



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



COMMISSION ON BEHAVIORAL HEALTH WITH DCFS
DIVISION OF CHILD AND FAMILY SERVICES
JANUARY 12, 2023
MEETING MINUTES

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

COMMISSIONERS PRESENT:

1. Braden Schrag
2. Dan Ficalora
3. Gregory Giron
4. Lisa Durette
5. Lisa Ruiz-Lee

COMMISSIONERS NOT PRESENT

1. Arvin Operario
2. Jasmine Cooper
3. Natasha Mosby

STAFF AND GUESTS

1. Abigail Bailey
2. Amanda Haboush
3. Amna Khawaja
4. Autumn Blattman
5. Becky Homer
6. Beverly Burton
7. Bree Ann
8. Carlo DeCicco
9. Caroline Taylor
10. Carrisa Tashiro
11. Char Frost
12. Dan Rose
13. Daniel Cox
14. Daniel Leal
15. David Levin
16. Dazzrael Kirby
17. Donnie Graham

18. Dorothy Edwards
19. Eboni Washington
20. Elizah
21. Greyson Whitehorn
22. Gwendolyn Greene
23. Hana Fahmi
24. Jack Mayes
25. Jacqueline Wade
26. James Lemos
27. Jennifer Spencer
28. Joelle McNutt
29. Judy Oliver
30. Julie Slabaugh
31. Kaleah Cage
32. Karen Oppenlander
33. Kary Wilder
34. Kate Osti
35. Kathryn Martin
36. Kathryn Rosaschi
37. Kehaulani McCullough
38. Kyle Dunlap
39. Linda Anderson
40. Matthew Cox
41. Mia Mallette
42. Michael Spindler
43. Michelle Bennett
44. Miss Johnson
45. Nicole Mara
46. Sabrina Schnur
47. Santiago
48. Sarah Dearborn
49. Serene Pack
50. Shannon Hill
51. Sharon Anderson
52. Sherry Stevens
53. Trina Bilich
54. Vanessa Dunn
55. Veronica & Felix Benavidez
56. William Wyss
57. 17022578150
58. 17753337878
59. 17757215829
60. 19176822148

1. **Call to Order and Introductions.** *Braden Schrag, Chairman, Commission on Behavioral Health with DCFS*, called the meeting to order at 9:04 am. *Kathryn Martin, Division of Child*

and Family Services (DCFS), conducted roll call and quorum was established with five 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.

Amanda Haboush announced that the Nevada Institute for Children is helping host Children's Week at the state legislature, March 13th-16th. Tuesday is dedicated to children's mental health and a bus will provide free transportation from Las Vegas to Carson City for families who would like to join. The Children's Advocacy Alliance will also sponsor an additional bus if needed to help have a presence throughout the week. Hotels and food have been donated and the registration link is posted in the Chat.

3. **For Possible Action.** Approval of the October 10, 2022 Special Meeting Minutes – *Braden Schrag, Chairman*

It was noted that Commissioner Durette and Commissioner Ficalora were not present at the October Meeting.

MOTION: Lisa Durette made a motion to approve the October 20, 2022 Special Meeting Minutes with changes as noted.

SECOND: Gregory Giron

VOTE: Unanimous with no opposition or abstention

4. **For Possible Action.** Update on Commissioner Concerns Including Suggestions and Possible Recommendations Regarding Seclusion and Restraint Reports from Never Give Up Youth Healing Center – *David Levin, CEO, Epic Behavioral Health and Never Give Up Youth Healing Center*

David Levin reported NGU recently made organizational structure changes and he met with his team, community partners, and acute care hospitals to discuss the importance of properly stepping-down kids from acute care in a way that is strong and lasting. Mr. Levin said NGU made a financial commitment for over a million and a half dollars investing in capital improvements (structural and safety). Investments have also been made in training employees to improve quality. They have met with tremendous success and many activities will be occurring over the next 90 days. NGU's vision is to reduce the number of holds, duration of holds and improve successful reintegration with families. Leadership is invested in this second year of being in Nevada to seeing Nevada succeed and while the challenges have been tough and working with the system needs improvements, NGU is seeing success in coordinating and working together with community partners. NGU is the only and largest Nevada facility that takes in children who would otherwise be sent out of state, making family reintegration difficult. Mr. Levin said NGU and Epic Behavioral are committed to caring for Nevada's communities and collaborating with community partners.

He introduced Becky Homer, Vice President of Client Services at NGU. Ms. Homer said she has a master's degree in mental health counseling and is a certified substance abuse counselor. She

has lived in Nevada since 2006 and held leadership positions at Mona Vista Hospital, Desert Hope and Desert Parkway.

Michael Spindler, Chief Clinical Coordinator, gave an update on NGU's Sanctuary® Model of Care training initiative. Leadership training concluded in September and NGU began implementing the campus-wide Sanctuary® Model. Offsite Sanctuary trainings were conducted for 128 staff members. More than 90% of all staff are currently fully trained in the Sanctuary® Model of Care. The training is posted on the NGU training platform and is being used to train new hires and provide refresher training for current staff.

