

Joe Lombardo
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

**COMMISSION ON BEHAVIORAL HEALTH
MEETING MINUTES
February 9th, 2023
9:00 AM**

This meeting was held online and by phone.

MEETING LINK:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGE5YmQ3MDMtMDk4Ny00MWJhLTg1MGMtMDRjN2RlZDUwZDdl%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22e2f9f008-841c-437d-b037-927c30ea003e%22%7d

Meeting Phone Conference:

775-321-6111 Phone Conference ID Number: 572 279 626#

1. CALL TO ORDER/ROLL CALL:

COMMISSIONERS PRESENT:

Braden Schrag (Chair); Jasmine Cooper, LCADC; Gregory Giron, Psy.D.; Arvin Operario, RN; Natasha Mosby, LCSW; Dan Ficalora CPC

COMMISSIONERS EXCUSED:

Lisa Ruiz-Lee (Vice-Chair); Lisa Durette M.D.

Department of Health and Human Services (DHHS) Staff:

Autumn Blattman, Executive Assistant, DPBH; Sherry Stevens, Administrative Assistant III, DPBH; Gujuan Caver, Clinical Program Manager II, ADSD; Marina Valerio, Desert Regional; Ellen Richardson-Adams, Agency Manager, SNAMHS; Susan Lynch, Hospital Administrator, SNAMHS; Julie Lindesmith, Agency Director NNAHMS; Drew Cross, Interim Agency Director, Lake's Crossing; Dr. Leon Ravin, Statewide Psychiatric Medical Doctor; Katie Martin Waldman, Clinical Program Manager II, DCFS; Julian Montoya, Sierra Regional Center; Brian Buriss, NNAHMS; Debra DeCius, Management Analyst II, DHHS; Kelcy Meyer, Program Officer III, DCFS; Annette Altman, Personnel Officer II, DPBH; Forrest Mata, Patient Safety Officer – Stein, DPBH; Jessica Adams, Deputy, ADSD; Shannon Bennett, Bureau Chief, DPBH; Jennifer Johnson, PN II, SNAMH, DPBH; Kary Wilder, Administrative Assistant III, DCFS; Michelle Robertson, Administrative Assistant I, Rural Clinics, DPBH; Johara Aparece, PN II, DPBH; Shannon Scott, Quality Assurance Specialist III, DPBH.

Others/Public Present:

Cherylyn Rahr-Wood; Dorothy Edwards; Joseph Filippi; Ryan Sunga, DAG; Sara Hunt; Teresa Etchberry; Victoria Erickson; Heather Pang; Joan Hall.

Chair Schrag called the meeting to order at 9:06 a.m. Roll call is reflected above. It was determined that a quorum was present.

2. PUBLIC COMMENT:

None heard.

3. FOR POSSIBLE ACTION: Approval of meeting minutes from November 17th, 2022. – Braden Schrag, Chair:

Chair Schrag asked the Commission if they had any comments or changes to the November 17th minutes. None heard.

COMMISSIONER COOPER MADE A MOTION TO APPROVE THE NOVEMBER 17TH, 2022 MEETING MINUTES, AS WRITTEN. SECONDED BY COMMISSIONER OPERARIO. THE MOTION WAS APPROVED UNANIMOUSLY.

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

Chair Schrag introduced item four for Commission consideration.

Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report

Ms. Ellen Richardson-Adams, Agency Manager for Southern Nevada Adult Mental Health Services, was present for a verbal report. Ms. Richardson-Adams stated that caseloads are slowly increasing. She said they are seeing consistent increases in outpatient treatment programs and rural clinics as well increases in both youth and adult caseloads. Ms. Richardson-Adams reported staffing vacancies continue to be consistent with the revolving door of hiring and resignations. Ms. Richardson-Adams concluded by saying she was available for questions.

Chair Schrag asked Ms. Richardson-Adams how the facilities are doing in terms of stability in staffing.

Ms. Richardson-Adams said there are different challenges and success based on location and position. Ms. Richardson-Adams said forensic specialist positions are time consuming due to the Peace Officer Standards and Training (POST) requirements and nursing positions a challenge across the board. Ms. Richardson-Adams stated that they have had success hiring on the outpatient services side through contract which can lead to agency hires.

Commissioner Giron asked Ms. Richardson-Adams to clarify the wait list number under urban medication clinics.

