COMMISSION ON BEHAVIORAL HEALTH WITH DCFS

DIVISION OF CHILD AND FAMILY SERVICES

OCTOBER 20, 2022

SPECIAL MEETING MINUTES

DRAFT

This meeting used Microsoft TEAMS technology for video and audio capability.

COMMISSIONERS PRESENT:

1. Arvin Operario
2. Braden Schrag
3. Dan Ficalora
4. Jasmine Cooper
5. Lisa Durette
6. Lisa Ruiz-Lee

COMMISSIONERS NOT PRESENT

1. Natasha Mosby

STAFF AND GUESTS

1. Abigail Bailey
2. Amna Khawaja
3. Beverly Burton
4. Bree Ann (Guest)
5. Cara Paoli
6. Carissa Tashiro
7. Carlo Decicco
8. Char Frost
9. Daniel Cox
10. David Levin
11. Dazzrael Kirby
12. Donnie Graham
13. Dorothy Edwards
14. Eboni Washington
15. Elizah (Guest)
16. Felix Benavidez
17. Gesena Zimmerman

18. Greyson Whitehorn
19. Jack Mayes
20. Jacqueline Wade
21. Jennifer Spencer
22. Jessica Flood
23. Joelle McNutt
24. Julie Slabaugh
25. Kaleah Cage
26. Karen Oppenlander
27. Kary Wilder
28. Kathryn Martin
29. Katie Osti
30. Kehaulani McCullough
31. Linda Anderson
32. Madyson Bathke
33. Mathew Cox
34. Mia Mallette
35. Michael Spindler
36. Matthew Cox
37. Mis Johnson
38. Nicole Mara
39. Santiago (Guest)
40. Sarah Dearborn
41. Shannon Hill
42. Trina Bilich
43. Vanessa Dunn
44. Veronica Benavidez
45. 702-824-3487
46. 775-333-7878
47. 917-682-2148

1. **Call to Order and Introductions.** *Braden Schrag, Chairman, Commission on Behavioral Health with DCFS,* called the meeting to order at 9:00 am. *Kary Wilder, Division of Child and Family Services (DCFS),* conducted roll call and quorum was established with six members present.

2. **Public Comment and Discussion.** No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on the agenda as an item upon which action can be taken.

Kehaulani McCullough said she was one of the many recent former employees of Never Give Up Youth Healing Center (NGU). She said NGU was deceptive, unorganized or unprepared, and unsafe. She quoted the current trainer as saying, “The longer we keep the children here, the more money we get.”, “Training, what training?”, and she said this was an example of upper management’s perceptions. She said children were living in the most restrictive environment with 13 to15 hours per day spent in the classroom and hygiene was a luxury not always afforded to

them. Children did not receive proper medical care when needed and only after parents called, was a particular child taken to get checked. Restraints were used as threats to gain to control over situations, no matter how small. She said restraints were excessive and sickening with staff having punched, choked, tripped, and twisted wrists, with fingernails dug into children. Staff offered items for sexual favors and were rumored to have sexually assaulted children. Staff name-called and ridiculed children and kitchen staff attempted to consciously feed children rotten food. NGU withheld food as punishment. Ms. McCullough said it was not a question of if these things are occurring, it is a question of what time these unlawful acts are occurring, every day. She said NGU does not self-report every restraint nor does the nurse check every child after being restrained and that you cannot trust restraints are being done correctly when staff actively speak on how to get away with abuse. She said reports cannot be trusted because NGU has been known to alter or write reports, even if they weren't there. The night report was riddled with negative feedback; everything to make the child appear ill-behaved and NGU appear to be needed. She said the proof is reflected in children's behaviors and mental attitudes, as they are a reflection of their environment and while everyone sits in today's meeting debating if these things are occurring, which they are, there are actual lives at stake. She made a call to action and asked all necessary departments to assist these children as their safety and well-being were in their hands. She also called for the resignation and separation of the following individuals; Diana Wade, Benjamin Osteen, Mark Jackson, Reissa Tiada, Tyler Kaufman, Nikki Hanks, Sarah Espinoza, Tammy Cox, Matt Cox, and any other employees who have broken contract and law requiring them to report suspected abuse and neglect (unable to verify names). She said NGU has prolonged the torment and torture of countless children for too long.

Carissa Tashiro, Attorney, Nevada Disability Advocacy and Law Center, said her organization is the State's protection and advocacy agency and by federal law they are responsible for accessing facilities and serving individuals with disabilities to monitor and investigate allegations of abuse and neglect. She said they appreciated the Commission holding this meeting to discuss the use of restraint and seclusion at NGU and they share serious concerns about the use of these practices at the facility. The Center received over 650 serious incident reports from NGU and most involved the use of physical restraint. They visited the facility multiples times since May 2nd and each time heard stories from nearly every youth about how they've been restrained, often in inappropriate circumstances using unsafe and painful techniques. In June, the Center filed a complaint with the Nevada Bureau of Healthcare Quality and Compliance (HCQC) about the use of restraint and seclusion at NGU, as well as abusive, dangerous conditions and inadequate access to behavioral and medical treatment. HCQC substantiated the Center's complaint, but Ms. Tashiro said they believe the corrective action plan that was implemented falls short of what is necessary to protect youth at the facility. For example, HCQC found that NGU could not show some of its employees were restraint-trained, some were supposed to complete self-directed restraint training, and there was no written policy on restraint technique. She said that the corrective action was for NGU to print training certificates for its employee's files, to try to get a written description of its restraint technique, and to look at other training options if they can't. Meanwhile children at NGU are being restrained by staff who received questionable training on a near daily basis. She said she would like to provide a copy of the HCQC complaint and corrective action plan to the Commission. The

Center will continue to monitor the NGU facility and they are available to provide a report on their activities to the Commission. She asked the Commission, in the interim, to take whatever urgent action within its purview to ensure the health and safety of these children, which the Center believes are in immediate jeopardy.

Veronica Benavidez and Felix Benavidez said they were parents who had a child at NGU and started off at the facility just wanting their child to come get treatment and get better. Ms. Benavidez said that process caused a lot of trauma, not only to their child, but also to their family. She said they feel the lack of staffing and communication and the lack of treatment given to their child did not make any improvements and made it worse. They were notified by staff and the facility of many disturbing things and she said what was going on towards the end caused them to pull their child out. She said they received secret anonymous phone calls from staff that were very disturbing and still need to be investigated. She said it was unfortunate because their son still needs the treatment that was not properly being given. She said some kind of advocacy is needed and hoped there were further investigations because she believed there is a lot more to find out.

Bree Ann (Guest: last name not given) said she was a patient at NGU and has a broken toe and scars from being restrained. She said she was not aware and has trouble remembering but was in a restraint and somehow NGU staff broke her toe. She said she has to wear a brace and continually reinjures the toe by accident. She said NGU caused her a lot of trauma.

Gesena Zimmerman said her daughter was currently at NGU and they have been looking to move her for quite some time with little to no help from NGU to go ahead and transfer her to another facility. She said NGU has probably done more to deter any kind of transfer to a viable facility. Her child has been there for two years and has gotten absolutely worse. She said she heard NGU has a plan to modify treatment based on client's clinical needs and she has a problem with that because NGU does not have a treatment plan, so there is nothing to modify. She reported NGU consistently describes her daughter's behaviors and is unable or unwilling to describe any kind of treatment to treat them. She said despite her continued request for documentation regarding NGU's remediation and programming, she is provided zero answers other than being told NGU cannot force a child into treatment. She said her problem with all of this was that while her daughter gets worse after two years and a lack of anywhere to place a child in her situation, the window of opportunity for improvement in her life and in her mental health is closing. She said she blames NGU 100% for perpetuating her daughter's issues.

Eliza (Guest: last name not given) said she was an employee at NGU and was employed for about two months. She said she witnessed mental, physical, and emotional abuse and the way NGU cared for the children was not what they portray to people who are not in the facility. She said NGU left the kids with the same clothes on all day and children slept in the clothes they woke up in and were wearing all day. She said children went straight to the classroom on waking and did not brush their teeth or take food. She said NGU told her they had a nutritionist but she was not sure where that was or where it came into play. She said the food given to children was not adequate and when she sat with them for a meal she was also still hungry. She said if she was still hungry, she knew that grown kids were also hungry. She said children were forced to get up and dragged out of bed and at night, staff gave them all their medicine and said to just let their meds take control. She said they threatened children constantly and used scare tactics. She said kids would tell staff repeatedly

about something but were ignored and she felt that was not right. She said she felt like there were a lot of hurt people hurting people and the kids did not have the right to speak up for themselves. She said in her experience, the children were treated like animals and people in Juvenile Hall were treated better than people at NGU. She said when she started speaking up about what she was seeing, NGU fired her for a reason related to something that happened outside of work. She said she was fired because she was the only person that started speaking up.

