Commission on Behavioral Health Meeting with the Division of Child and Family Services

Meeting Minutes

September 9, 2021

Members Present:
Lisa Durette
Dan Ficalora
Gregory Giron
Lisa Ruiz-Lee
Natasha Mosby
Arvin Operario
Braden Schrag
Jasmine Troop

Member Absent
Billie Miller

Staff and Guests
Ross Armstrong
Sarah Dearborn
Char Frost
Gwendolyn Greene
Shaquita Jones
Tomasa Kizer
John Kucera
Joelle McNutt
Yeni Medina
Mindy Montoya
Annette Dawson Owens
Sheyenne Padilla
Lisa Scurry
Jennifer Spencer
Kathryn Martin Walden
Melissa Washabaugh
Katheryn Wellington-Cavakis

Call to Order, Roll Call, Introductions
Dr. Lisa Durette, Commission on Behavioral Health Chair, called the meeting to order at 9:04 a.m. Mindy Montoya conducted roll call and quorum was established with eight members present.

Public Comment
Melissa Washabaugh, psychiatric nurse practitioner from Pershing Physician Center in Lovelock and Chair of the Rural Children's Mental Health Consortium, informed the Commission that the Consortium has an opening for a tribal member interested in children's mental health. They're hoping to get connected with anybody who might have that type of background or works with tribal members. They've contacted several people and are having a hard time filling the position. She asked to please forward her contact information to any potential candidates to mwashabaugh@pershinghospital.org.

Approval of the April 8, 2021 Meeting Minutes

MOTION:	Approve April 8, 2021 Commission on Behavioral Health with DCFS Meeting Minutes
BY:	Braden Schrag
SECOND:	Natasha Mosby
VOTE:	Motion passed unanimously.

Introduction of New Commissioners
Chair Durette said they have three new commissioners and asked Dan Ficalora and Arvin Operario to introduced themselves.

Dan Ficalora said he is a licensed clinical counselor and licensed alcohol and drug counselor. He's a Las Vegas local with Green Valley High School and has been working primarily in community behavioral health for the last six years at Bridge Counseling as an Assistant Clinical Director.

Arvin Operario said he's been a registered mental health nurse for the last 27 years. He's worked for the state as a nursing supervisor. He's done a lot of things related to mental health, working in a clinical setting, including academia. He's currently working as a Director for Optum Care.

Discussion and voting on AB253 regarding virtual only meeting option
Jennifer Spencer said she's from the Attorney General's Office and works with the Division of Child and Family Services. She provided a brief overview of the new AB253, which allows for virtual only public meetings and passed this legislative session.

Ms. Spencer said the requirements include having a remote technology system, such as Lifesize, Zoom, or a similar type of platform where members of the public can also join in. The definition of a remote technology system is any system that uses electronic, digital or similar technology to allow the public to attend, participate and the members to vote or take action during the meeting, which includes telephonic and video conference. In addition to having the option to video, it's also important to have a phone number available for those individuals who cannot appear by video. One exception to the virtual only meeting is public officials, such as a county commission or a city council, are restricted from having a virtual only meeting. In virtual only meetings, there

is no requirement to turn off the chat function; however, if it is open, it needs to be available for everybody to see and there are no private chats from any individuals. Anything that is put into the chat function is part of the record and needs to be included in the minutes. For folks that can only join by phone, it's a good idea to also state on the record what is placed into the chat so that everybody is aware of that.

Ms. Spencer said another requirement for the notice in the agenda is it must include information on how the public may use the remote technology system to hear, observe, provide public comment or pre-recorded public comment if the public body allows that. The agenda must also indicate how members of the public can access the supporting materials, and the public body must have a website that has the agenda with the supporting materials that can be accessed. Ms. Spencer said Open Meeting Law now requires that there must be reasonable efforts to ensure that all members of the public can hear or observe members of the body, which means it's highly recommended to have the camera on throughout the duration of the meeting so that if the public came to the meeting and saw them in person, it would be similar to that. Ms. Spencer said it's understandable if they can't attend by video or if they have technical difficulties; however, the key word is "reasonable effort." There's no requirement that it's mandatory to have their camera on 100% of the time, but it's recommended that they do so. She asked if there were any questions about the new law or in general about Open Meeting Law.

Chair Durette said she would entertain a motion to go virtual only.

Commissioner Troop asked why they were using Teams before and now they're not and stated she thinks Teams is more user-friendly.