Ms. Richardson-Adams explain the wait list numbers are not a reflection of people not receiving services. Ms. Richardson-Adams said the waiting list is the individuals who were discharged from the hospital and are waiting to come for follow-up appointments that have already been scheduled. Ms. Richardson-Adams said patients stay on the list for up to 120 days.

Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report

Mr. Brian Burris, Outpatient Patient Manager with Northern Nevada Adult Mental Health Services was present for a verbal report. Mr. Burris said they are expanding and stated that their med clinic has grown thirty percent (30%) in the last four months with a trickle-over effect on outpatient services. Mr. Burris reported that Northern Nevada Adult Mental Health Services (NNAMHS) is having issue hiring and have over fifty percent (50%) vacancies across the board. Mr. Burris said NNAMHS had some good meetings with community partners to get the word out that the safety net is still out there.

Ms. Julie Lindesmith, Agency Director for NNAMHS, reported on inpatient services. Ms. Lindesmith said the inpatient census has gone up. Ms. Lindesmith said she thinks part of the increase is because NNAMHS is admitting people faster, so patients are not getting discharged from the hospital before they are receiving treatment. Ms. Lindesmith said there has been some success in hiring in both in and outpatient services, however the focus is the diversion program being developed for both services.

Commissioner Ficalora asked for clarification about the outpatient caseload being zero with a wait list of 21.

Ms. Lindesmith explain that NNAMHS did not have outpatient counselors. Ms. Lindesmith stated they have since hired two counselors and are now getting people assessed to get them into counseling.

Chair Schrag asked, encouraging anyone who could provide an answer to speak up, if there is a system or an opportunity for a system that would allow sharing resources or pool money. Chair Schrag asked if it was possible for someone to cover multiple locations and wondered if it would help.

Ms. Ellen Richardson-Adams, Southern Nevada Adult Mental Health Services Agency Manager, responded. Ms. Richardson-Adams stated that they can be complicated depending on the role and classification of staff. Ms. Richardson-Adams provided an example to the Commission regarding a counselor Southern Nevada has that also provides counseling in rural areas either by going in person or offering telehealth visit from her Las Vegas office. Ms. Richardson-Adams stated that, depending on the position, the facility does have some level of flexibility and stretch needs as allowable by the boards.

Chair Schrag said Ms. Richardson-Adams' response was helpful. Chair Schrag expressed support in working towards collaboration and possibly looking at other boards and how they adjust their rules. Chair Schrag questioned how collaboration can be managed in moments of resource deprivation as well as how things can be done differently within the limits or restrictions of regulations. Chair Schrag questioned how reduction can be done and still ensure quality and continuity of care. Chair Schrag referenced pharmacists and their ability to work at various pharmacies to coverage shortages.

Mr. Brian Buriss, Outpatient Patient Manager of Northern Nevada Adult Mental Health Services, provided additional remarks. Mr. Buriss noted that the Chair may be describing something like a telehealth model which would allow for a wider latitude of services that could be provided. Mr. Buriss stated that before NNAMHS there were rural clinics in sixteen (16) locations with staff delivering services via telehealth across the state. Mr. Buriss stated that it was worth looking at more telehealth services and not as a stopgap but a long term implementation to help with the shortage of staff.

Chair Schrag suggested they continue to look at options that aren't necessarily specific to the facilities, but more to the system and how it can be adjusted to better meet the individual needs.

Commissioner Operario asked if there has been any request for the Commission to support the Nurse's Compact Licensure. Commissioner Operario continued telling the Commission that the Compact was an innovation that would allow nurses to come to Nevada carrying their license from another state without having to get a license in Nevada as well. Commissioner Operario stated that he is a part of the Nevada Nurses Association, and they are trying to push through Legislature to be part of the Compact.

Chair Schrag responded saying that it has not been a topic that has been addressed before but encouraged Commissioner Operario to suggest it for a future agenda item so the Commission could look at it more in depth.

Ms. Julie Lindesmith suggested this same type of compact be looked at for social workers because their licenses also vary state to state.