Ms. Homer reported youth and staff meetings are taking place twice each day. Leadership and staff have begun to use Sanctuary language throughout the campus and the Sanctuary® Model is continually being monitored by administrative staff. Employees have embraced the opportunity to shift NGU's culture to a more democratic model which embraces nonviolence, social responsibility and commitment to growth and change. NGU is beginning to see positive outcomes. Physical holds have decreased in number and duration. Communication among staff regarding children admitted to the program has dramatically improved. Staff are now provided with a brief clinical summary on each child which includes their clinical history, triggers, coping skills, capacity and safety plan. Red flag meetings are now taking place on a regular basis and can be requested by any staff member. The full Sanctuary® Model implementation can take eight to 12 months to become fully integrated into the program and staff have responded positively to greater transparency, communication and the commitment to creating a safe community where all staff and client voices are heard.

Ms. Homer reported that data on safety holds and restraints from November and December 2022 (after the Sanctuary® Model implementation began) was compared to July and August of 2022 and NGU realized a 53% decrease in the use of physical restraints. The duration of physical holds continues to decrease month over month. In October of 2022, the average duration of a physical hold was eight minutes. In November, 2022, the average hold duration was seven minutes, 50 seconds, and in December 2022, the average physical hold duration was seven minutes. This represents a total decrease from October to December of 13%. Ms. Homer said NGU achieved these improvements and outcomes in part and as a result of increased training and the use of de-escalation techniques. All physical restraints are now followed by a documented debriefing session and debriefings are reviewed daily by clinical staff. Clients are provided with the opportunity to discuss the physical hold, why the hold was necessary, and triggers that led to emotional dysregulation.

Ms. Homer said she reviewed items and priorities discussed from the previous meeting and wanted to address each one. She said leadership, structural and organization changes were initiated. She is personally on campus four to five days per week overseeing daily operations. NGU now has a physical plant coordinator who is also on campus four to five days per week overseeing the physical facility and attending to physical plant needs in real time. She reported a more robust interview process has been initiated for all applicants which includes initial screening with the Human Resource department, followed by multiple interviews with program staff, including residential, clinical and medical leadership. 32 Hours of onboarding training is provided before staff begin working with children and topics covered include cultural

competency and Sanctuary® Model training. Crisis prevention training is conducted every six months or more for staff in need of additional training. Two certified trainers are on staff and 98% of employees are fully trained in Crisis Prevention Institute (CPI) training, de-escalation techniques, client rights and responsibilities, and the use of safety plans. New hires are expected to shadow experienced staff for 40 hours before assuming responsibilities. NGU utilizes in-the-moment supervisory intervention which is provided by leadership when appropriate. Staff schedules are continually being adjusted and modified in the service of optimizing staff engagement and mitigating burnout. The admissions process has been broadened to not only include the chief admissions officer and clinical lead, but also the vice president of client services, chief clinical coordinator, as well as the academic director. In an effort to enhance the transition of new clients into the program and ensure youth have an understanding of all elements of NGU, new easy-to-read handbooks have been developed for each new client upon admission which is read together with a staff member. Clients are given the opportunity to have their questions and/or concerns addressed. Clients are also informed of their rights upon admission and when appropriate thereafter.

Ms. Homer reported the previous observation units have been transitioned to the Sanctuary Unit which is designed to support youth in achieving emotional regulation and enable them to return to programming as quickly as possible. Youth may request admission to the Sanctuary Unit if it is included as a safety plan option. All clients, with the support of clinical staff, develop a safety plan which identifies alternate ways to deescalate during stressful situations. The Sanctuary Unit is frequently included as an option in many of the children's safety plans and NGU views the Sanctuary Unit as a short-term coping mechanism which provides children an opportunity to self-regulate with the help of staff. It is not punitive, but rather a support for clients in crisis. Data collection on the number of admissions to the Sanctuary Unit and the lengths of stay has been started. A new electronic record thread was created and has been instituted to provide clinical staff each client's clinical summary, history of the child's safety plans and if there is a self-harm protocol. This also lists each child's coping skills and triggers. The thread enables all staff to obtain pertinent information quickly and efficiently for each child in care and also individualizes interventions they may need.

NGU continues to be challenged in recruitment of medical professionals. They have implemented regular and ongoing use of the advanced practice registered nurse for consultation in an effort to determine whether off campus medical intervention is necessary. A clinical auditor has been retained to address documentation and assist with maintaining adequate and comprehensive treatment plans/worksheets, as well as updating master treatment plans. Additional training is being provided for direct care staff regarding correct documentation of critical incidents. Critical incident reports are monitored for completeness daily. A protocol in which critical incidents are reported to parents within 24 hours of the incident by a member of the clinical department has been implemented. This protocol includes an electronic notification that goes to the clinical team and the team member then notifies parents, explains what happened, and once the parent is notified, the exchange is documented in the child's record. Once the reports have been completed, the staff member acknowledges completeness of the electronic thread and this protocol is supervised by the chief clinical coordinator.