Ms. Spencer replied she's not sure many people of the public would have access to Teams, so they would have to make sure it's something that's easily accessible to everybody. She's had other groups mentioned that sometimes Lifesize has more problems, so they are exploring different systems to use.

Mindy Montoya stated the main reason they're using Lifesize is because all of their state agencies are setup with Lifesize and that's how they're able to record and have public meetings when they have a physical location. If they were virtual only, then they can switch back to Teams.

Joseph Filippi said it's not a requirement to have a physical location, but they are able to do so. It's completely up to agency what system they'd like to use. Microsoft Teams is not compatible with every conference room, so that may be why they're using Lifesize today. He can't speak on behalf of Child and Family Services, but he knows that for virtual meetings, they should be able to use Teams, Zoom or a similar system. Ms. Spencer replied if members of the public can also join in.

Commissioner Schrag asked would going virtual only degrade the purpose for having the in-person meeting for commissioners or the ability to better interact with the public, notwithstanding COVID.

Chair Durette replied she doesn't know, but there have been very few public members over the years who have come to their Commission meetings, and she would think that having a virtual only meeting would give an easy access for anybody of the public to come and tune in.

Commissioner Ficalora asked what the burden or inconvenience to the staff is for having physical location. Mr. Filippi replied he can speak on the Division of Public and Behavioral Health side. It's not really a burden, but it does take additional steps. They must provide meeting materials to the rooms, such as the agenda or any additional reports that the Commissioners are providing. Instead of clicking and accessing the information online, they would have to print and provide that inside the room. When they had meetings up in the north and the south, they used to have to FedEx documents to the southern location from Carson. Additionally, they would have to reserve the room and ensure there's staff available to escort the public to and from the rooms. There is additional work required, but if the Commission decides they prefer to have a physical location available to the public, then that's completely doable. They can continue with the virtual only for now, and depending on how the pandemic is going, if the Commission decides to have a physical location later on, they can definitely make that decision.

Vice Chair Ruiz-Lee asked about the destination of the physical location. She asked if they decide to have a destinated physical location, do they have an obligation or responsibility to destinate a location up north and down south or is it a single destinated location. Ms. Spencer replied only one location is required. If they decide to have a hybrid model, they will need to have one physical location, either in the north or the south.

Commissioner Schrag said with the nature of their state moving to a digital platform, it would provide them with a greater chance of future interactions with the public, especially those in rural areas where they may not be able to access either the north or south physical location. He thinks looking to the future and the trending patterns for activities, the digital platform is going to be much more of a staple, and it's demonstrated itself through the pandemic as a viable option. He would make sure that opportunities for interactions between people or when talking about behavioral health stays at the forefront of their minds, and they have some allowances for the future that if things do return to a normal state, they have some wiggle room in their decision to move forward that gives them that chance for face-to-face interaction.

Commissioner Schrag said some of the issues they're seeing both in the state and throughout the country is the lack of physical interaction of people, and that human connection is causing some issues. He would put that as something they take into consideration for the Commission.

MOTION: Approve 100% Virtual Only Meeting
BY: Lisa Durette
SECOND: Lisa Ruiz-Lee
VOTE: Motion passed unanimously

Reno Behavioral Healthcare Hospital Presentation of their Management of Seclusion and Restraint and How they Address Patterns to Mitigate Repeat Offenses
Mindy Montoya said Ceira Reeder emailed her stating she would not be able to attend and asked if they could table it for the next meeting. Chair Durette replied they will table it.

Chair Durette said she must take a consult call and would be putting herself on mute and asked Vice Chair Ruiz- Lee to Chair the meeting while she took the call.

Discussion and Approval of the DCFS Agency Reports
Ross Armstrong, Child and Family Services Administrator, provided an update on the DCFS Agency Reports. He stated the agency reports went out to all the members this morning. They, like other industries and providers, are struggling with vacancy rates and being able to maintain services. The labor market is in an interesting place, especially at the state level. All of the position freezes that occurred during the pandemic last fiscal year are lifted, so they're able to fully hire to where they need to be. There were no cuts to mental health positions during the last legislative session, so they were able to protect those and get them hired. The struggle now is trying to find qualified, willing applicants, who want to come work for the state. That remains a difficulty for them in their programs.