Lake's Crossing Center (LCC) Agency Director's Report

Drew Cross, Interim Agency Director for Lake's Crossing Center, was available for the report. Mr. Cross began with a report on forensic services which continues to be an ongoing need across the State. Mr. Cross stated they have increased referrals for outpatient as well as inpatient long-term care. Mr. Cross said they remain near or at capacity and continue to coordinate with the various courts to explore solutions to admissions and conditional release finding suitable housing options for a portion of their long-term clients. Mr. Cross reported the construction projects are in progress or nearing their start dates. Mr. Cross said they have completed food slots in three of the reinforced doors and removal of the pony walls will begin soon. Mr. Cross said Lake's Crossing will

also be updating their camera systems. Mr. Cross stated bathroom upgrades has resulted in reduction of capacity and available bed.

Mr. Cross referred to the written report provided stating that there are 18 full-time and three (3) part-time position currently open. Mr. Cross said 10 of the 18 positions are Forensic Specialist positions. Mr. Cross reported that they have had some successes in hiring such as the Correctional Lieutenant position and some of the specialized clinician positions by offering flexible scheduling and contract work.

Chair Schrag suggested to Mr. Cross to reach out to police associations or unions to perhaps get contacts of retired police personnel as a possible staffing source.

Commissioner Giron asked Mr. Cross to explain what being at or near capacity and what it meant in relation to staffing.

Mr. Cross explained that the main building of Lake's Crossing is the maximum-security unit with a capacity of 56 beds. Mr. Cross said Lake's Crossing also has annex wing with 25 to 30 beds, however not all patients can be triaged to the annex wing. Mr. Cross stated that most clients will remain in the main hospital so there is limited time that Lake's Crossing is not at or near capacity with those already in occupancy or waiting for admission. Mr. Cross said it requires flexibility on the part of staff but the hospital is maintaining minimum staffing standards or exceeding it, but the hospital reaches out to the contract sector for additional coverage if possible.

Chair Schrag deferred time to Joseph Filippi, Jr. who asked Mr. Cross about the proposed pay raise for public safety employees would help with recruitment of forensic specialists.

Mr. Cross responded favorably. Mr. Cross said it would be a positive recruiting tool allowing for the spectrum of what is offered higher and allow the agency to be more flexible. Mr. Cross stated that individuals may want to postpone retirement to have the raise generated in their potential pensions so it would be a tremendous moral boost as well.

Rural Clinics (RC) Agency Director's Report

Ellen Richardson-Adams was available to provide a report for Rural Clinics. Ms. Richardson-Adams stated that the clinics were working on formal caseload reports for the legislature. Ms. Richardson-Adams said the clinics are experiencing some areas with waiting lists which is partially due to staffing. Ms. Richardson-Adams said the telehealth option does make it easier, especially with the harder-to-reach or recruit for areas of the state. Ms. Richardson-Adams stated there has been an increased need for services in Ely and the clinics have found the telehealth services have worked well. Ms. Richardson-Adams stated that from a recruitment side, the flexibility and availability of the service helps.

Chair Schrag asked about the wait list and whether it due to staffing, missed appointments or a combination of the two.

Ms. Richardson-Adams responded that the outpatient counseling wait list consists of is a combination. Ms. Richardson-Adams said it's individuals who have been scheduled and either have not had their first appointment yet or haven't shown for their appointment but are kept open for outreach to get those clients engaged into services.

Chair Schrag asked if there is a significant time between referral and the first appointment.

Ms. Richardson-Adams said there is for counseling however, they have built in some interim services to bridge the gap between referral and being linked to a permanent person. Ms. Richardson-Adams said there is not of a wait time, approximately five (5) days to two weeks.

Commissioner Operario asked for an explanation on the caseload and wait list for the medication clinic.

Ms. Richardson-Adams explained that the caseload reflected in the report represents 16 of the rural clinics across the state, not including Mesquite and Laughlin.

Sierra Regional Center (SRC) Agency Director's Reports

Julian Montoya was available to give the report for Sierra Regional Center. Mr. Montoya said he would not go much into numbers but wanted to discuss a new development in staffing. Mr. Montoya said the Governor's Office and Division of Human Resource Management and agency has been given permission to offer a higher step based on experience if the agency or division has the money for the additional wage. Mr. Montoya stated they will no longer need through the long approval process. Mr. Montoya stated that in regards to services, the Division has worked to increase pay for providers through different funding sources and hoped to see those providers take more individuals.

Both Chair Schrag and Commissioner Operario expressed enthusiasm hearing of the new staffing development of allowing higher pay for experience.