3. **For Possible Action.** Approval of the September 9, 2022 Meeting Minutes – *Braden Schrag, Chairman*

MOTION: Jasmine Cooper made a motion to approve the September 9, 2022 Meeting Minutes.
SECOND: Lisa Durette
VOTE: Unanimous with no opposition or abstention

4. **For Possible Action. 2023 Meeting Schedule** – *Kathryn Martin Waldman, DCFS Professional Support for the Commission on Behavioral Health with DCFS*

a. Proposed dates for meetings in 2023:
    i. Thursday, January 12, 2023 at 9:00 am
    ii. Thursday, April 13, 2023 at 9:00 am
    iii. Thursday, June 8, 2023 at 9:00 am
    iv. Thursday, September 14, 2023 at 9:00 am

Jasmine Cooper recommended holding an additional meeting between September and December. Kathryn Martin recommended the date of Thursday, November 2nd for the extra meeting and everyone agreed.

MOTION: Jasmine Cooper made a motion to set the calendar for the next year with the dates of January 12, April 13, June 8, September 14, including an additional meeting on November 2nd.
SECOND: Gregory Giron
VOTE: Unanimous with no opposition or abstention

5. **For Possible Action**. Update on Commissioner Concerns Including Suggestions and Possible Recommendations Regarding Seclusion and Restraint Reports from Never Give Up Youth Healing Center – *Daniel Cox, Administrator, Never Give Up Youth Healing Center*

Chairman Schrag said this was a topic of great interest to the Commission and many others. He said this was an opportunity for NGU to respond to questions proposed during the last meeting within the scope of the Commission. He requested decorum to allow NGU the opportunity to answer those questions uninterrupted.

Daniel Cox thanked Chairman Schrag and said he appreciated the opportunity to speak. He said that NGU had laid out a response to present at the meeting and requested the presentation be allowed to roll through. Mr. Schrag responded that this was the opportunity for NGU to provide a comprehensive response and during this time Commissioners would be the only ones to ask questions.

Mr. Cox said there were three areas of concern:1. Length of stay, 2. Reviews of seclusion and restraint, and 3. Physician or physician designees attending to clients after incidents. He reported that length of stay was concerning, giving the standard of care is to treat children in the least restrictive manner possible. Mr. Cox said decreasing the overall length of stay within this in Nevada's system of care is the objective. In addition to that, supporting longer programmatic commitments is necessary with evidence supporting viable and tangible outcomes.

Mr. Cox said related to the second question of reviewing seclusion and restraints, the Commission noted concerns with documentation or evidence of treatment plans being adjusted to help mitigate repeating incidences. Clients experienced similar events or incidences but the lack of documentation of the treatment plan modification was noted. In this area, NGU implemented a trauma-informed model, which is the Sanctuary Model. He said NGU is moving to strengthen integration of their person-centered stratified treatment system to also address this particular area of concern.

Mr. Cox said in the third area related to physician/physician designees attending to clients after incidences, the Commission noted incident reports lacking documentation of the physician or physician's designee attending to the child and seeing them within 24 hours of an incident. Mr. Cox said the internal process of the physician or the physician's designee review and signature review for incidences is beyond the 24 hours and improving internal processes to meet the standard of care is necessary. Ensuring consistent physician designee oversight is necessary as well and increasing the program's medical department capacity based on census is an active step that NGU must take.

Mr. Cox said he would like to speak to stakeholder's interest in this particular area of seclusion and restraints, and NGU wants to bring to light the fact that the State of Nevada has many external agencies with regulatory responsibility over a psychiatric residential treatment facility. He said NGU has taken great insight and collaboration from these external agencies and HCQC has been very thorough with collaborative and professional investigators who are trained investigators. Mr. Cox reported HCQC's investigations of any complaints made at the facility level regarding seclusions and restraints were very well done. He said HCQC conducts thorough interviews with clients, they have complete access to the entire facility at any given time of day or week, and they conduct frequent unannounced visits. During the visits they speak with staff and review every single area of the program from food to staff interactions and training. HCQC investigations provide continued insight for NGU to improve the quality of care for clients receiving treatment. Mr. Cox said he would like to speak to their acceptance of any plan of correction as an appropriate acceptance. He said HCQC's qualified staff members and investigators are able to review things against federal and state law and compare with accreditation standards (as well as international accreditation standards). He said when HCQC accepts a plan of correction, it is done with the upmost review and with all regulations considered, especially with client safety being the main

target. DCFS has provided extensive oversight of seclusion and restraints at the facility. The Commission, as well has been able to receive reports regarding seclusion or restraints and has provided continued oversight to provide the facility information and insights to improve quality of care. Mr. Cox said from there, other stakeholders have questionable ethical approaches to their advocacy of clients. He said working with the Nevada Commission on Ethics, NGU will continue to review those practices and the way in which they have inserted themselves throughout the facility. External State of Nevada agencies provide the appropriate regulatory oversight of seclusion and restraints. NGU feels there have been many collaborative steps and Nevada Medicaid continues to evaluate the services being received by clients at the facility to work on reducing the volume and the length of time in restraints. Mr. Cox said another consideration was the acuity of the population being served. NGU recognizes that the pandemic and a number of other factors have continued to increase the acuity of children in the community and the State of Nevada has also seen increased attention on mental health. The Department of Justice's recent report which was issued to the State called for improvements in the system of care community resources. The State was able to receive in response and in an effort to respond and prepare for the Department of Justice's report, was paid access tens of millions of dollars to increase, strengthen, and build out the system of care. Meanwhile NGU has maintained the same reimbursement rate since 2017 regardless of inflation, changing requirements, and expectations of the services that need to be provided to clients. Mr. Cox said Nevada Medicaid has been responsive and appropriate to reviews of those rates and NGU feels it is just as important for the facility to continue to evaluate that area, just as the State and Nevada have identified that as their main need to be able to correct their system of care. He said NGU feels they are in step in making sure they can address the quality of care by working with the State of Nevada and Medicaid to improve services.

Mr. Cox said in relation to the three areas of concern, the Sanctuary Model of Care was recently reintroduced to the facility and is in the beginning stages of implementation, along with other evidence-based practices such as motivational interviewing, social-emotional learning platforms, and other programming changes. He said the facility has taken many steps and they feel the Sanctuary Model of Care will be able to provide answers to the areas identified by the Commission.

Michael Spindler, Clinical Social Worker and Clinical Lead (NGU) said he had over 40 years of residential experience and was responsible for training staff in the Sanctuary Model of Care. He said training began last summer and concluded around Labor Day. Another round of training is being initiated for support services such as the Admissions Department and Human Resources. Newly hired staff are trained as part of the onboarding process and this training is ongoing.

Mr. Spindler gave a presentation on the Sanctuary of Care Model. He said NGU is the largest state licensed accredited provider of psychiatric residential treatment beds in Nevada and has implemented the Sanctuary Model of Care which was developed in the 1980's by Dr. Sandra Bloom while working at an inpatient psychiatric hospital in Philadelphia. The model is predicated on clinical understanding that trauma is almost always at the core of mental illness, which is particularly true when trauma occurs in childhood. The Sanctuary Model is among the very first trauma-informed approaches to understanding mental illness and treatment. Today there are more than 500 residential treatment facilities in the United States utilizing the Sanctuary Model of Care, which is not a clinical model, but a cultural model of care. The Model is trauma-informed, trauma-responsive, and a whole-community approach to creating and changing organizational culture.

There are seven Sanctuary commitments which are building blocks of the Model; growth and change, nonviolence (both physical and verbal), emotional intelligence (developing an understanding and empathy for others), social learning, open and honest transparent communication with others, social responsibility for one another, and democracy that is shared power and decision making.