Division of Child and Family Services Update
Ross Armstrong provided a Division of Child and Family Services update. He said DCFS had some changes in leadership. Deputy Administrator Alexis Tucey is no longer with the division. They have now hired Dr. Cindy Pitlock, who was at DPBH, as the new Deputy Administrator for Community Services, overseeing all their programs that have connect families to resources. In terms of behavioral health, that would be their WIN program, Children's Mobile Crisis and Children's Clinical Services.

Mr. Armstrong said Deputy Administrator Kathryn Roose is leaving and has already moved to Mexico. Her replacement for Quality and Oversight, overseeing the Planning and Evaluation Unit and the System of Care grant, is Dr. Dominque Rice from the state of Ohio. She is moving out here at the end of the month and joining their team.

Mr. Armstrong said the Director's Office has pulled Dr. Megan Freeman into the position of Children's Mental Health Authority, so she will be working out of the Director's Office similar to Dr. Woodard on the adult side. It may make sense to have Dr. Freeman update the HHS future Commission meetings rather than the different divisions, but he will leave that up to the Commission to decide. Dr. Freeman's been elevated into the Director's Office and will be

performing the Children's Behavioral Health Authority lead going forward. They're still working out the details. That's exciting for children's mental health to have such a focus.

Mr. Armstrong said they are working on relocating the Oasis program into the Desert Willow Treatment Center and then making the Oasis facility available for community providers which will increase the quality of care for youth that are currently coming into Oasis and expand the bed capacity of their Charleston campus.

Mr. Armstrong said there is a plan to work in collaboration with the county similar to up north, at the NNAMHS campus, to expand services for vulnerable multiple populations using those state land resources. He recommended that the Commission considers inviting Joanna Jacob or another representative from Clark County to a future meeting to discuss what their plans look like for the Charleston campus as a lot of those services are related to behavioral health for those multiple populations, including children and transition-aged folks.

Mr. Armstrong said they have launched a dashboard that shows their children from Nevada who are placed in out- of-state by Child Welfare and Juvenile Justice agencies, which has some great information. They can also get to the dashboard from the DCFS data page. It is their first public-facing dashboard that will be updated monthly and is interactive. They can see which agency is sending youth out of state, what type of facilities they're going to, and where they are. Mr. Armstrong provided the following link to the dashboard in the meeting chat: Children & Youth Out-of-State RTC Facilities Dashboard.

Vice Chair Ruiz-Lee asked Mr. Armstrong for the status of the Specialized Foster Care Waiver. Mr. Armstrong said CMS has approved the waiver with the addition of the SAFE model as an acceptable care coordination model. They have some providers enrolled, and they're working with child welfare agencies on how to implement and ready to get youth into that system.

Medicaid has made sure BST and PSR remain a billable service while they make that transition to make sure youth are still receiving services. The first version of the 1915(i) is approved. When they designed the 1915(i), it came up with 11 different services that were necessary to have real quality, therapeutic foster care in Nevada. They were able to afford two of those 11 services to work with Medicaid, in terms of budgetary asks in the future.

Vice Chair Ruiz-Lee asked to get a copy of the documentation that was submitted to the state in terms of the justification for using SAFE as the care coordination model. She said Action for Child Protection, which is the owner and keeper of the SAFE model, has no familiarity with what was submitted. She would imagine since they've gotten it approved, somebody from other jurisdictions is going to make outreach and inquiry about the how.

Mr. Armstrong said he can work with Sarah Dearborn to get all that documentation that was submitted to this group. Vice Chair Ruiz-Lee thanked Mr. Armstrong.

Presentation on the Behavioral Health Advisory Council History, Role, and Future Directions
Vice Chair Ruiz-Lee asked if Dr. Woodard was on the line, and Ms. Montoya replied Dr. Woodard had accepted the invite as tentative, and she just noticed that she was not present.

Vice Chair Ruiz-Lee said they will move forward and see if she will join them later and then they can come backwards. Otherwise, they may have to reschedule this item.

Commissioner Schrag said he spoke to Dr. Woodard about agenda item number seven, and she is on another conference call right now and has requested for them to table this item for the next meeting. Chair Durette replied they will add it to future items and then have it at the next meeting.

Aging and Disability Services Division (ADSD) Update
Yeni Medina from the Autism Treatment Assistance Program provided an update. In July of 2021, their cases consisted of 83 new applications. Their program was serving 880 active children with an average age of nine years old. There were 120 inactive children pending services, which consisted of 86 pending straight ATAP funding and 34 pending service coordination. The average wait time for all ATAP children is 190 days. There is a combined average age of seven years old for children waiting for ATAP funding.