Desert Regional Center (DRC) Agency Director's Report

Gujan Caver, Desert Regional Center Clinical Program Manager was available for the report. Mr. Caver stated he would report on Desert Regionals community services and Marina Valerio would present on the Intermediate Care Facilities (ICF) and other areas he does not cover. Mr. Caver said the programs and human resources are working together better as well. Mr. Caver stated that there is less time between people applying to when they start. Mr. Caver reported the program has interviewed for service coordinators and hope in the next few weeks to reduce the five (5) open positions to zero. Mr. Caver stated they have hired two administrative assistants and are looking for more bi-lingual staff. Mr. Caver agreed with Mr. Montoya in that service providers are receiving supplemental payments, but data is not reflecting much growth. Mr. Caver said it is with the smaller providers where they are seeing the most growth. Mr. Caver concluded by reporting that meeting with the Division of Child and Family Services (DCFS) and county Department of Family Services (DFS) are continuing regularly which is helping all involved understand what each other does and how they can assist children who need services.

Marina Valerio, Agency Manager for Desert Regional Center's ICF, reported that the program is continuing to struggle with staffing and currently have 27 vacancies for direct support staff. Ms. Valerio said they have brought in some reliable staff through contract staff and will be interviewing soon. Ms. Valerio said she is hopeful to get them orientated into the home successfully. Ms. Valerio said the program has filed a quality assurance and rec therapist that will be starting soon. Ms. Valerio reported regarding referrals to the program. Ms. Valerio said they are getting informal referrals but are not able to accept new people due to staffing.

Ms. Valerio concluded by asking the Commission if they were pleased with the reports being given or if there is additional information they wanted.

Commissioner Ficalora responded stating he would like to see success stories and what is working well included in the reports.

Chair Schrag agreed with Commissioner Ficalora and added to think of in terms of collaboration. Chair Schrag said to start looking for success or something good that has happened where the programs have been able to overcome an administrative, logistics, clinical barrier or success with a client that can be put in an open forum. Chair Schrag concluded stating for programs to report things that were done well and maybe it will spark an idea for somebody else

Rural Regional Center (RRC) Agency Director's Reports

Report was covered in conjunction with Sierra Regional Center.

COMMISSIONER FICALORA MADE A MOTION TO APPROVE THE AGENCY DIRECTOR REPORTS AS SUBMITTED. COMMISSIONER MOSBY SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

5. FOR POSSIBLE ACTION: Consideration and Possible Approval of Standardized Seclusion and Restraint Form, Nevada Association and Nevada Rural Hospital Partners

Joan Hall, President of the Nevada Rural Hospital Partners, presented the standardized Seclusion and Restraint Form. Ms. Hall stated that she and Marissa Brown worked collaboratively with their hospital partners to develop the form and wished for feedback or questions from the Commission. Ms. Hall asked if the Commission needed to see a physician's signature on the form.

Chair Schrag responded in the affirmative and stated that there should be a physician's signature on the form as a matter of record that they were aware, reviewed, and signed off on the response as appropriately within guidelines.

Commissioner Giron agreed with the physician's signature and added he would like to see details on what happened as well as the outcome of use of seclusion or restraint.

Commissioner Ficalora stated that he wanted to see explanation of what behavior was being responded to requiring use of seclusion or restraint. Commissioner Ficalora also requested a follow-up section on the patient plan going forward, how the provider plans to avoid this in the future, and what changes will be made to the treatment protocol.

Chair Schrag stated for corrections and additions to be made and the form will be reviewed again for action as the next meeting.

6. INFORMATIONAL ITEM: Regional Behavioral Health Policy Boards' Update on Current Bill Drafts and/or Annual Report Information

a. Clark Regional Behavioral Health Policy Board

Michelle Bennett, Clark Regional Behavioral Health Policy Board Coordinator, stated that policy board is unable to present at this time and needed more time to prepare. Ms. Bennett asked the Commission to support Senate Bill 68 based on the written information presented to them.

b. Washoe Regional Behavioral Health Policy Board

Dorothy Edwards, Coordinator, presented for the Washoe Regional Behavioral Health Policy Board on Assembly Bill 69 (AB 69) which would expand the loan repayment program administered by the Nevada Health Service Corps to include certain providers with the hope of keeping more behavioral health providers in Nevada. Please see presentation on Assembly Bill 69 [Washoe Regional Behavioral Health Policy Board Presentation \(nv.gov\)](#). Ms. Edwards stated that the bill would be heard on February 16th by the Legislative Assembly Education Committee. Ms. Edwards shared that she has received many statements from people who are able to find behavioral health providers or wait times of six (6) months or more.