A physical plan coordinator has been hired who interfaces with staff and leadership daily. This coordinator walks the facility daily and initiates repairs, as necessary. In addition, staff leadership, including the CEO, Ms. Homer, VP of Client Services, and the residential administrator conduct daily inspections of the facility and continue to review, assess and initiate facility modifications to make client living quarters as comfortable and homelike as possible.

Ms. Homer reported NGU has made a concerted effort to enhance communications with parents. Parents are now invited and requested to attend their child's treatment team meetings, along with their child. Biweekly parent support groups were initiated and all parents are invited to attend. These groups are chaired by a member of NGU's clinical staff. Parents also have the option of joining virtually in an effort to engage as many parents as possible. David Levin participates regularly, along with other members of the leadership group. Planning and service review meetings have been initiated which are designed to address and provide an opportunity to modify treatment plans for clients who manifest repetitive and maladaptive behaviors or are involved in continual untoward events. Additionally, the planning and service review meetings provide an opportunity which is independent of scheduled treatment team conferences and red flag meetings to address those clients who have reached a plateau in their treatment. These meetings have also been initiated at the nine-month point to determine whether continued care is appropriate based on clinical evidence.

Discharge planning is discussed at the time of the referral through the admission process and regularly with parents during the course of treatment. The discharge planner works closely with families to ensure a smooth transition back home and to a step-down level of care. Average length of stay in July, August and September 2022 was 326 days. Average length of stay in October, November and December 2022 was 277 days (nine-month mark). NGU recognizes they have children in their care longer than desired, which can be attributed mostly to an unsafe environment to discharge to. In order to mitigate that, NGU started working on the discharge plan of each child prior to admission and throughout the time of care to help establish a smooth transition home. Utilizing planning and service review meetings, red flag meetings and a more intensified collaboration effort with parents during those regularly scheduled treatment team meetings has shown to be effective in decreasing the average length of stay by 15%. NGU has also established a Youth Advisory Board where each unit of children selected a representative from their unit to meet biweekly as a group and with leadership to address concerns and/or any programmatic issues. Developing youth voice is a core concept of the Sanctuary® Model to create opportunities for clients to begin making their own decisions and exercise autonomy and control over their lives.

The plan for the next 90 days is for leadership to continue to monitor new initiatives regarding the amount of time children spend in the Sanctuary Unit and monitor the integration of the Sanctuary® Model of Care throughout the program. Leadership will also continue to work towards 100% of all youth being assessed by medical staff immediately after a critical incident. NGU is collecting data on the use of the Sanctuary Unit and hopes to see a reduction in its use with even shorter stays. They hope to improve communication across the program and interdepartmentally through monthly general staff meetings. The physical plant will continue to be closely monitored to expeditiously address repairs to create as comfortable a living environment as possible for the children. New ways of engaging and enhancing communication

with parents will continue and the organizational structure will continue to be evaluated and modified as necessary. NGU is confident through the changes already made and their commitment to enhance services to children, they will continue to evolve and build upon successes already achieved. NGU will continue to prove they can move their program forward in the best interests of children in Nevada.

Michael Spindler said NGU realizes the challenges ahead and has seen some significant movement over the last 90 days in the areas the Commission and other stakeholders identified as concerns. NGU shares those concerns and are committed to continue the process of improving services and dramatically reducing and hopefully eliminating physical restraints through the integration of the Sanctuary® Model.

Braden Schrag asked David Levin specially about past seclusion and restraint data reports that showed 40 to 50-minute duration times for restraints when the national average is around a minute or less. He clarified that Commissioners are the only ones that can ask questions of NGU at this time and other attendees can pose questions in the Chat to be addressed later in the agenda under Public Comment. Mr. Schrag said while the Commission understands NGU is working to change culture through the Sanctuary® Model, Commissioners have significant concerns regarding seclusion and restraint. Mr. Levin responded that NGU and Epic Behavioral are working to ensure the right culture exists to provide the best environment for children.

Michael Spindler said the organizational structure change that David Levin spoke about at the beginning of the meeting is one of the most significant areas NGU addressed in the goal to change current culture, since culture begins with leadership and works its way down. He said Becky Homer has a particular point of view in philosophy about working with children and mitigating the number of restraints and seclusions. She is now overseeing the campus and some former folks who were in leadership positions are no longer involved in the operation of the facility. Mr. Spindler said while it was difficult to separate people who had been with the organization for many years, NGU needed to do that in order to implement the new vision Epic Behavioral created for the NGU program. As a result, NGU has already seen an enormous reduction in average hold times by seven minutes and the number of holds was reduced over October, November and December 2022 by 53%. NGU is not satisfied with those numbers and committed to bringing them down even further, with the goal of eliminating physical restraints altogether. A number of residential treatment centers in the country have moved in that direction.