Mr. Spindler said Sanctuary-informed programs are strong, resilient, cohesive and nonviolent. Staff must trust one another and always put the needs of children first. The program must be democratic and power must be shared. Staff and children must find their voice and be provided with opportunities to be heard. Staff must be able to manage their own emotions. Communication must be open and direct, honest, and without fear of retaliation. Conflict must be addressed within an atmosphere of safety and used as opportunity for growth. The Sanctuary Model relies on a number of tools to help develop and enhance coping skills. This includes twice-daily community meetings designed to help clients develop a better capacity to put feelings into words. Meetings assist in developing a client's capacity to receive social and emotional support from others. All youth must develop written safety plans which require each client to identify three simple activities they can employ when feeling emotionally overwhelmed in order to avoid engaging in unsafe, out-of-control or toxic behavior. Each activity constitutes a self-soothing or coping mechanism and a healthy alternative to maladaptive expressions of feelings. Safety plans are designed to help youth achieve skills necessary to regulate their own emotional state and these plans constitute a cognitive and behavioral tool for clients. An additional element of the Sanctuary-informed program are the red flag meetings which are held when a staff member wants to bring an issue to the attention of the community. Red flag meetings may involve a youth in crisis, a disturbance, untoward incident, or any other issue the community must respond to as a group. Red Flag meetings can be called by any staff member and are always attended by campus leadership, the treatment team, and all other relevant stakeholders. Red Flag meetings are the whole-community approach to solving problems, deconstructing critical incidents, initiating necessary programmatic changes, or reviewing treatment planning for youth who may be experiencing sustained emotional dysregulation. An additional structural change to the program is the introduction of Planning and Service Review meetings. Once a client reaches their nine-month mark of care, they will automatically be placed on the agenda for a Planning and Service Review meeting. This meeting constitutes an opportunity for the clinical team, along with leadership, to review and determine if a child requires continued care or if that client can be discharged to a level of lower level of care, or possibly return home. Extensions of placement must be justified and will only be approved on the basis of clinical evidence with documented behavioral and measurable outcomes. A Service Review meeting is an additional opportunity for the team to adjust or modify treatment planning for a child. Monitoring of these reviews will be the responsibility of NGU's compliance and quality assurance departments. NGU anticipates this process will reduce time in care for clients. Red Flag meetings and Planning Service Review meetings function concurrently with monthly treatment conferences which are held on a child in care. The outcomes NGU hopes to see through the implementation of the Sanctuary Care Model include: reduced restraints, reduced duration of restraints, decreased critical incidents, decreased use of time-out (now called Sanctuary Space), decreased acute hospitalizations, reduced lengths of care, and reduced staff turnover. The quality assurance department is collecting data on anticipated outcomes identified to assess the impact of the Sanctuary Model.

Daniel Cox said he wanted to discuss residential treatment and said that since Commissioners have been able to have lived experience in residential treatment or have been administrators or staff members in a residential care setting, there was hopefully some reference point to what residential care is. He said he hoped advocacy agencies, parents, staff members, and clients were able to have individuals among them who have been able to be part of residential treatment in its entirety or to be part of the daily management program, as well as other areas of programming. He said the residential treatment model is a very extensive and complicated model and was similar to running virtually a mini city, with everything start to finish. Mr. Cox said the particular areas that the Commission requested for review were not necessarily able to be addressed with just a sole focus on those areas and that the Sanctuary Model of Care which Michael Spindler identified, was a cultural change to the residential treatment model to be able to integrate with direct care staff. He said, as was heard in public comment, there are staff members who have become part of the therapeutic milieu who will need to be more heavily supported, who need to be given a stronger voice to be able to make an impact, and who need to be a part of the therapeutic opportunities and activities clients are experiencing. He said clients need to be given a stronger voice and parents need to be able to engage at a stronger level with staff members who provide direct care services to their children. The biggest challenge that a residential treatment facility has is their direct care staff. He said each direct care staff member comes in with their own previous experience and emotions. It could be that they need to be trained in what the residential care model looks like and the conclusions they reach are sometimes justified and unjustified in their own way. The Sanctuary Model of Care is democratic in its approach to be able to share those particular concerns and provide a platform to educate clients, staff, administration, and stakeholders on how to go about providing the best level of care for the children.

Mr. Cox said NGU has currently identified eight program priorities:

1. Leadership
2. Staffing
3. Programming
4. Student Engagement
5. Medical and Safety
6. Documentation
7. Facility
8. Behavioral Tools

Mr. Cox said the way NGU approached their presentation today was holistic in nature and the company, the facility, the administration, and the direct care staff have to be able to be approached in a holistic manner to be able to achieve what the Commission is looking for. The eight priorities, along with the Sanctuary Model of Care and continued collaboration with Medicaid and HCQC, will provide a path forward. NGU is partnering with DCFS to rehaul the system of care and residential care to decrease the length of stay. NGU has faced a lack of resources to refer children to in order to prevent lengths of stay from being too long. He said there is a lack of resources in the State of Nevada which is detrimental to clients and their reintegration into the community.

Priority 1 – Leadership: Mr. Cox said NGU needs to work to support, strengthen, and maintain leadership. Plans are being developed to ensure facility leadership is well-equipped to continue to navigate the regulatory environment of the State of Nevada and to be able to meet the needs of

clients and parents. He said NGU is at this point because the COVID pandemic and regulatory changes changed the environment in which they provide services, making it time for the facility to recognize it needs to be actively engaged with community stakeholders to be able to adjust its approach in order to meet client needs. He said to dwell on what the past held and how NGU was working and operating would be unfruitful, however NGU is taking that information to craft future activities and action steps. As those things have changed, the facility has been unable to identify community resources needed or access funding required to increase staff training and integrate program oversight. Mr. Cox said the Department of Justice report made it glaringly obvious that the State of Nevada stood true to its ranking as 51st in mental health and access to care. NGU's intention is to be a solution to access of care and to work alongside of the State of Nevada to develop a program capable of turning out the outcomes that the State needs, clients deserve, and parents are seeking. NGU will support leadership positions by clarifying leadership roles and increasing their abilities to make steps and decisions within daily programming, increase daily presence amongst the therapeutic milieu, spread the main leadership throughout the programming, and increase availability to clients. These supports will address issues of length of stay, reviews of seclusion and restraints, and the integration of professional staff to attend to clients after an incident. Assigning leadership to external stakeholders to increase and speed up the sharing of information is necessary for NGU to demystify what happens at the facility. Mr. Cox said NGU is not a closed facility in any way and is always open to regulatory agencies or stakeholders coming to the facility. He said the Commission is welcome to tour NGU at any time.

Priority 2 – Staffing: Mr. Cox said NGU needs to increase initial vetting and onboarding of staff to prevent the experiences shared in public comment. Staffing schedules will be reviewed and developed to reduce burnout and turnover so staff members are always in their best possible state to provide client care. He said addressing these staffing issues links to lengths stay and review of seclusion and restraints by ensuring professional staff are able to be attentive and cognitive of what is needed for clients at the time of incidences.

Priority 3 – Programming: NGU will work harder on stakeholder education of admission and discharge criteria. Mr. Cox said currently 80% of referrals are denied which is an indication, as some people might have pointed out, or alluded to, or made claim to, that NGU is only concerned about the financial ends to providing service. He said NGU is constantly screening for admission criteria to ensure any client coming into to the facility can be appropriately cared for. This is also an indication of how drastically under-resourced the State of Nevada is; in that if NGU receives upwards of 40-60 referrals per month and is denying 80%, the question is, where are those clients going then to receive services? Since there are not enough residential-based services, clients would have to go out of state or languish in emergency rooms or psychiatric acute hospitals. NGU must increase its ability to be a better provider for the State of Nevada so clients at least have this option to continue to come for residential services as the system of care is rehauled in the state. NGU wants to ensure increased client integration into the program on admission to ensure they understand the way in which staff will interact with them; to communicate what is good, what is not good, when should they seek advocacy, when should they seek for the grievance process to be initiated, when should their voice be heard, and how fast should they make that happen. Mr. Cox said stakeholder education on discharge criteria is necessary to establish better and stronger relationships with community providers as the system of care is built out. NGU must be able to quickly integrate with community providers so discharge back into the community is successful.