Ms. Medina said ATAP is currently working with 17 ABA providers in northern Nevada and 26 ABA providers in southern Nevada. They have continued their efforts to recruit more ABA providers and are currently working with Medicaid to help providers that are interested in enrolling with Medicaid and providing services to their children.

Ms. Medina said their program continues to support families by funding additional parent training from ABA providers as well as conducting in-person visits with the families that they served.

Ms. Medina informed the Commission that Nevada Early Intervention Services is currently undergoing a transition and will not be presenting today, but they can expect an update on their program at the next meeting.

Presentation of the Pediatric Mental Health Care Access Program Grant
Tomasa Kizer, a psychiatric caseworker with the program, said Stephanie Dotson was not present and thought they weren't going to be on the agenda. Vice Chair Ruiz-Lee asked if Ms. Kizer was able to provide an overview of the grant, and Ms. Kizer replied she could provide a couple of updates.

Ms. Kizer said as of now, the NVP provider information line is open. They are accepting new enrollment and referrals for consultation and coordination. Providers can contact them through email at nvp@dcsf.nv.gov or by telephone at (775) 688-6524. Currently, they are working on

outreach to primary care providers across the state to share information about their program with the goal of increasing provider enrollment and utilization of their services. They also welcome any email connections with any systems partners that may link them to pediatric providers. Currently, they're doing the Zero to Five training of the trainers. Eleven clinicians across the state are being trained to train others in the diagnostic manual for young children. After they receive the training, they will be certified to offer the training to other providers. They will also be looking for providers to actively participate in future trainings. If they need information or would like to sign up, they can contact them at the email or phone provided earlier. They published their eighth issue of the Telegram on September 1, which focuses on dealing with trauma-informed care in primary care settings and the AAP strategies for families around youth suicide prevention. They highlighted home visiting in Nevada as well as spotlighting Dr. Trisha Woodliff. Their issue brief of the impact of COVID-19 on children's mental health will be released soon.

Vice Chair Ruiz-Lee asked how many providers they currently have in the rurals and how many kids they're serving. Ms. Kizer replied she started with the program about a month ago, so Stephanie Dotson would be the person to answer that question.

Vice Chair Ruiz-Lee asked if there were any other questions for Ms. Kizer, and Jasmine Troop replied she got Ms. Kizer's brief in her email and thought she did a great job. She liked that other people were talking about it and it's going out to the public.

Medicaid Update and Changes

Sarah Dearborn provided an update on two current state plan amendments that are under review with CMS. The first state plan amendment is related to the Nevada Checkup (SCHIP) Insurance. There's nothing changing service-wise. It was a requirement of CMS for states to outline all behavioral health coverage, so it's available for youth that are receiving services through Nevada Checkup. Once it's approved and done, this will be a great resource for people to see a brief description of each of the behavioral health services.

Ms. Dearborn said their state plan regarding the removal of biofeedback and neurotherapy services for the treatment of a mental health diagnosis is currently still under review with CMS, so they're working very closely with them. They are coming close to the 90th day on this state plan amendment, so hopefully they will make some swift progress, but there is a chance CMS may put this on hold to request additional information from them.

Ms. Dearborn said DHCFP works collaboratively with DPBH as well as some other agencies, including CASAT, on their SUPPORT Act planning grant. They have had this planning grant since 2019, but it's coming to an end at the end of this month. They will be hopefully applying for a no-cost extension for a 12-month period. Additionally, they have applied for the next round of the grant, which is the demonstration grant. They submitted their application a couple of weeks ago, and CMS has indicated they will let them know around September. As part of the SUPPORT Act planning grant, the state is applying for an 1115 demonstration waiver for

substance use disorder treatment. This also went with Senate Bill 154 that was passed during the legislative session. This waiver will provide authority for a 5-year waiver to provide enhanced substance use disorder benefits and a limited waiver for the federal Medicaid Institutions for Mental Diseases exclusion. An institution for mental diseases is defined as a hospital, nursing facility, or other institution with more than 16 beds that is primary engaged in providing diagnosis, treatment or care of persons with mental diseases and also provides for medical attention, nursing care and related services.