Chair Schrag thanked Ms. Edwards and stated that it was a reminder that decision being made impact real people who are depending on the boards and commissions to make helpful, hopeful, and positive decisions.

c. Rural Regional Behavioral Health Policy Board

Valerie Haskin, Coordinator, present for Rural Regional Behavioral Health Policy Board on Assembly Bill 37 (AB 37) which would allow for the development of a behavioral health workforce development center. Please see presentation on AB 37 [Regional Behavioral Health Policy Boards Update and Overview February 2023 \(nv.gov\)](#) . Ms. Haskin concluded by stating the only concern that has been expressed is the large fiscal note attached to the bill. Ms. Haskin said it is item for a bigger investment into behavioral health education for a long-term better outcome.

d. Northern Regional Behavioral Health Policy Board

Cherylyn Rahr-Wood, Coordinator, present for Northern Regional Behavioral Health Policy Board on Assembly Bill 9 (AB 9) which would allow for more board duties to be added into statute for the regional behavioral health policy boards. Please see presentation on AB 9 [Regional Behavioral Health Policy Boards Update and Overview February 2023 \(nv.gov\)](#) .

7. INFORMATIONAL ITEM: Review and/or Request of Regional Policy Board Information, Possible Subcommittee Formation, or Other Action Determined by The Commission to be Necessary for the Successful Drafting of the Commission's Letter to Legislature Supporting the Regional Behavioral Health Policy Boards

Chair Schrag asked for thought from the Commission on the drafting of a letter to support regional policy boards' bills in legislation.

Commissioner Giron suggested the letter be short, clear, and simple.

Chair Schrag asked for Deputy Attorney General (DAG) input on if a subcommittee should be developed or if the Commission could work through the Executive Assistant.

Deputy Attorney General Ryan D. Sunga responded that a single individual could draft the letter and through administrative support the letter can be disseminated to other Commission members individually. DAG Sunga stated as long as Commission members are not talking to each other to collectively add up to a walking quorum, it would be okay proceed.

Commissioner Mosby volunteered to draft the letter and forward it to support staff once completed.

Chair Schrag stated a special meeting would be held to approve the final letter, to be determined later.

COMMISSIONER FICALORA MADE A MOTION FOR COMMISSIONER MOSBY TO DRAFT THE LETTER ON BEHALF OF THE COMMISSION TO BE PLACED ON A FUTURE AGENDA. COMMISSIONER COOPER SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

8. INFORMATIONAL ITEM: Information and Update on the Skillbridge Program Available through the Department of Human Resource Management

Annette Altman, Human Resources Officer for Department of Public and Behavioral Health (DPBH), provided information on the Skillbridge program. Ms. Altman said the program is at the state level and exploring a number of different ways to deal staffing issue. Ms. Altman said that with a 20% vacancy or higher in in most locations, one of the things human resources has pursued is becoming an eligible employer for the Skillbridge program, which is a program offered by the Department of Defense for transitioning service members. Ms. Altman explained the program functions like an internship where service members can get their foot in the door with an employer with the hope of having long-term employment after that. Ms. Altman said the advantage to the

departments within the State is they get workers for free because while the service member is working under the program, the Department of Defense pays them. Ms. Altman said human resources is still working out the bugs, but they do have individuals that have expressed interest in job placement. Ms. Altman concluded by stating she feels the program could be a good pipeline into state government services.

Commissioner Giron asked how the program is presented to the service persons, whether it is as part of the exit plan or at time of enlistment.

Ms. Altman responded stating that it is a national program so depending how the service member is transitioning out of the service will dictate whether the person would be interested in Nevada opportunities.

Chair Schrag said he would be interested in a status update on the program after summer, or after six months. Chair Schrag said he believed the commission would like to see if it is having an impact.

9. INFORMATIONAL ITEM: Update on the Implementation of the 988 National Behavioral Health and Suicide Crisis Line

Shannon Scott, Crisis Response Systems Program Manager for the Bureau of Behavioral Health, Wellness, and Prevention presented an update on the implementation of the 988 Suicide Crisis Line. Please see presentation [988 Presentation 2023 \(nv.gov\)](#).