Priority 4 – Student Engagement: Mr. Cox said NGU wants to continue to educate on the use of the Sanctuary Unit which uses de-escalation spaces. A big shift and reset for staff engaging with clients was made from what was referred to as the Observation Unit by moving to a Sanctuary Unit fully designed for clients to be able to come back into general programming. The Sanctuary Unit supports continued or increased needs of a client; a client's self-directed needs or a client who simply needs decreased stimuli from the environment of general programming units. Mr. Cox said when there are ten kids in a particular programming unit there is a lot going on and some clients need the option to be able to decrease that stimuli in the Sanctuary Units or de-escalation spaces. He said it helps to safely prioritize behavioral interventions for those clients and can be client-driven so they can self-regulate. Removing clients from programming units is not a maladaptive behavior, it is an adaptive strategy to introduce self-coping techniques. It is not seclusion, and in the reintegration or the introduction of the Sanctuary Unit as it continues to unfold in its development, NGU wants to make sure clients have a clear understanding of the way they can appropriately use those de-escalation spaces. This increases therapeutic engagement of staff with clients so staff members aren't treating administration as the only way in which clients are being engaged throughout the program. Staff tend to gravitate towards administration as the cause for the client's outcomes, and NGU wants administration to continue to work to empower staff to be engaged in those therapeutic opportunities. Mr. Cox said age-specific programming will continue to be a priority; specific age groups and needs are going to help to decrease length of stay where they will be able to address the client's needs quicker and in a more age-appropriate manner. He said this will also reduce restraints and other areas that are happening. Reviewing professional staffing schedules will ensure strong coverage throughout the week to support direct care staff, like the staff member who provided public comment. NGU wants to make sure there is access to professional staff so direct-care staff can engage with them, ask questions, or be given tools providing impact with the clients receiving services. Mr. Cox said improving the therapeutic community is another prong to Priority 4; to improve social interactions, activities, vocational training opportunities, and receive program input from clients. He said as the therapeutic community is improved, length of stays also will decrease along with restraints and those areas of the Commission's concerns.

Priority 5 – Medical and Safety: Mr. Cox said NGU is in a remote location and there are many benefits to that since clients are away from the stimuli of the city but there are also many complications when it comes to access to different services. He said ensuring NGU combines online and on-site resources and is engaging again with the Board of Pharmacy to improve medical dispensary management will be important to help make sure restraints are not occurring repeatedly for the same clients. Also important are increasing additional staff authorized to provide medication management and developing a strong community provider relationship to improve outside treatment. Additionally important is following up on medical issues such as dental and vision or simple injuries that might occur from playing basketball or being out at the facility since NGU is a very open facility with outdoor basketball courts, fields, and many opportunities to be out in nature. Mr. Cox said making sure to spend more time in the community to identify community provider relationships which can strengthen response to medical needs and reviewing professional staff schedules to ensure timely evaluation and treatment will address making sure physicians and/or physician designees are available to attend to clients. He said spreading those professional staff throughout the day, the weekend, and the program is important.

Priority 6 – Documentation: Mr. Cox said NGU is increasing training for the direct care staff documentation required for involvement in an incident. He said it is their sole responsibility to be able to articulate what they did, what de-escalation steps they took, their interactions with the client, and their reasons to provide a physical hold according to the training that they receive. The training provides potential chart examples and scenarios to allow for evaluation of documentation improvements. Increasing internal documentation audit cycles and immediate remediation will also help and are important. Reviewing treatment plans to make sure they are being modified and adjusting treatment plans as restraints are occurring will hopefully benefit decreases in occurrences.

Priority 7 – Facility: Mr. Cox said NGU wants to work towards weekly walk-throughs to document all damages, any safety concerns, and soften the programming environment to achieve a more living-room model or more community-based feel. He said over one million dollars were spent in the last several months to improve the basic facility. At this point, NGU is moving into softening the programming environment to provide a better feel for clients and to allow for the Sanctuary Model, trauma-informed space which will also help decrease restraints and provide a better environment for children to receive services.

Priority 8 – Behavioral Tools: Mr. Cox said NGU will continue to seek out behavioral tools, additional de-escalation tools, behavioral tools, and techniques and training for direct care staff. Refining the incident log with regular trend analysis will be important to watching repeated trends of the same client. This will allow for a quicker pace of intervention so that the treatment plan can be modified and the client can receive additional services. He said NGU is continuing to provide additional training on therapeutic physical interventions with monthly practice sessions to create a sense of confidence and make sure staff members truly understand what they need to do in a situation, as well as know how to apply those physical skills safely. The Commission, advocacy agencies, and others know that physical restraints are not done in a perfect world. Clients do fight back and staff struggle to maintain a hold in which the client is safe. Physical intervention trainings talk about the need for staff members to quickly make adjustments and seek additional staff member help to ensure physical skills are being applied appropriately as they are dynamic in nature. Mr. Cos said here is a risk every time a physical intervention occurs. He said there is a risk to everyone involved and NGU wants to make certain those outcomes are more successful and reduce potential harm to clients though additional training so staff can continue to feel more confident and prepared when the need arises. Reducing primary and secondary trauma is a huge area of concern. NGU is implementing the Sanctuary Model of Care with the intent to continue to integrate that cultural change at the facility to reduce primary trauma that may have occurred to the client prior to admission, and also not to introduce yet more secondary trauma. Clients are asked specifically what they need direct care staff members to know if they were to be engaged in a physical hold for their safety. Clients are asked about past history of physical harm so staff members can know how to approach them. This will reduce the length of physical holds and potentially eliminate the actual use of a hold. It is NGU's intention to continually refine the process and ensure safety plans are utilized appropriately by direct care staff to reduce trauma. Mr. Cox said training, debriefing, and demystification of the interaction by letting clients and staff talk about what they need in those situations will also reduce restraints and build rapport between clients and staff members.

Mr. Cox said NGU will continue to approach these activities in a holistic manner in collaboration with Medicaid and HCQC, versus trying to address a simple, salient point of what their efforts are to address the Commission's concerns.

Michael Spindler said one of the key elements of the Sanctuary Model is to help clients identify their own triggers and develop appropriate coping mechanisms. He said it takes at least six months to integrate a new model into the fabric of the facility and they are in the process right now of building a robust in-service training program particularly designed for direct care staff and youth mentors. A venue has been created for children to meet regularly with leadership and talk about their concerns, their issues, their complaints, the food, what they like, and what they don't like. They created and initiated a biweekly parent support group which is launching next week at outpatient locations. The purpose is to enhance communication between parents and staff and there is an open invitation to any parent who would like to attend. Mr. Spindler said data collection over the initial three weeks in October, beginning on October 1st through yesterday, showed a 40% reduction in restraints. He said is was very short period of time and is not emblematic of anything that constitutes a longitudinal study, but it was very encouraging and NGU hopes that this is a harbinger of ongoing and continued reduction of restraints. Mr. Spindler said restraining a child is traumatizing for the child and for the staff, and NGU's preference is to never do it. He said they are committed to bring the number of restraints down and reduce duration of restraints.

Commissioner Lisa Ruiz Lee asked how long NGU had been in operation? Daniel Cox said the Youth Center program started in June of 2017. Commissioner Ruiz Lee asked how many beds the facility was licensed for? Mr. Cox said NGU originally started with licensure for 91 beds, but recently increased to 144 beds in March of 2022. Commissioner Ruiz Lee ask if that was before or after NGU's corrective plan was issued? Mr. Cox said it was before and was during the transition from a previous company structure to a new company structure. Commissioner Ruiz Lee asked if the number of beds was not reduced by HCQC, even with the plan of correction that was put in place? Mr. Cox replied that the bed increase occurred in March of this year's investigation which happened through July and August and the submission of NGU's plan of correction happened at the end of August with HCQC's acceptance of it, with no change and no conditions placed on the facility license. Commissioner Ruiz Lee asked about NGU's occupancy rate. Mr. Cox responded that the average census is at 52. Commissioner Ruiz Lee asked Mr. Cox to clarify that there are currently quite a few open beds, with the difference between 52 and 144 beds. She asked if NGU is staffed for 144 kids? Mr. Cox said no, and that in residential care, NGU just staffs as intakes are coming in. He said Admissions and HR work in tangent and in step to review clients and accept them to make sure staffing is brought in to be responsive to that particular census as it grows. Commissioner Ruize Lee asked about the length of stay and said although NGU talked a lot about length of stay, she did not know that the Commission had actually received a number. Mr. Cox said the average length of stay at this point has been (because of the 10-month mark) anywhere from 9 to 12 months, depending on what slice of time you take. He said NGU forced no discharges during the pandemic which definitely impacted length of stay averages. Commissioner Ruiz Lee asked if NGU was certified in the Sanctuary Model or if they were pursing certification? Mr. Cox said Mr. Spindler was trained by Dr. Bloom herself when he was operating facilities back in the East and he was NGU's resource for implementing the Sanctuary Model. Commissioner Ruiz Lee asked if NGU envisioned certifying the facility as a whole? Mr. Cox said at some point they do like site certifications and there have been ongoing discussions. Michael Spindler said this is