Michael Spindler said NGU cannot overestimate the impact the Sanctuary® Model implementation has had on NGU's 128 program staff members at all levels of the organization. The Sanctuary® Model has touched every facet and every group of staff in the organization including leadership, the CEO, clinical staff, direct care staff, support staff, human resources, admissions, and maintenance. The Model stresses nonviolence and safety and staff have embraced this approach and are invested in it. Physical holds are frequently replaced with verbal de-escalation techniques and implementation of safety plans. Intensive staff training was done over the last six months which has had enormous impact. The centerpiece of the Sanctuary® Model is the notion that anytime you put your hands on a child, it is traumatizing, causing re-traumatization for the child and is also traumatizing for staff. NGU is working to ensure staff receive 32 hours of crisis intervention and restraint training and shadowing before

hitting the floor. NGU is looking forward to accelerated reductions in holds and duration of holds in Q1 of 2023 and has the goal of becoming the premier service in Nevada. They are not looking at the goal of meeting the averages of one-minute holds but want to get to zero holds and have a treatment center where only alternate types of de-escalation techniques are used. NGU has made it crystal clear with staff that the only justification for a physical restraint is when every verbal de-escalation technique, including the use of safety plans, has been exhausted and the child continues to represent and present a danger to self or others.

Commissioner Durette asked if training was being done in children's mental health diagnosis and understanding the subtle nuances across diagnosis, including what normal development is and how that plays out with the intersection of normal development? She explained that with latency age kids/adolescents, there is a host of diagnosis and clarified she was asking about training across disciplines, including the NGU director and all staff who have interactions with children with a psychiatric diagnosis. She asked if these staff had training in normal childhood development as well as child psychopathology and the intersection of the two? Michael Spindler said NGU's clinical staff are all masters level with postgraduate education received before coming to NGU. Commissioner Durette said she runs masters and couples and family therapy programs and that just because someone has a master's degree, they do not always receive training in child and adolescent specific issues. She said NGU cannot assume staff have that training. Mr. Spindler said that was correct and NGU holds weekly clinical supervision for all clinical staff conducted by the chief clinical coordinator who has been in the field for over 25 years. Direct care staff have been provided (in addition to their regular supervision) clinical summaries on each child in care, explaining their trauma background, triggers, etc. Discussions take place relative to how these influence the child and the nature of the child's intervention. NGU has not begun training relative to developmental issues in children and adolescents and has been immersed in the Sanctuary® Model training for the last three months. Developmental training will be added over the next 90 days. Commissioner Durrett asked Mr. Spindler to clarify that NGU is hospitalizing youth for upwards of 90 days while none of the staff have formal training on childhood psychopathology or childhood development. Mr. Spindler said he would argue that NGU's masters level clinical staff receive two years training and graduate school. Commissioner Durrett said that training and graduate school does not cover child and adolescent psychopathology and that is a huge concern for the Commission.

David Levin said NGU is taking action on the notes from the last meeting and there are people at the meeting today that were not at the last meeting, and people who were at the last meeting that are not here today. He said he is committed to making organizational changes necessary to provide the best outcomes and NGU is looking at two separate trainings (from the University of Oklahoma) to add to their training platform specific to youth and adolescents, along with the offer of an extra stipend or extra rate for direct care staff members. Nevada does not require this training but it is something NGU plans to do to increase the quality of staff and outcomes. Additional clinicians are being hired, more robust programming is being added and he is taking notes on this training concern since this is an issue for the Commission. He said issues important to the Commission are also important to NGU and will be a priority. Michel Spindler said as part of the Sanctuary® Model training, NGU training spends a great deal of time talking about trauma and the relationship between trauma and psychopathology; what the symptomology looks like and the best way for staff to address it. He said while this training was not exactly what

Commissioner Durette was discussing, it was an important element in NGU's training which touches on trauma and its relationship to cycle pathology and diagnosis.

Commissioner Schrag said the Commission is tasked with a specific scope of what they cover and Commissioners need to ensure that not just NGU, but all providers in the state, meet the benchmark and statutory requirements for Nevada's children. The Commission is going to be paying close attention to NGU over the next year or two at a minimum, to see that the collaborative approach and accountability leads to NGU's success. The Commission wants NGU to be successful with Nevada's children receiving the care they need. The Commission wants to see programmatic activities expanded, training programs increased, quality of staff increased, and everything that goes along with that. There are going to be questions as there is a significant history of concern. The Commission needs to ensure that the situation improves as they review NGU's seclusion and restraint data and look at the areas identified which the Commission has purview over. Mr. Schrag said he would hope everyone would expect that and that it is the right thing to do. David Levin said he was appreciative of the Commission letting NGU know of the concerns and he was trying to be as visible as possible. Mr. Levin said NGU would give a full update in 90 days of what is being done specific to training concerns. He provided his email address in the Chat and encouraged everyone with questions and requests for information to email him directly. Commissioner Schrag said there were currently questions posed in the Chat and recommended everyone take Mr. Levin up on his request to receive emails. He encouraged everyone to look at and address those questions, be constructive, listen, and think about how to move forward. He said there are community members who have significant questions with significant emotions attached to them and it was in the best interest of children to continue with a collaborative approach. He said people will still be held accountable and there is need to be direct.