Commissioner Giron asked what feedback the Bureau is getting regarding the crisis line.

Ms. Shannon Bennett, Bureau Chief, replied saying that there are some areas that can be strengthened. Ms. Bennett said once the request for information is done and the Bureau sees all the vendors out there and what options are available, the Bureau can set it up for what Nevada needs. Ms. Bennett said the program is up and the Bureau is looking forward to continuing to enhance the program. Ms. Bennett concluded by saying the program will be set the system up at the state level, but the implementation of the system will look a little different in each community. Ms. Bennett said the 911 access is for each community and interoperability with mobile crisis teams are set up in each individual community, so we really need a lot of community input as we move forward to meet their needs.

Commissioner Ficalora asked about mobile response and if mobile response is unable to stabilize in the field, where the patient would go.

Ms. Shannon Scott replied stating that currently the patient would be taken to an ER or behavioral health, and hopefully not to jail. Ms. Scott said the hope of the crisis response system would be a jail diversion.

Ms. Shannon Bennett said it depends on the community and what that community is willing to develop or put in place as in a crisis stabilization center.

10. INFORMATIONAL ITEM: Update on Seclusion and Restraint/Denial of Rights, DPBH

Susan Lynch, Hospital Administrator of Southern Nevada Adult Mental Health, presented the Department of Public and Behavioral Health update on seclusions and restraints/denial of rights. Please see presentation [Seclusion and Restraint Report February 2023 \(nv.gov\)](#).

11. INFORMATIONAL ITEM: Update on Seclusion and Restraint/Denial of Rights, ADSD

Marina Valerio, Agency Manager for Desert Regional Center, presented on behalf of Aging and Disability Services. Ms. Valerio reported there have been zero restraints at the Intermediate Care Facilities. Ms. Valerio said the program is continuing to move away from restraints and using the blocking pads that are available in all the homes.

Chair Schrag asked about level of injury.

Ms. Valerio responded the program is having lower incidents of staff injury with use of the blocking pads.

12. INFORMATIONAL ITEM: Update on Aging and Disability Services Division

Jessica Adams, Deputy Administrator for Aging and Disability Services Division over Developmental Services, provided a brief report on behalf of the Division. Ms. Adams reported the Division submitted their agency request budget and was happy to say all the rates previously made it into the Governor's budget. Ms. Adams said it is hopeful that increases to service rates will be available for providers and family support programs. Ms. Adams stated it has been challenging to find staff with provider agencies, so wait lists have gone up. Ms. Adams said the Division has requested additional money for wages and bringing up support staff hourly rate to \$18.00. Ms. Adams said it would allow for these positions to become careers rather than a job a person would move on from in a year or two. Ms. Adams was also happy to report the 14.5 million dollars reported last update has been transferred to the program budget and the program will soon be starting the process of developing a new intensive behavioral support home. Ms. Adams said additional pay increases have made it into the budget as well.

13. FOR POSSIBLE ACTION: Review and/or Request of Regional Policy Board Information as well as Any Other Source Materials Needed, Possible Sub-Committee Formation, or Other Action Determined by the Commission to be Necessary for the Successful Drafting of the Commission's Annual Letter to the Governor

Tabled. To be placed on future agenda.

14. FOR POSSIBLE ACTION: Discuss, Recommend, or Approve Nominee Recommendations for Current Commission Vacancy to Fill the "Current or Former Recipient of Mental Health Services Provided by the State or Any Agency thereof" Position

Autumn Blattman, Executive Assistant for Division of Public and Behavioral Health, addressed the Commission and explained the Division was recently tasked to update all boards and commissions as well as address vacancies. Ms. Blattman explained a vacancy exists on the Commission for a person who is a "Current or Former Recipient of Mental Health Services by the State or Any Agency thereof." Ms. Blattman stated input from the Commission or attending providers is being requested in filling the position. Ms. Blattman concluded by informing them they can provide recommendations to the Commission or administrative staff. No action needed.

15. FOR POSSIBLE ACTION: Discussion and approval of future agenda items – Commission

Chair Schrag recommended on behalf of Commissioner Operario to have the Nurse Compact placed on the next agenda.

16. PUBLIC COMMENT

No Public Comment

17. ADJOURNMENT:

Chair Schrag adjourned the meeting at 11.58 am.