic. Some of these flexibilities are virtual service coordination contacts in lieu of face to face, and also the allowance of jobs and day training provider services to be given to the small business' home instead of a congregate or community setting. However, Appendix "K" is due to expire on January 26<sup>th</sup>, 2021. CMS has indicated to ADSD they will soon be releasing guidance on how states can extend their current Appendix "K" flexibilities. ADSD is monitoring this and reviewing their current waiver applications to see if there are any amendments needed within any of the current applications.

As some of the previous Agency Facility Reports have indicated there is a rise in COVID-19 cases happening throughout the state. ADSD throughout the pandemic has been working very closely with all of their staff and all of their contact providers asking for continued adherence to all of the various guidance that has been already released, such as face coverings and other things. The congregate jobs settings do remain open. All of the previously reported safety measures that were put into place remain. Some of the safety measures are fifty percent capacity, sanitization, hygiene, social distancing, daily symptom checks of people entering the program. There are measures put into place for ADSD to quickly shutdown sites if needed such as seeing an uptick in COVID-19 at one of the sites or if there are reported COVID-19 violations by clients about the site. ADSD has warned that they could shut them down.

Mr. Allec previously referenced in his report that staff are in the process of confirming all of the staffing continues with these supported living arrangements providers. If there is a COVID-19 outbreak amongst their staff and they have staffing shortages in the twenty-four hour a day staffing homes throughout the state, we need to figure out were to put all of the clients.

As for the provider rate study, we will study the rate for all SLA and JDT rate services as well as non-medical transportation services, behavioral consultation services, and intervention services with the hope of better contract worthy services for example if it makes more sense to have an hourly or a daily rate or a tier score and ability of need of the client being served. There is also the possibility of developing different rates in urban versus rural service areas. ADSD has had a meeting with all of their vendors statewide and is actively working on the survey tool with hopes of getting some of the data requested soon.

**9. Informational Item: Update on the Bureau of Behavioral Health, Wellness and Prevention:** Taken out of order, on the Agenda this is marked as Informational Item 8.

The Bureau of Behavioral Health, Wellness and Prevention (BBHWP) presented updates by Dawnmarie Yohey, Clinical Program Planner for DPBH.

Ms. Yohey started with COVID-19 funding BBHWP has received in the past eight months as a recap from the last Commission meeting. They received Federal Emergency Management Agency (FEMA) funding for the Crisis Counseling Program which was renamed the Nevada Resilience Project. With this funding the Division was able to staff and deploy thirty-nine crisis counselors, also known as Resilience Ambassadors. Additionally, five supervisors were hired to oversee the Ambassadors. One public information officer and one management analyst were hired as well. The Resilience Project serves to provide early triage and prevention referral services in response to the impacts of COVID-19 on Nevada's population. Through this spending the Division was able to provide psychological first-aid training which has so far trained over 500 individuals including tribal and faith-based communities as well as the Department of Education. Currently staff is able to mobilize and deploy in order to assist with additional support to those affected by wildfires. Nevada continues to see an increased number of positive COVID-19 individuals and the Ambassadors reach out to them daily. The Divisions COVID-19 emergency response allowed the Division to expand the Division of Child and Family Services (DCFS) Children's Mobile Crisis Team, so they were able to deploy additional members for their MCRT Teams. The Division has the University of Nevada Las Vegas (UNLV) Warmline that is dedicated to professionals, but the utilization of that line is less than anticipated so the scope of work for that line has successfully been transferred to provide mindfulness and stress-based stress reduction training for health care individuals.

The two hospitals, Desert Parkway and Reno Behavioral Health, are being used as stabilization centers They have started seeing patients effected by COVID-19 since May and they have started entering that into our system for our federal project officers.

The State Opioid Response grant (SOR) 2.0 has been received through the state's Opioid Response to expand our focus on stimulant disorders as well as the opioid use disorders. This gives the Division the opportunity to work and provide treatment as well as diversify grants.

The Office of Suicide Prevention (OSP) was able to apply for and receive some Coronavirus Aid, Relief, and Economic Security Act (CARES) funding. OSP is working with the Nevada Broadcasters Association in a marketing campaign to increase awareness of lethal means risky. OSP zero suicide coordinator are prepared to offer training to the zero suicide hospitals, and will also provide mental health first aid as well as gatekeeper training. 109 employees have completed the gatekeeper training course with another 165 on the wait list. The new gatekeeper training dates will be sent out soon. OSP is also working with hospitals to develop a system where they can report suicide data which includes completions and attempts. This would look similar to the reporting that they do for the opioid overdoses.