Ms. Dearborn said currently, federal law prohibits states from using Medicaid funds to pay for services provided by an IMD to individuals between the ages of 21 and 64. This waiver will allow Medicaid to reimburse for services within an IMD. The specific benefits in this waiver are related to substance use disorder treatment. ACM levels of care 3.1, 3.2, 3.5 and 3.7 are currently not covered and the waiver will allow them to reimburse for those services. They are getting very close to being able to post the waiver for public comment. It should get posted at the end of this month and allow a 30-day public comment period. The goal is to take it to their Medicaid public hearing to propose submission to CMS by November 15, 2021. The goal effective date of this waiver is January 1, 2023. She said because this is a waiver and not a state plan amendment, there is no 90-day timeframes that they have, so they can go at their speed.

Ms. Dearborn said also related to the SUPPORT Act planning grant, their SUPPORT Act team has completed their review and finalized their strategic plan, which has received CMS approval. They are hoping to post it to their SUPPORT Act website in the next couple of weeks, which is on their DHCFP page. This outlines the barriers, gaps, services, and goals for moving substance use disorder treatment forward in Nevada.

Ms. Dearborn said they will begin developing Nevada's substance use disorder data book, which will monitor future substance use disorder trends, utilization, and capacity. They are excited about some of those plans moving forward with the SUPPORT Act planning grant.

Ms. Dearborn said DHCFP applied for a Mobile Crisis planning grant a couple of weeks ago. There is a lot of movement around crisis services, including the implementation of 988 crisis line that all states are required to have by next July of 2022. They're hoping if the state is awarded this planning grant, then this will help identify if there are state plan amendments or waivers that are needed to support crisis services in Nevada.

Ms. Dearborn said there is a public hearing at the end of this month on September 27, and Medicaid Services Manual Chapter 3700 will be heard, which is their Applied Behavioral Analysis chapter. Updates to this chapter will include an outline of providers that can perform ABA services and additional detail that will include documentation requirements that will be needed in progress notes. In addition, Senate Bill 96 will be heard at their September public hearing, which was passed during the legislative session and is regarding an increased rate for registered behavioral health technicians that are providing ABA services. This will be a state amendment to their rates area.

Ms. Dearborn said there will be a Medicaid Services Manual update on Chapter 4000, which is related to their newest 1915(i) that they talked about earlier, related to youth that are in specialized foster care. She has been working consistently with providers and child welfare agencies to clarify some of the language in Chapter 4000 to ensure understanding of the services and requirements for the services. She hosted a public workshop on August 31 and received great support and feedback on the Chapter.

Ms. Dearborn said Senate Bill 156 was also passed during the legislative session and is related to crisis stabilization centers expanding from freestanding psychiatric hospitals to also general hospitals and critical access hospitals. Currently, they're working with their Rates Unit on finalizing the rate for crisis stabilization centers and then hammering out some of the systems details they will need to implement on their end to make that happen as well as creating more policy, most likely located in Medicaid Services Manual Chapter 400 to define the services that can be delivered in crisis stabilization centers. They don't have a specific public hearing date, but they're hoping towards the end of the year, they will be able to present those as well.

Ms. Dearborn said they are continuing to work closely with their certified community behavioral health centers. They have nine total that are scattered throughout the state. Additionally, there are five SAMHSA awardees receiving grants to become certified community behavioral health centers.

Ms. Dearborn said they have a Medicaid's listserv that will allow them to get email updates on upcoming public hearings, public workshops and anything they want to call specific attention to. She encouraged everyone to sign up for the listserv at this site: https://dhcfp.nv.gov/Resources/NevadaMedicaidUpdate/NMUListserv/.

Chair Durette said Ms. Dearborn has been super busy and thanked her for the thorough update. She asked regarding state access, what's the timeline on getting state certification on all of the CCBHCs.

Ms. Dearborn replied certification depends on the specific awards that they're granted. She asked Chair Durette if she's asking more specifically about timeline for when the SAMHSA awardees can become certified community behavioral health centers under the provider type within Medicaid and Chair Durette indicated yes. Ms. Dearborn said unfortunately, they only have the budgetary authority currently to have the nine certified community behavioral health centers. There is a lot of movement nationally as well as at the state level about how wonderful their CCBHCs are, so hopefully they're proposing that in the next budget. She does not have specifics on what's included in that, but she knows there's a lot of discussion about that.

Update on System of Care (SOC) Grant
Kathryn Wellington-Cavakis provided a System of Care update. She said they have previously struggled with filling positions but have been successful over the past several months in hiring

almost all the positions. They are going to leave two of the positions vacant, so they can utilize those dollars as direct service dollars in some of the communities. They have a new Health Program Manager III starting on September 27, located in Las Vegas at the Charleston campus. His name is Bill Weiss, and he comes to them from Minnesota. He will be at the next Commission meeting.