something NGU is looking at and it certainly is an option. He said he was a certified trainer and has a personal relationship with Dr. Bloom who runs the Institute at the Andrews Home in Yonkers, NY, and that was certainly something worth of consideration. Commissioner Ruiz Lee asked if NGU was accredited by the Commission on Accreditation of Rehabilitation Facilities (CARP) throughout all of the investigations? Mr. Cox said CARP received the same HCQC report and was able to review and work with the outcomes. He said NGU was allowed to submit a full conformance review of the international standards of care with all requested documentation to them. He said a review was done of that in step with what the investigation was turning out to clear the holes inside of the advocacy report and they ultimately issued NGU still their full three-year accreditation with no conditions and no changes. Commissioner Ruiz Lee asked about NGU's primary referral sources and where they were coming from? She said it was her understanding that Clark County Juvenile Justice and Family Services would not make placement in NGU's facility and if that was correct? Mr. Cox answered that they have a vetting process which NGU has not fully pursued and that the vetting package requires submission of all policies and procedures, followed by a clinical review and clinical staff interviews. He said NGU has not fully pursued that vetting process to the end. Commissioner Ruiz Lee asked if DCFS was still making placements at NGU's facility and if Medicaid was allowing placements? Mr. Cox answered yes to both questions. Commissioner Ruiz-Lee asked if there was a period of time when these agencies were not allowing admissions? Mr. Cox said during the time that NGU was working with HCQC, they had worked on basically an admissions hold to allow NGU the time to go through all the necessary required steps.

Commissioner Giron asked what was the ratio of staffing to the children? Mr. Cox said Nevada State Statute states the facility will ensure an appropriate safe staff ratio according to the needs of the clients. He said NGU ratios fluctuate a lot between one-to-three, to one-to-four, and sometimes that ratio can be higher, it changes at night as well, just based on typical residential treatment modeling.

Chairman Schrag thanked Daniel Cox for the report and said for the record, that from what he was learning about NGU's facility, they were going to make these changes and implement efforts to improve documentation. He said he thought these changes were needed and from his work in facilities with inpatient staff, there is always the concern about the bottom line in terms of where we start. He said he thought the parents and the children would be able to let the Commission know how that proceeds. Mr. Cox said there are many changes to programs, treatment, and staff training and NGU wants to make sure Commissioners see those changes implemented in the reports. He said NGU wants to make there is follow-up on the idea of treatment plans and implementation of the Sanctuary Care Model. Mr. Schrag said he was looking forward to the changes.

Mr. Cox said he wanted to ensure the Commission knew that NGU's efforts in the adjustment of the program were not necessarily just sparked by these particular involvements from external agencies. He said Medicaid can speak to the fact NGU engaged with them all the way back in March of this year, and sometimes even since 2017 to talk about sustainability and ensure NGU could continue to increase their program. He said the activity NGU did this year was very extensive and they submitted page after page of information for to review; articulating NGU's desire to increase services and provide stronger staff involvement at the facility level in response to the changing economic environment and the need to better support staff and clients. NGU was well

on the way of doing many programming changes and had already initiated a multi-million-dollar facility renovation at the beginning of this year in February. He said through this year they initiated a number of things prior to different external stakeholders coming in. He said the main issue is that there is a changing expectation in mental health and the State of Nevada themselves has seen there is a lot of pressure to get this system of care figured out immediately. NGU has shifted a lot of their energy and values the involvement and continued oversight of external agencies (HCQC, Medicaid, and DCFS) along with the Commission. Mr. Cox said the multidisciplinary nature of the Commission needs to be leveraged by NGU's facility in a much better way to move objectives forward and see the results and outcomes of that implementation. He said NGU is now shortening that implementation timeframe based on the entire State's need to act quicker.

Commissioner Giron asked Mr. Cox how often he was at the facility, walking through and sitting with staff? He asked how often Mr. Cox was present on the floor with the kids and if he had lunch with them? Mr. Cox said when the facility was first established in 2017, he was there all the time and active on campus. As the years progressed, NGU's leadership structure was implemented with an executive program director and a facility program director/administrator onsite. He said these were positions he used to hold and he now has staff members placed in those roles. He said if he looked at a three-to-four-month window, he had been onsite multiple times each month to walk through the facility with staff. Currently the direct leaders at the facility are heavily involved and he said he spent more time with stakeholders and regulatory agencies working through some of the other dynamics. Currently, the plan for the next 60 days is to also spend four-to-five days per week at the facility, or as needed, based on the facility administration's requests. Mr. Cox said he is hoping that as he and others are deployed, they can increase the implementation phase over the next 60 days.

Commissioner Lisa Ruiz Lee asked how much time Mr. Spindler spends on campus? Mr. Spindler replied that he is on campus two days a week. Commissioner Ruiz Lee asked if he was providing any direct clinical services to children who are enrolled in the program or just providing oversight of the Sanctuary Model implementation? Mr. Spindler replied that he does not provide any services directly to children and his work is in relation to staff with his focus primarily on supervision, consultation, etc. Commissioner Ruiz-Lee asked how long Mr. Spindler had been on campus onsite? Mr. Spindler said he had been involved with the program since 2018. Commissioner Ruiz-Lee asked if the Sanctuary Model has been implemented since 2018 or was it new? Mr. Spindler said it was not new and NGU began implementation of the model and training this past spring. He said they concluded the training right around the end of the summer and are in the process of implementing it now. Commissioner Ruiz-Lee asked what Mr. Spindler's role and responsibilities were on campus prior to the Sanctuary Model implementation? Mr. Spindler said his role was consultation around cases and training of direct care staff. He said he provided supervision and consultation to NGU clinical staff and clinical directors and provided administrative consultation and training.

Commissioner Operario asked what the staff mix looked like qualification-wise for staff providing direct care? Mr. Cox said the bulk of the direct care staff coming in and providing supervision (what they refer to mentors) can come in with no introductions to the industry; meaning that they might have no particular past experience in residential care which is an obvious hole in the State of Nevada. He said, given that there is not a lot of residential care, since 2017 NGU has probably

been the sole builder of the residential workforce for the State of Nevada. He said as NGU has been able to bring on people and attempt to train them into this particular level, they work with them to train them to understand the model, which is a complicated task in itself. He said NGU has several layers of different staff members; clinical staff, medical staff, a med-tech, LPNs, medication managers, medication providers, APRNs, psychiatrists, and the medical director. Other staff members work beneath therapists to provide social-based groups and skill-based activities, which they refer to as qualified psychiatric counselors. Mr. Cox said most of these staff members are bachelor/master level or have experience in the residential space.

Commissioner Cooper asked how much time kids are getting in front of a licensed professional for mental health services on a daily basis (Licensed Clinical Social Workers/LCSWs, or Licensed Clinical Professional Counselors/LCPCs)? Mr. Cox said clinical staff determine particular kids are set for their weekly sessions with a therapist and group sessions. He said there has been a lot of activity to continue to support the interaction that the therapist needs to happen by utilizing the qualified psychiatric counselors to continue doing subgroups to increase that involvement. He said one of the bigger shifts that NGU made in the last two months was slowly, dissonantly, reducing reliance on teletherapy and they have terminated the teletherapy group contract. NGU has increased onsite therapists so they are directly onsite and available to kids during a crisis or other activities. Mr. Cox said the intention is to continue to increase the kids' exposure to those professional staff members but also leverage the fact that residential treatment is therapeutic in all aspects; everything that happens in residential treatment should be and must be designed to be therapeutic. He said the treatment team and the clinicians are guiding that and NGU's objective is to continue to get more onsite therapists.