The Assertive Community Treatment Team (ACT) has been developed in order to provide comprehensive coordinated special ability care for individuals who are suffering from severe mental illness. Carson Tahoe Hospital in Carson City was the first provider that was able to develop an ACT Team which just expanded to a second team. They have thirty-four clients in one team and the second team has four clients. The total amount of clients that typically and ACT Team contain in a rural county would house is about 60 because of the layout of the land. Typically, the individuals that the team would accept is no more than four to six per month.

All of the Certified Community Behavioral Health Centers (CCBHC) with the exception of one has started their Assertive Community Treatment Teams. The breakdown of clients since the start of October is:

- Quest Counseling: 7
- City Community Counseling: 1
- New Frontier: 4
- Rural Nevada Counseling: 8
- Vitality Health, Elko: 11
- Vitality Health, Carson City: 4
- Bridge Counseling, both locations in Las Vegas: 30

The urban areas typically hold 100 clients per each ACT Team.

Chair Durette stated that there has been a spike in the amount of child suicides in both Washoe County and Clark County in children younger than 10, so what can the Commission, and advocates in the community do to not only support OSP but what opportunities or resources can we leverage as well? I think we are at a crisis point and clarity as to what can be done through the clinical community and the main schools, such as UNLV or UNR to help the children is needed.

Ms. Yohey stated that OSP has been closely working with the Clark County School District (CCSD) and the Washoe County School District (WCSD) and other school districts as requested as they have been preparing to open schools. OSP has partnered with NPSS, which is the multi-tiered system of supports with the Nevada Department of Education and Safe and Respectful Learning. It is difficult with the schools not being open as well as distance learning and other types of learning, but OSP was able to secure some CARES Act funding to create awareness around lethal means safety and to get individuals in the community trained to know suicide cues. Ms. Yohey said that she could connect the Commission with Misty Allen, the OSP Coordinator to see what can be done.

Mr. Filippi advised Chair Durette and the Commissioners that Ms. Allen could be invited to the next Commission meeting to address what actions could be taken to help address the rise in child suicides. Mr. Filippi suggested this could be in the January Commission on Behavioral Health, Division of Child and Family Services (DCFS) meeting.

Chair Durette stated that she would like to include Ms. Allen in the January DCFS meeting. Mr. Filippi offered to contact Ms. Allen for the Commission. Chair Durette stated that it would be helpful for the Commission to do something and that more statewide agencies involvement might help too.



10. **For Possible Action, Consideration and Possible Approval of 2021 Commission on Behavioral Health Meeting Dates**

Commission on Behavioral Health Proposed 2021 Meeting Schedule (No Fridays or 3<sup>rd</sup> Thursdays for DCFS)  
All proposed dates would be scheduled to be held from 9:00 a.m. to adjournment.

Chair Durette suggested that the proposed meeting date of Thursday; June 24<sup>th</sup>, 2021 be changed to a different date because since it is scheduled in the summertime it might be more difficult to have a quorum. Chair Durette proposed moving this date to May and asked the Commission members if they had any issues with the proposed dates.

Commissioner Troop informed the Commission that on Thursday; January 14<sup>th</sup>, 2021 that there is a virtual state sponsored meeting on vaping and cannabis, so she is unsure if she would be able to attend that meeting.

Chair Durette speculated that there would be many DCFS participants in the vaping and cannabis meeting, so she suggested moving the meeting.

Mr. Filippi offered to contact DCFS to see if they would like to schedule the meeting for the day before, Wednesday; January 13<sup>th</sup>, 2021 or the next week Thursday; January 21<sup>st</sup>, 2021.

Chair Durette decided Mr. Filippi should ask DCFS to change the meeting to Thursday; January 21<sup>st</sup>, 2021

**Chair Durette made a motion to approve the Commission on Behavioral Health Meeting Dates with the dates of Thursday; January 14<sup>th</sup>, 2021 and Thursday; June 24<sup>th</sup>, 2021 modified. Commissioner Schrag seconded the motion. The motion passed unanimously.**

11. **Public Comment:**

Commissioner Troop thanked Ms. Wickham for the invitation to Lake's Crossing Center and stated that she would like a tour of the facility, as offered by Ms. Wickham, after the COVID-19 pandemic subsides.

Ms. Wickham responded that she would be happy to have Commissioner Troop tour the facilities. Ms. Wickham explained that she went from the Department of Corrections to Lake's Crossing Center because they do miracles there.

12. **Adjournment of Regular Session:**

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 9:36 a.m.