Ms. Cavakis said for the new commissioners, the System of Care has five foundational components that are necessary for communities and access to families to mental health services: mobile response, intensive in-home services, care coordination, respite and peer support. The majority of their work is helping communities build that foundation and then develop a broad array of services for families to access in their home communities. They have been doing a lot of outreach and have funded multiple projects focusing on those core components. They provided a subaward to Lyon County to work with them on developing an intensive in-home service model that utilizes care coordination combined with multidimensional family therapy. If youth don't meet that higher level criteria, they'll be provided focused care coordination. They are also utilizing that community as a pilot for a CANS implementation. They have a subaward with Mineral County with the same approach but not to the degree as Lyon County. They continue to support and fund multiple evidence-based practices for clinicians throughout their rural and urban communities. They have a pot of money set aside for flexible funding for youth that are in need of potentially some social/emotional domains to help support them through their education, summer activities, etc. They are in the process of reviewing RFPs right now and getting ready to kick off their subdirected respite model that will also focus on their youth with SED or at risk of SED. They are in the process of planning and have identified October 20th as the Community Listening Session in Ely, Nevada where they've invited multiple stakeholders throughout those communities as well as Lincoln County to get out there and talk about System of Care and learn about what's working in some of those smaller communities that often get ignored. They are really having fun doing the outreach, making the contacts, and learning about rural Nevada and families out in rural Nevada and access or lack thereof to mental health services for their children, youth and families.

Chair Durette thanked Ms. Cavakis and asked if anyone had any questions and there was none.

Discussion and Approval of the Seclusion and Restraint of Children and Youth Policy CRR-1

Dr. Gwen Greene said she was there to present the update to the Client Rights and Responsibilities, Seclusion and Restraint of Children and Youth Policy CRR-1 that they reviewed at their last Commission meeting. There was discussion regarding some of the terminology that was referenced in the report as to whether seclusions and/or restraints are considered a treatment of last resort, actions of last resort, or interventions of last resort. She said under the first bullet point in the policy, they revised the sentence to reflect that their seclusion and/or restraint are considered as interventions of last resort versus treatment or action of last resort. Everything else in the policy has remained static as they were previously approved by the parties involved with the review of the documentation. She said if there are no questions or

concerns with regards to that particular terminology, they were seeking to ratify this as their policy of record.

Chair Durette said she had a question on page five, number five, in the second paragraph that says, "A physician or physician-designated qualified practitioner must provide face-to-face evaluation…" She said she can't find anywhere in the policy that defines what a physician-designated qualified practitioner is and asked Dr. Greene to explain.

Dr. Greene said the physicians they use are psychiatrists. They have ones that provide services for each of their PRTFs, and if those psychiatrists are not in the office, they utilize one of their available psychiatrists at Desert Willow or an associated facility. At times, those positions might be resident positions, so their resident physician, who might not be necessarily fully board certified, is referred to as a physician-designated qualified practitioner position in the event they need to go through this process.

Chair Durette said one of her other tasks is she's a training director of a child psychiatry fellows and asked who does the face-to-face evaluation that has to happen within an hour if it's 2:00 a.m. on a Sunday. She does not believe they have physicians with the capacity to do that in their current system.

Dr. Greene replied they do have psychiatrists that maintain the on-call phone if there is an issue, and they must obtain the order to be able to do a seclusion and/or restraint with the youth.

Chair Durette suggested they make an edit to their policy because if they put in the policy that somebody needs to provide a face-to-face evaluation of a restraint recipient within an hour, at 3:00 a.m., they won't have anyone with the capacity to do that. Dr. Greene replied it's duly noted.

Chair Durette said until they can come up with some different language, she would abstain from using this forward because they're potentially putting themselves in a position of creating a policy they can't adhere to. Dr. Greene thanked Chair Durette for her feedback and asked what is their recommendation as the policy stands.

Chair Durette said she had one more feedback on page 11, under Chemical Restraints, number four. She said the language is confusing where it states medications that are inclusive of the child's or youth's regular medical regimen are not considered chemical restraints, even if their purpose is to control ongoing behavior (e.g., PRNs).