Commissioner Lisa Ruiz Lee asked what NGU census was today? Mr. Levin said it was forty-two. Ms. Ruiz Lee said at the last meeting the census number provided was fifty-two, so it had gone down. She thought the data NGU presented today was helpful and asked for it to be provided in writing for the next meeting. She gave a caution about using broad percentages and explained for example, while stating NGU had a 53% reduction in physical restraints was a helpful tidbit of information, the numerators, denominators and starting/ending numbers really matter. She said for example, if NGU was starting off at five hundred restraints and then decreased 53% from there, what was NGU really talking about (53% from what to what)? She said it was important to have specificity around data and time periods being reported in order to understand numbers presented by NGU.

Commissioner Ruiz Lee said NGU started off the presentation announcing an organizational overhaul (new structure, new leaders) and commented that is very common response, similar to rearranging chairs when things go awry. She said it was mentioned that Matthew Cox and Daniel Cox were no longer with the organization but it was not made clear if they were still actually part of the organization. She said in looking at NGU's website, both individuals were still listed and she would like to understand their actual roles in the organization and what changes have been made other than the new role of Becky Homer. David Levin apologized for not sending the data to the Commission beforehand and will include requested data details going forward. He said Matthew Cox and Daniel Cox were no longer part of the day-to-day operations. Mr. Levin said

he and his partner Jacob Stern have many years of experience operating five-star behavioral facilities providing top-notch care. When NGU first came to Nevada they thought they could work together with the old ownership and build off that to make the facility look more like their other top-notch facilities across the US. With time, NGU was seeing there were improvements, faster growth/faster movement, and real organizational changes needed which was why it was decided recently to remove those individuals from the day-to-day organization. Effective January 1st Matthew Cox and Daniel Cox were no longer part of the managing operation and NGU's website was just not updated yet. Mr. Levin said he and Jacob Stern have been working to ensure they have the best staff in the business and he could provide more information to that theme of expertise in children's mental, behavioral health systems and facilities care. He will share bios for all staff individuals, along with the specific expertise in children's mental health they bring to their roles.

Commissioner Ruiz Lee said as NGU could probably guess (based upon Commissioner's questions today and at the last meeting) that ultimately where the concern lies, is that there is an absence of expertise in children's mental health which is not apparent and evident based upon clinical services being offered at NGU's facility. She said to the degree that NGU can continue to share with the Commission how these issues are being addressed, is the most important issue. The Commission is committed to building mental and behavioral health programs in Nevada and while the current service array is worse than any other state in the nation, acceptance of poor service quality just for the mere existence of the service is not appropriate. Commissioner Ruiz Lee said the issue of quality will be a repeated question. What expertise does NGU have in running their programs and who is working for NGU? Commissioner Ruiz Lee reiterated that what is most important to the Commission is that they want NGU to exist in Nevada and to be providing quality services to children and families. She said as both a parent and community member, if services were going to open up in the community which were subpar or not top of the line, she would rather send her child out of state. Mr. Levin said he would provide requested deliverables and would send staff bios to help answer questions about NGU having staff with the expertise to not only run a good program, but to turn around a program that has struggled in the past. Commissioner Schrag said that he appreciated the open dialog. The Commission's role is to ensure Nevada has quality in-state services and NGU and any facility should be prepared to answer questions and have continued discussions.

Commissioner Dan Ficalora asked David Levin to speak about number of masters-level staff currently employed, their licensure (interns or fully licensed) and where they are in the clinical flow. Becky Homer said she did not have numbers in front of her but most NGU's clinical staff are licensed and they do currently have one intern. She said she has a master's degree and there are a few other staff not on the clinical team with a masters-level education. NGU is adding more robust training (not only for clinical staff) specific to the population being served and needs to do better at better identifying the diagnosis kids are admitted with and making sure that even staff without a master's degree understand some of the symptomology and triggers accompanying specific diagnosis. Ms. Homer said she was taking copious note of these questions to be added to the 90-day plan. David Levin said Michael Spindler is also a licensed master level professional. Mr. Spindler said Becky Homer has 20 plus years of experience working with children's mental health and he has also worked in children's mental health in excess of 40 years and is a licensed clinical social worker. He worked for many years culminating as chief operating officer at one of

the largest children's mental health organizations in the county. David Levin said information would be provided before the next meeting and NGU needed to be open and transparent about staff member experience in mental health. He encouraged everyone to tour the facility over the next 90 days and speak to staff directly about what they have learned in their training and how prepared they are. His goal is to build a transparent relationship with the Commission and the community to provide the best services for children. Commissioner Schrag said he appreciated that goal and recognized NGU may not readily have answers to some of the questions being asked now and in the future. He said this meeting was not a 'gotcha' session, but there are difficult questions that NGU needs to provide data for to put on the official record. He said if there was something NGU needs to legitimately research which is not immediately apparent, the Commission is going to give NGU the opportunity to get the information. The Commission does have an expectation that NGU will be able to cite verbatim, or close to it, some of the answers to concerns and questions for the record and in the interest of accountability in order to move forward.