Chairman Schrag said one of the Commissioner's concerns was the length of physical holds, some of which exceeded an hour and asked what NGU had done regarding that? He asked what NGU had identified as the driver to long physical holds and what corrective actions had been taken to mitigate that, notwithstanding the new model that had been implemented? Mr. Cox responded that the actions they have been able to take in the short time was to provide a change of the environment at the facility with the dismantling of the Observation Unit concept and trying to slowly integrate the Sanctuary Unit and those de-escalation spaces. He said they are making sure staff members are really working a lot more on de-escalation and early-intervention steps. He said that many times longer holds are the result of a number of areas failing to intervene quicker. For example, he said NGU is making sure they are doing better at providing clients the space they need to not feel embarrassed or feel they have to take a stronger stance; such as in a situation where a physical hold is initiated in a common space where there are multiple clients observing the incident. Mr. Cox said the Sanctuary Unit has been the biggest push for NGU to get right.

Mr. Cox said this was a work in progress right now and a huge cultural shift that needs to happen. He said NGU is hoping to see and feels like they seen some benefits. They have increased access to prescribing providers; those staff that would actually oversee a restraint that goes past and requires an order. The interaction with the medical staff and those prescribing providers has been worked on to increase their involvement to see if there is a different way to intervene to lower the time that a hold is initiated. He said those were some of the initial steps but the bigger work is what was articulated in the presentation. Chairman Schrag asked if Mr. Cox had a sense of what was the driver to having those holds so long specifically? Mr. Schrag said he knew NGU was looking

at what to do to mitigate them on the back end, but what was the driver that resulted in the holds occurring? Mr. Cox said that similar to what was mentioned in public comment, direct care staff were inappropriately interacting with the clients, not knowing how to de-escalate in a professional manner. He said staff are coming in needing more training and more support. Staff need to be able to be comfortable with what it looks like when a client goes into a psychiatric episode. Mr. Cox said leadership and the facility need to do a better job to ensure direct care staff are trained and also to increase training exposure earlier and in more detail. He said the driving factor was that direct care staff failed to receive the required support that they needed to be at least moderately confident to interact in a psychiatric episode scenario. Mr. Cox said he knew many parents who placed their kids know what it feels like when their kids go into psychiatric episodes. He said parents know how emotionally distraught these kids can get and how scary it can be even for a parent who has raised that particular kid, and for direct care staff coming in and watching a particular episode unfold, it can be unnerving. He said if the facility has not done the job needed to provide direct care staff the context and training to get them comfortable, then holds are going to go much longer than needed because staff are not deploying appropriate de-escalation strategies. Mr. Cox said the driving forces come down to training right and how comfortable staff were in that training. He said the facility recognizes that it must do better at making sure direct care staff are supported in their training and onboarding.

Commissioner Cooper said she appreciate NGU coming out and saying there was a misstep on behalf of the agency. She said she was in charge of training for her own agency and one of the things she noted is that while they need staff, they do not need staff who do not know what they are doing. Commissioner Cooper said she was interested in looking at NGU's new staff training plan. She said it was no secret that NGU has been in the news for these concerns before for a long time. She said she wanted to see how they are training and how that has changed over the last couple of years in relation to being responsive to the boundary violations, confidentiality breaches, and negative interactions between staff and clients. She said in relation to that, she would really like to see where NGU's training plan is now in regard to bringing new, unexperienced staff on board. Mr. Cox said one of the things he would like to speak to was that the State of Nevada does not have a workforce for this and the clear and obvious issue NGU faces is how to do better to be able to take staff who have no reference point and bring them up to speed to provide the services the state needs, being 51st in the nation for access to mental health care. He said workforce is the biggest challenge the State has in whole and as NGU continues to partner and collaborate and as Nevada needs to be critical and have oversight, they need to be open to the reality of the workforce and allow providers such as NGU to continue to work with them. He said NGU needs to receive the support required to be able to find a way to build the workforce similar to states such as New York; a state with 100 years of established residential care which has been able to glean workforce with long residential experience. This is not the case in the State of Nevada right now. Mr. Cox said DCFS received American Rescue Plan Act (ARPA) funding centered around workforce development and the State of Nevada has a huge glaring issue and just does not have the workforce coming in with the experience required. The facility or the provider is left with the responsibility to make sure they lift those particular staff members up. Mr. Cox said that was a hard request and as a facility, he would say these staff have failed in certain areas of their own world and continue to struggle. He said the facility has to be able to recognize that this is the current workforce environment and the moment should be celebrated that the State of Nevada is saying they are ready to change what is going on. This means providers like NGU can continue to find ways to get

workforce development and work with someone like Commissioner Cooper to review training plans. He said the State of Nevada was unique, staff members were unique in their own way, and NGU has to understand and train to their particular needs. NGU has to definitely understand they need to be better at supporting both new and seasoned staff members. He said it would be an irresponsible thought to determine NGU just can't be a provider in Nevada because it does not have a workforce, which would result in children being sent out of state. Since NGU is an in-state provider, the Commission, State licensing, and advocacy groups have a better chance of having oversight because it is possible to drive to the facility versus getting on an airplane and going to a Florida residential facility. He said if NGU needs to be the pioneer to be able to figure out how to be an in-state Nevada provider, then that is a task that they are taking on. He said as Commissioner Cooper noted, it is no secret that NGU is in the news and that is because being in here allows the State and Nevada to show where it needs to do better, He said supporting providers and finding where providers need to do better to navigate this particular state, is a responsibility which falls on everyone's shoulders. He said right now all NGU can do is continue to lean on their stakeholders and be proactive internally to get this right for Nevada's children.

Dr. Giron said the Commission was privileged to monitor and see the workforce training in many Nevada agencies and facilities. He said he was a former Certified Quality Inspector (CQI) instructor and understood the need for safety training. He said implementing CQI in the workforce was the essential and necessary step. Mr. Cox thanked Commissioner Giron and said training was one area they did find. He said NGU employed a restraint physical hold model called the "Calm Every Storm Model" which was just the wrong choice. NGU thought that model would provide better results but it did exactly the opposite, causing injuries. He said the Calm Every Storm Model was not appropriate for NGU's particular environment and they have since moved to CQI which is what staff are going to be receiving and supported in moving forward.

Chairman Schrag noted the time and said he would extend the meeting for as long as quorum could be maintained after 11:00 am. He said as he mentioned in the last session, he was initially going to speak with Mr. Cox, but spoke with Mr. Levin instead very briefly over the phone as was discussed in full disclosure. He said there was no decision making during that call, but he believed Mr. Levin would have some comments to make as well to the Commission.

David Levine, CEO, Epic Behavioral Health (EPIC), thanked the Commissioners for making a special meeting today to discuss how NGU can get better as a facility and how they can be better for Nevada's kids. Hs said as an introduction, EPIC which is the greater company, partnered up with Daniel Cox earlier this year to enhance services in the state of Nevada specifically to build out a continuum of system of care. He said when they came to Nevada, they saw there were two types of care being provided; there were many inpatient options, some outpatient options, but basically nothing in-between. He said they found out that some larger providers who perhaps would succeed in this space were not interested in coming into Nevada because of the various levels that were missing and they would not be able to provide that full system. He said when they came into Nevada there was a lot to be done right away and they spent upwards of $1.2 million on capital improvements at the Amargosa facility, as well as enhancing outpatient services. He said he started working with HCQC and DCFS and brought them out to the facility for two days to talk about priorities and what needed to be done better for the State of Nevada. He said everyone he spoke with (Medicaid, public agencies, various others) want the best for kids and do not want less

beds. They do not want to send kids out of Nevada. He said that bottom line, Nevada is 51st in the United States and we must get to a better place. The way to get there is staffing and staff training. He said obviously workforce is something they really need to work on and they need to get there very quickly. The goal of their organization is to reintegrate kids with their families as fast as possible and keeping them in-state will help. They are looking at multiple other facilities and step-down options where kids could go to school and come back to a therapeutic milieu environment with various types of group therapy. They have been working with various agencies, something that no other private provider has done before, which involves agencies at the beginning stages of their plans. He said, obviously they have some parents and some staff who did not get the services they deserved, that they wanted, that they needed and he would appreciate it if anyone would reach out directly to him. He said he would leave his email and would love to schedule time with anyone and everyone to discuss how they can get better. He said the Commission had been very upfront with where they believe NGU needs to be better and that is why there was a tremendous response and investment from their company. He said they were doubly committed to making this work and they would be here for the long run. They will solve these issues and are not going to cop out even if it gets tough with the many agencies that are involved. Mr. Levin said he was asking for the Nevada Commission on Ethics to collaborate with them as they have not been collaborative in their nature. He said NGU requested various people throughout the agency to talk with them but they still have not had that type of relationship. He said, from the bottom of his heart, he believed that the answer is not shutting down more programs and thought the answer is working together with the various agencies (DCFS, HCQC, Medicaid) assembled in the same room to collaborate as a team. He said they were committed to following up with the Commission, to bring them on campus, and to eventually build out the system of care whether it is with providers already in-state or by bringing in fresh blood to figure out a way to wrap around these kids and look at the holistic point of view. Mr. Levin said he was with the 'safety-first mentality'; making sure that they are de-escalating, giving kids the best care, and doing the best they can with training. He asked everyone to break down silos and work together as a team. He said that was his impassioned plea and he was free to give out his time as needed to meet with everyone and anyone to hear what could be done to be a better provider; not on just one level of care, but on all levels throughout the entire system to make this happen and just do better for kids.