Chair Durette said PRNs are technically a chemical restraint because of the medication being used to control ongoing behavior. This is something she and Dr. Raven have continually gone back and forth on and made suggestions to change the language in the NRS. Chair Durette asked to table pushing this forward as well, because they want number 4 to match the language that's

been revised in the NRS, specifically addressing the fact that the PRN medications that are injected into children for the use of controlling behavior, is a chemical restraint.

Dr. Greene asked would they consider administering oral medications, such as Vistaril, a chemical restraint as well, and Chair Durette replied she's not sure and needs to go back to the way they reworded the language in the NRS.

Dr. Greene asked Chair Durette to provide her with the exact NRS she's referring to, and Chair Durette replied she can provide it to her separately as she cannot locate it in her email now.

Chair Durette asked if there are any comments, feedback or questions.

Commissioner Schrag said he had some similar thoughts on the various pieces that Chair Durette mentioned and thinks there does need to be some clarification on how they're defining the chemical restraint if the medication is similar to what they're already taking, and it's in the context of how to administer versus what is being administered because they could run into a sticky situation. He agrees that they can't enforce that policy because it can open them up to a liability in a way that is unforeseen.

Dr. Greene thanked Commissioner Schrag for his feedback and said it's duly noted.

Chair Durette said this was an item for possible action. She and Commissioner Schrag had some concerns about language and suggestions for her, but she understands Dr. Greene if she must move this forward. She asked what's the next best step.

Dr. Greene said she can take the policy back and work to make the revisions that were suggested and make sure they're not writing themselves into any types of rabbit holes with the way they have their policy worded. She said she's happy to do that and present it at their next Commission meeting. Chair Durette replied that was great and she will send her NRS number as soon as she finds it.

Representative on the Nevada Children's Behavioral Health Consortium
Chair Durette said Commissioner Tabitha Johnson previously represented them at the Nevada Behavioral Health Consortium, and she is no longer on the Commission. She said they need one of their members to represent the Commission at the Nevada Behavioral Health Consortium and asked if there were any volunteers.

Commissioner Schrag said if no one else is interested, he would be happy to represent the Commission. Commissioner Giron said he would like to learn a little bit more about the Consortium before he commits.

Chair Durette said the Nevada Behavioral Health Consortium is the main Consortium that takes information from the three regional Consortia in the north, south and rural areas and discusses

topics related to children's behavioral health within the state. The idea is to have somebody represent the Commission to be a liaison to that Consortium.

Commissioner Mosby asked what day of the month the meetings are held. Chair Durette asked if anybody on the committee knows.

Sarah Dearborn said she doesn't have the exact dates, but they're typically on Thursday afternoons and believes they're every two months or quarterly. Commissioner Mosby said that would be a teaching conflict for her. Char Frost said they're bi-monthly and believes it's the third Thursday, every other month. Ross Armstrong said the next one is scheduled for September 16th. Commissioner Schrag said he's looking at the October 5th public notices and it looks like it's every other month. Char Frost apologized and said it's not bi-monthly. The last one was July 22nd and the next one is September 23rd, from 2:00 to 4:00 p.m. Commissioner Mosby said that would conflict as she teaches 2:00-5:30.

Chair Durette asked Commissioner Schrag if that works with his schedule, and he replied yes.

Chair Durette said Commissioner Giron is welcome to join as well. She said there's no limitation to it, and they just need one individual to be the appointed liaison.

MOTION: Appoint Braden Schrag as the liaison to the Nevada Children's Behavioral Health Consortium
BY: Lisa Durette
SECOND: Jasmine Troop
VOTE: Motion passed unanimously

Announcements
Chair Durette asked if there were any announcements and there was none.

Discussion and Identification of Future Agenda Items
Chair Durette said there were a few items from this meeting that need to be deferred to the next. She said they need to also identify meeting dates for the upcoming year and doesn't know if they want to spend time doing that today or send out a survey. She asked if anybody had a desired way to do this.

Commissioner Troop asked if they're legally able to do a survey. Jennifer Spencer replied yes, they can do a survey and make sure they provide the required notice by 9:00 a.m., three days prior to the meeting. She said it's always best to know the dates and put it on the agenda. Chair Durette asked Ms. Montoya to work with her on getting some future meeting dates using the same pattern as this year.

Public Comment
There were no public comments.

Adjournment
Chair Durette adjourned the meeting at 10:20 a.m. and said they will take a 5-minute break and come back to the Executive Closed Session Meeting under a separate link.