Commissioner Ficalora asked about the ratio of staff to clients. Mr. Levin replied that the direct care level of staff is three to one and for the 42 kids currently on campus, there are 14 staff scheduled today. He said some days NGU will overstaff if they feel some children need a one-to-one level of care and the decision is also based on activity and trends. He said he was happy to share staff ratio statistics and could start off the next meeting with a regular reporting session to include requested report tables, data details and information.

Commissioner Schrag said there may be some standing items to be reported by NGU on a quarterly basis. The Commissioners will discuss and work to structure data requests at the closed session and then will bring those requests forward to the public session so everyone is aware and to ensure transparency and accountability.

Commissioner Durette asked NGU to provide information on the types of degrees that NGU staff have (family therapy, general psychology, social work, etc.) She asked NGU to include if staff have a clinical or research focus and what their licensure is since that information was important in relation to Commissioner Ruiz-Lee's question on staff expertise and quality of care. David Levin said his focus was not only on hiring clinicians, but hiring clinicians who are able to come onto campus, which is challenging due to the remote location. He said while the location offers a therapeutic environment and has an open campus on 25 acres, in the future NGU is looking at having a location closer to Las Vegas where children can be more easily integrated back into their families and school and step down faster. While it is hard to obtain quality clinicians for the remote location, Mr. Levin said NGU was not going to compromise on quality and instead will provide remote quality clinical support.

Commissioner Durette said children who need a one-to-one level of care rise to an acute level of care and should not be maintained at a one-to-one level of observation in a residential treatment setting, which is concerning. She said commentary in the Chat raised a question about the frequency with which kids can call home and the answer NGU provided was that calls home were scheduled one time per week. She said this was antithetical to best practices in children's mental healthcare by not having frequent contact with their family or family systems and would perpetuate the discordant attachment children may be having with their primary caregiver. This

would only potentially be going to exacerbate their ability to transition back. She said this issue was a glaring reflection that NGU has a lack of expertise in children's mental health. Commissioner Durette said she had not heard NGU talk about the role of psychiatry and nursing in the whole seclusion and restraint process, nor has she heard anything about the clinical expertise and process of an assessment, the admissions process, or the frequency with which physicians and psychotherapists are involved in treatment, which are critical for the entire function of a residential treatment center. Michael Spindler said 99% of children admitted come from acute care hospital settings and NGU's clients are the same population acute care hospitals were serving. He said periodically a child will decompensate and in those instances one-to-one care may be absolutely indicated in order to help the child reconstitute and rejoin the general group and activities. It is always NGU's preference when possible, to avoid an acute hospitalization and instead work with the child on campus and support them in reconstituting emotionally. Commissioner Durette asked for clarification if a child or adolescent is placed on a one-to-one level of care observation, are they then removed from the milieu? Mr. Spindler said the child would not be removed from the milieu and if adult support is required for a period of time in the program, that is fine and occurs on a regular basis. He further clarified that in these cases, a child is not removed and put in the Sanctuary Unit. At other times it may be necessary initially, if a child is experiencing real emotional dysregulation, to spend a brief period of time in the Unit to get themselves together. The child would then return either to the program or to a one-to-one with a counselor for a period time, receive enhanced and increased psychotherapy from their therapist and whatever else is necessary to help that child reconstitute. Commissioner Durette asked about the average length of time that a child goes on to a one-to-one? Becky Homer said she did not have specific numbers for that, and stated one-to-ones are centered around behavioral modification and observation rather than suicidal ideation which is what typically happens in acute hospitalization. Commissioner Durette said there are other directors of inpatient facilities or former directors of inpatient facilities in the meeting who would also agree that this practice seems to be different than the typical standard of practice (which also applies to NGU's limit of family/home phone calls to only one per week at a scheduled time).

Commissioner Durette asked about medical and psychiatric oversight and a description of NGU's experience levels. David Levin said he appreciated the direction Commissioner's questions were taking and he would provide detailed staff member biographies and licensure information. Commissioner Durette said she hoped Mr. Levin could talk about NGU's medical directorship and the psychiatric oversight of their highly vulnerable youth. Mr. Levin replied that NGU has many levels of oversight at the facility, including nurse practitioners and residential managers. NGU leadership have been in the business of children's mental health for a significant period of time and staff bios would show details of individual staff member experience. Commissioner Durette strongly recommended NGU share a plan of action with the Commissioners to identify at what point a psychiatric evaluation is done, how frequently follow-ups are done and if it is a nurse practitioner or who the physician is that is overseeing them. She asked for inclusion of the type of expertise or training these staff have specific to children's mental health. Commissioner Durette asked about the pharmaceutical oversight around polypharmacy because that has been a concern expressed by the Commissioners reviewing seclusion and restraint reports and they have observed inappropriate chemical restraints being used. Commissioner Durette said she has a number of safety concerns for the well-being of children in NGU's care.