Chairman Schrag reminded Mr. Cox that one of the Commissioner concerns regarded the number of clients with repeated events without a change in their treatment plan. He said that doing the same thing over and over while expecting different results was one definition of insanity and asked what NGU identified as the driver of that issue and what had NGU done to address it? Mr. Cox said some of the main areas they worked on were just working through transparency of the incidents among the treatment team and making sure the treatment team was exposed to the incidences at a faster pace so they are able to review and make modifications to the treatment plan, depending on the trending of a particular client. He said they are assessing physical interventions weekly and making sure they are tracking the clients involved in those particular physical interventions so the treatment team can then be able to review those clients and make adjustments. He said they have introduced a handful of professionals with collectively 35-40, 25, and 20 years of residential treatment experience. He said they have brought in an additional set of individuals to support the review of the increase in audit cycles they are doing to make sure treatment plans are being adjusted at a more appropriate pace and address the needs of the clients as they are seeing that trend. Mr. Cox said it was mainly just an increase of programming oversight.

Michael Spindler said introduction of the Red Flag meeting process has facilitated NGU's ability to respond quickly once a maladaptive behavior has been identified, when a child is in emotional dysregulation or in a crisis for a period of time. He said they now have a methodology to quickly conference that child and adjust the treatment plan accordingly based on their understanding of why that child is going through a tough patch.

Chairman Schrag said the Commission would hold a closed Executive Session to discuss the issues and a final determination would be brought forward to an open public meeting.

Chairman Schrage said due to a loss of quorum, Agenda Item #6 and #7 were tabled.

6. **For Information Only.** Announcements – *Braden Schrag, Chair*

Tabled.

7. **Information Only.** Discussion and Identification of Future Agenda Items. – *Braden Schrag, Chair*

Tabled.

8. **Public Comment.** *No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.*

Chairman Schrag reminded everyone that Public Comment was not to exceed two minutes. He said if there were issues or concerns raised that were more specific to a regulatory or law enforcement capacity, he requested they be brought forward to those appropriate agencies, as the Commission is not a regulatory or enforcement body per statue for certain aspects.

Kehaulani McCullough said was cool that NGU is making these changes now, but they still need to be accountable for the damage to staff and children. She said she would be reaching out to Mr. Levin to speak to him on the things that have happened. She said NGU spoke of a 40% decrease in restraints at NGU and asked if this was because NGU is not reporting or if they are altering statements of facts and remediations? NGU has one staff member for 9 to12 students and youth mentors are not really allowed to mentor. Staff are really glorified babysitters. She said listening to NGU made her sick with her heart beating fast just to hear all the lies. They do not know what is going on at the facility and she has never met Matt or [inaudible] and does not know who they are. She said she was never introduced to the Sanctuary Model that was implemented. She felt that the Calm Every Storm Model was not the issue and instead it was the lack of training because the new holds actually hurt children more. She said there is a disconnect and NGU is just hiring anybody anyone right now. She gave an example of a staff member who was actually on suspension because of her background months after she had already worked at the facility. There was another staff member recently let go for background but she was already working. She said NGU loves to paint themselves as a desert oasis with picturesque views where children can heal in the least restrictive environment and be

given the tools to be confidently go back into society and successfully return to their families, but NGU lacks integrity and that was an outright lie. She said NGU spoke of staff having no fear of retaliation but she had been retaliated against; harassed, bullied, and ostracized, with NGU making a final decision deeming her as not a good fit after she spoke against the abuse and neglect. She said actions will prove who NGU is and if they are willing to truly make these changes or if it is just for show. She described an example of NGU giving kids Crocs and holding a carnival at the time the State announced a visit so that they would appear to be happy, with everything on the up-and-up. She asked NGU if the changes they were talking about implementing were for show or were they for real? She said while everyone was playing around with these ideas, there were actually kids suffering, becoming further traumatized by NGU, and leaving the program worse than when they came into the program.

Carissa Tashiro clarified that the Nevada Disability Advocacy and Law Center is a federally mandated Nevada State-designated private nonprofit organization which is part of a national network created by federal law to give voice to people with disabilities who reside in facilities. She said the Center's monitoring team has completed Labor Relations Alternatives (LRA) training, which is a nationally respected provider, and their interest is in ensuring the legal rights, safety, and access to treatment for children. She said while they appreciated today's conversation about improving the model of care, the problem is there are kids at NGU now who are unsafe and not receiving the treatment they need. There is a significant discrepancy between what NGU said at today's meeting and what their monitoring team has observed at the facility; not just historically, but during their most recent visits. She said two weeks ago, she observed a child in the former Observation Unit now called the Sanctuary, but it was still a windowless room with carpeted walls. The child said she had been in seclusion for 48 hours, only leaving to go to the dorms at night, all because she had broken a rule. She observed a youth subject to chemical restraint, unable to follow a conversation. She said she saw a child clearly in distress who tearfully told a staff member that she wanted to kill herself and watched as the staff member told the child she was busy and turned her away. She talked to youth and parents who did not know what a treatment plan is and staff who have never heard of the Sanctuary Model. She said there is no one kids can call for help, despite the Center's repeated requests. NGU has not allowed kids access to a private phone so that they can call them, as is required by law. Social calls to parents are limited to two minutes and staff disconnect the call if the youth talk about something controversial. She said there needs to be further conversations about how we can improve behavioral health for kids in Nevada. There should be collaboration between advocates, providers, and state agencies, but we can't talk about six months for fixing problems at a facility while kids are still there and still at risk. Ms. Tashiro restated her offer to provide a monitoring report to the Commission and said she put her email in the Chat. She appreciated and thanked the Commission's work and asked for actions to protect these kids.

Veronica Benavidez said she was upset about hearing Daniel Cox talk about doing once a month walkthroughs of the facility which is an hour and a half away in the desert, where staff members were not adequately or appropriately taking care of these children. She said she trusted her child to NGU to give proper care but heard stories from her son that she should not be hearing. She said she was not just advocating on her son's behalf since he is no longer at the facility but was advocating for other much younger children who need someone to step in and help. She said she

was a parent who tried to communicate with NGU many times and was hands-on with his treatment. Her son was at NGU for two and a half years and did not receive proper treatment. Her son has PTSD now and he suffered trauma from restraints, being hurt, being cut while at the facility and she never received notification. She said NGU talked about transparency with staff and there was no transparency with parents. She said a trainer needed to be at the facility and a walk-through is not enough for NGU leaders to ensure quality of care and acceptable daily staff performance. Her son talked about sexual misconduct in the program and inappropriate things being shared with children, which needs to be investigated further. She said NGU was not a safe place for children which was why her son was no longer there and that he came home worse than before his stay at the facility.

Bree Ann (Guest: last name not given) said she saw kids get punched and caused bodily harm from the restraints. She said she has a broken toe from the restraints, which is still broken. She was left in pain for three months until she received help even though she said she was in pain. She said she heard adults and other kids talk and there was sexual misconduct where staff were doing stuff to the kids. She did not think proper background checks were done. Kids were blamed for bruises they received from restraints, but it was the staff. She said kids come into the facility with trauma and when they are put in certain restraints it causes more trauma and flashbacks, making them worse. She said her actions had gotten worse and while she was there she learned to do several things she had never done before, but she did them. She said when she turned 18, NGU kept her in the Storm Room for two months straight which was basically like quarantine, and they did not let her be with anyone because they were underage. She said that was not right and it was cruel and mean.

Chairman Schrag thanked everyone for their public comment and thanked NGU and EPIC staff for sharing information. He said he appreciated the public comments and said the Commission wanted to make sure Nevada has a safe environment for all children by collectively moving forward to elevate the quality and continuum of care. He appreciated everyone's time and encouraged everyone to work together to develop, improve, and advance Nevada's standing as providers and as a community.