Commissioner Schrag said there are some responses, data and information that the Commission hopes will be provided with more immediacy as NGU moves forward with these transitions. He said NGU is getting a sense of the issues Commissioners have and what the Commission will expect NGU to know in the future. Commissioner Schrag said he would like NGU to be prepared and be given the opportunity to collect information and while it may be a little uncomfortable at times, it is necessary. He said it was unfortunate that some of these questions have to be asked and the Commission will continue to be direct and have compassion as NGU takes on these efforts. Commissioner Schrag said when there has been such a degradation in quality of care, making a whole culture change and providing training/personnel staffing changes is like starting a new organization. Michael Spindler said it was actually more difficult to turn around an organization than to start from scratch. Mr. Levin said he has had many more uncomfortable meetings to be able to accomplish what he has. The Commission will see data coming out of this discomfort and these types of conversations are what will channel real changes that Nevada needs.

Commissioner Gregory Giron said he is a pediatric psychologist and has done inpatient and outpatient children's care for the last 30 years. He said he knew Nevada needs a lot of help and he wished the best for NGU in developing their program. Mr. Levin said there are very few child psychologist/psychiatrists in Nevada along many other challenges, but he is hopeful. He sees many people who passionately care about their community working together seven days a week to do whatever is necessary. Mr. Levin said he welcomed hard questions and commended the bravery of everyone who will continue to ask hard questions as NGU continues working to make improvements.

Kyle Dunlap said he is an advocate of enhancement of services and better navigation of services throughout Nevada. He said Nevada currently ranks 51st in the nation and everyone, collectively as a community, has a lot of work to do. He serves as President of the Southern Nevada National Alliance on Mental Illness (NAMI) and has been aligned with that organization for over two and half a decades. He said he wanted to draw that connection to hopefully instill some confidence in the Commission and the greater community that NGU has passionate, educated and clinically steeped individuals supporting the organization and the youth they serve. He said he is an older brother of a family member who is the successful product of a residential treatment facility following a suicide attempt made in high school. He personally understands and values the relevance of a residential treatment level of care in the greater continuum of the behavioral health model. He said he has committed his life to ensuring lasting outcomes in this space and appreciated the Commission's feedback. NGU is committed to ensuring Nevada gets off 51st place in national rankings and the only way to do that is to collaborate to ensure children get the best care possible. He encouraged and welcomed every member of the Commission to visit the facility in Nye county.

Commissioner Schrag thanked Kyle Dunlap and said at some point the Commissioners will be taking him up on the offer of a visit. He said the Commission is setting an expectation that Epic/NGU will provide reports on at least a quarterly basis and going forward this will be a standing agenda item. He thanked David Levin and his team and asked NGU to come prepared to the next meeting. In the interim, the Commissioners will forward additional questions either to

Mr. Levin directly or through the COBH administrative team. He encouraged everyone to keep dialog going and provide timely responses. Mr. Levin said NGU will be sending over the information requested through Kathryn Martin within the next week and requested everyone reach out to him with any additional questions. Mr. Schrag requested the responses from NGU to the questions posed by community members in the Chat be included in the correspondence back to Kathryn Martin for tracking and documentation purposes and to avoid duplication of efforts.

Mr. Levin said NGU is reaching out to everyone in the community to decide together what the mental health future is for Nevada. He asked the entire community to have a voice and help NGU work together to push Nevada's system of care forward.

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

None.

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

- Update from Epic Behavioral and Never Give Up Youth Healing Center
- Draft letter in support of Policy Boards Bill Draft Requests
- Form a workgroup to review and identify legislative bills to be supported by the Commission.
- Clarification of requirements for submitting reports of possible child abuse or harm.

7. 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.*

Carrisa Tashiro, Attorney with Nevada Disability Advocacy and Law Center said her organization is Nevada's protection and advocacy agency under the Federal Access Authority. They been monitoring NGU since May 2022, and spoke at the October 20, 2022 COBH with DCFS meeting about their concerns regarding safety and treatment of youth at the facility. Since then, they have continued their in-person monitoring mode. Ms. Tashiro said youth are telling them dangerous, painful restraints are still occurring at the facility. One child reported he was slammed against the wall and another said she was choked. Multiple youth said staff pulled the hems of their shirts over their faces to prevent spitting during restraints. During a December 2, 2022 visit, they observed youth being restrained when there was no immediate safety threat and this was also reflected in incident reports showing youth are being restrained for reasons other than safety (like refusing to follow directions or becoming emotional). They received reports the Sanctuary Unit is still being used for punitive purposes. During monitoring, one boy reported he was in Sanctuary for six days after being caught with contraband. They met with a girl who was in Sanctuary for two days as a punishment for attempting to elope. Multiple incident reports corroborate the Sanctuary is still being used for extended periods of time and for punitive purposes. For example, a December 2nd report that states the youth remained in Sanctuary for the rest of the day, and in a December 4th report the staff member wrote (about a child in the Unit), "I told them I was not going to go back and forth and he needed to return to his unit or spend some time in Sanctuary." They are still getting allegations of abuse and neglect about

inappropriate chemical restraint and are still concerned about facility conditions and efficacy of treatment. Ms. Tashiro said she personally observed staff tell a girl who tearfully said she was suicidal, that they were too busy to help her. A family told them their child got more frequent therapy when he was in outpatient care than what he receives at NGU. They are concerned about psychiatric oversight, clinical expertise and the inclusion of families and treatment team meetings about discharge planning. Sadly, some clients have gone home without those services and have cycled back into acute care or the juvenile justice system. Ms. Tashiro said they appreciate the Commission's inquiry into these important issues. They will continue to monitor the facility and reiterated their offer to provide more information about the monitoring work to present at a future Commission meeting.

Char Frost, Statewide Family Network Director, Nevada PEP, said she appreciated all of the questions Commissioners posed today regarding operations at NGU. Nevada PEP works directly with families, providing family-to-family peer support every day, and said she wanted to let everyone know those clinical pieces are important to families who may not be able or who do not have the education to ask those questions. Obviously however, when families make a difficult decision to send their child to any kind of hospitalization, but specifically residential treatment, they need to be assured their children are as safe there as they are at home and that they are not going to come back worse than they were. Children need to receive evidence-based, evidence-informed treatments and need to be provided with opportunities to talk with their families as often as they wish, just as they would be able to do if they were diagnosed with cancer. This situation is an example of hospitalization treating children with mental health issues differently than children with physical health issues and contributes to the stigma still associated with mental health and the stigmatized language leading to bias and prejudice among the general public, as well as service providers.

Commissioner Lisa Ruiz Lee asked Carrisa Tashiro if all the items listed in her report had been reported to Nevada Health Care Quality and Compliance Department (HCQC)? Ms. Tashiro said a complaint was filed in June, 2022 and since then they have been engaging in monitoring and are in the process of compiling their findings from that monitoring. Ms. Lee asked if HCQC was in possession of the reports Ms. Tashiro described in terms of incidences from December, 2022 or if they were aware of those yet? Ms. Tashiro said HCQC was not yet aware of those incidences yet but will be and anticipated reports will be sent to them at the end of next week. Ms. Lee said she is concerned about delays in reporting these incidences to HCQC and asked if they were being reported anywhere else? She asked if reports of those incidences had been made to the Division of Child and Family Services (DCFS) Child Abuse and Neglect Hotline? Ms. Tashiro said the challenge of reporting to DCFS is that they have been informed that a child's birth date and full parent's names must be included or DCFS cannot accept the incident report. Ms. Lee said that was a very big concern and there is a statutory requirement for reporting abuse and neglect as mandated reporters. She said it is worth consideration of where and how quickly this public information goes from this point. Jennifer Spencer clarified that reports should be made immediately to Child Welfare, as well as to the Department of Public Behavior Health (DPBH). Carrisa Tashiro asked Jennifer Spencer for a discussion after the meeting about challenges of reporting incidents where they don't have information (date of birth, full name, etc.) in order to get further clarification on requirements. Commissioner Schrag said it would be

beneficial to put this topic on a future meeting agenda to get clarification for the entire group on incident report requirements.

Dr. Durette said she was not aware reports made by mandated reporters require a full date of birth. Commissioner Ruiz Lee said it should not be a requirement and necessary incident investigations could be made with minimal information. She is concerned incidents rising to the level of what was heard in Ms. Tashiro's description have not been reported or accepted for review. An additional issue is licensing of the facility and how those reports should be reported on a timely basis to the HCQC Licensing Bureau. Commissioner Ruiz Lee said these are urgent situations which require immediate review and are worthy of reports. The obligation is always to make the report and it is DCFS's obligation to determine whether or not it rises to statutory levels of abuse and neglect. Amanda Haboush said the Nevada Institute for Children also runs the Prevent Child Abuse Nevada program and verified that a child's date of birth is not needed in order to make a report. She said reports technically do not need to include the child's details and reports can be made without them; it is a recommendation in order make investigation easier. Knowing the child's date of birth, and more importantly their age, helps to escalate issues because age is one of the determining factors and responses and investigations are done faster for younger children. Ms. Haboush said the Center offers training on recognizing and reporting child abuse to professionals in the community and put her email address in the Chat for anyone interested to contact her.

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

The meeting was adjourned at 11:33 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, AIII, 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

[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.

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