9. **Adjournment. –** *Braden Schrag, Chair*

The meeting was adjourned at 11:34 am.

CHAT TRANSCRIPT

8:38 AM Meeting started
[8:42 AM] Kary Wilder
Welcome to the Commission on Behavioral Health Meeting with DCFS!
[8:42 AM] Kary Wilder
Please enter your name, title and organization in the Chat for the record.
[8:42 AM] Kary Wilder
Thank you!
[8:42 AM] Kary Wilder
Kary Wilder, AAIII, PEU Admin Support, DCFS

[8:43 AM] Joelle McNutt
Joelle McNutt, Executive Director for NVBOE for MFT & CPC
[8:49 AM]
Kaleah Cage and Daniel Cox (External) were invited to the meeting.
[8:49 AM] Kary Wilder
This meeting is being recorded.
[8:51 AM]
Kehaulani McCullough (Guest) was invited to the meeting.
[8:51 AM] Daniel Cox
Daniel Cox - Never Give Up Residential
[8:53 AM] Shannon Hill
Shannon Hill - DCFS System of Care Grant Unit
[8:54 AM] Dazzrael Kirby
Dazzrael Kirby, Developmental Specialist, NEIS
[9:00 AM] Greyson Whitehorn
Greyson Whitehorn, Youth MOVE Nevada
[9:00 AM]
Braden Schrag (External) was invited to the meeting.
[9:00 AM] Linda Anderson (Guest)
Linda Anderson, Nevada Public Health Foundation. Good Morning
[9:00 AM] Carrisa Tashiro
Carrisa Tashiro, Nevada Disability Advocacy & Law Center
[9:00 AM] Amna Khawaja
Amna Khawaja - DCFS System of Care Grant Unit
[9:00 AM] Matthew Cox
Matthew Cox with Epic Behavioral Health Group
[9:00 AM] Jennifer M. Spencer
Jennifer Spencer, DAG
[9:00 AM] Beverly Burton
Bev Burton, DCFS/SOC
[9:00 AM]
Lisa Ruiz-Lee was invited to the meeting.
[9:00 AM] Sarah Dearborn
Sarah Dearborn, DHCFP, Behavioral Health Unit
[9:00 AM] Abigail Bailey
Abigail Bailey, DHCFP, Behavioral Health Unit
[9:00 AM]
Vanessa Dunn (External) was invited to the meeting.
[9:01 AM] Kehaulani McCullough
Kehaulani McCullough Recent Former Staff (Youth Mentor)
[9:01 AM]
Julie A. Slabaugh left the chat.
[9:01 AM] Kaleah Cage
Kaleah Cage Nevada Disability Advocacy & Law Center
[9:01 AM] Vanessa Dunn
Vanessa Dunn, Belz & Case Government Affairs

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[9:02 AM] Karen Oppenlander
I would add my name IF I could figure out how to do that!
[9:08 AM] Jacqueline Wade
Dr. Jackie Wade, Deputy Administrator Community/Residential Services-DCFS
[9:09 AM]
Matthew Cox (Guest) was invited to the meeting.
[9:10 AM] Kary Wilder
Please type your name, title and organization in the Chat for the record. Thank you!
[9:10 AM]
Mia Mallette was invited to the meeting.
[9:10 AM]
MIA (Guest) left the chat.
[9:10 AM]
Matthew Cox (Guest) left the chat.
[9:11 AM] Kary Wilder
Thank you for joining this meeting. Please state your name, title and organization before speaking for the record.
[9:11 AM]
Jack Mayes (Guest) was invited to the meeting.
[9:12 AM]
Eboni Washington was invited to the meeting.
[9:13 AM]
Elizah (Guest) was invited to the meeting.
[9:13 AM] Karen Oppenlander
Karen Oppenlander, Board of Examiners for Social Workers
[9:20 AM] Carrisa Tashiro
There will be public comment at the end of the meeting as well.
[9:20 AM] Carrisa Tashiro
Thank you!
[9:24 AM]
Elizah (Guest) left the chat.
[9:30 AM] Kary Wilder
For administrative support for this meeting, please contact Kary Wilder, PEU Admin Support. kwilder@dcfs.nv.gov.
[9:30 AM]
Edwards, Dorothy A (External) was invited to the meeting.
[9:44 AM]
Santiago (Guest) was invited to the meeting.
[9:44 AM]
Santiago (Guest) left the chat.
[9:44 AM]
Santiago (Guest) was invited to the meeting.
[9:49 AM]
Char Frost (External) was invited to the meeting.
[9:44 AM]
Santiago (Guest) left the chat.

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[9:44 AM]
Santiago (Guest) was invited to the meeting.
[9:49 AM]
Char Frost (External) was invited to the meeting.
[9:54 AM]
Santiago (Guest) left the chat.
[9:56 AM]
Santiago (Guest) was invited to the meeting.
[10:29 AM]
Eboni Washington left the chat.
[10:43 AM]
Trina Bilich was invited to the meeting.
[10:44 AM] Kehaulani McCullough
Because we weren't taught.
[10:49 AM] Veronica & Felix Benavidez (Guest)
Leadership Supervison and quality of Care. Quality of staff not quantity. NGU has High staff turn around staff thrown into this work environment that requires appropriate training to deal with deescalating children especially to prevent restraint.
[10:57 AM] Karen Oppenlander
Thank you for the invite to this meeting. I have a back-to-back meeting that begins at 11 a.m. I appreciate that the Chair must extend this meeting. I will need to catch up with this important discussion topic in the future.
[10:58 AM] Beverly Burton
Hello, I am a trainer of System of Care overview and part of the System of Care Grant unit. I would like to offer the opportunity to provide this training to NGU staff if there is an interest. I have to jump onto another meeting so Please reach out and contact me if you are interested.
bburton@dcfs.nv.gov
[10:58 AM] Daniel Cox
Thank you Beverly. We will reach out immediately.
[11:00 AM] Kehaulani McCullough
I would LOVE to speak with you.
[11:02 AM] Gregory Giron
I have to go
[11:02 AM] Char Frost
The SOC also offers a training titled Advancing Health Equity and Improving Cultural Competence in our Practice that includes CEUs.
[11:04 AM] Kehaulani McCullough
How unfortunate.
[11:04 AM] David Levin
my email is david@epicbh.net
[11:05 AM] David Levin
Please reach out to me, I would like to meet with you
[11:17 AM] Bree Ann (Guest)
kehaulani mccullough what is ur gmail
[11:19 AM] Bree Ann (Guest)
its bree ann

[11:21 AM] Carrisa Tashiro
carrisa@ndalc.org
[11:22 AM] Kehaulani McCullough
Keh.nardil@gmail.com
[11:23 AM] Kehaulani McCullough
Agreed
[11:24 AM] Kehaulani McCullough
Agreed
[11:27 AM] Edwards, Dorothy A
I'm sorry I need to jump off
[11:27 AM] Kehaulani McCullough
Facts they did. And they would forget about her often and forget to feed her frequently.
[11:27 AM] Bree Ann (Guest)
yes
[11:28 AM] Carrisa Tashiro Thank you all
[11:28 AM]
Santiago (Guest) left the chat.
[11:28 AM]
Santiago (Guest) was invited to the meeting.
[11:28 AM] Veronica & Felix Benavidez (Guest)
This is not acceptable that is Child Abuse this needs to be further looked into
[11:28 AM]
Kehaulani McCullough (Guest) left the chat.
[11:28 AM]
Lisa Ruiz-Lee left the chat.
[11:28 AM]
Bree Ann (Guest) left the chat.
[11:28 AM]
Trina Bilich left the chat.
[11:28 AM]
Operario, Arvin left the chat.
[11:29 AM]
Veronica & Felix Benavidez (Guest) left the chat.
[11:29 AM]
miss Johnson (Guest) left the chat.
[11:29 AM]
Carlo DeCicco left the chat.
[11:29 AM]
David Levin (External) left the chat.
[11:29 AM]
Kate Osti left the chat.
[11:29 AM]
Santiago (Guest) left the chat.
[11:29 AM]
Matthew Cox (Guest) left the chat.
[11:29 AM]

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Donnie Graham left the chat.
[11:31 AM]
11:31 AM Meeting ended: 2h 53m

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