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Chief Medical
Officer

GOVERNOR'S COMMISSION ON BEHAVIORAL HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
March 20, 2025
9:00 AM to Adjournment

Meeting Locations:

This meeting was held online and by phone.

Online Meeting Link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_YjkwOTQyNzktNTQxMC00OWEzLTkzOGEtNjZkZDIwYWViMmVk%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Phone Conference Number:

+1-775-321-6111

Phone Conference ID:

848 873 703#

1. CALL TO ORDER/ ROLL CALL

Commissioners Present:

- Braden Schrag, Chair
- Lisa Ruiz-Lee, Vice Chair
- Lisa Durette, M.D.
- Nichole Schembre
- Dan Ficalora, CPC
- Arvin Operario, RN
- Gregory Giron, Psy.D.

Quorum was present.

Members Absent:

- Natasha Mosby, LCSW
- Jasmine Cooper, CPC

Others in Attendance:

Cody Phinney (DPBH); Faythe Baltisberger (DPBH); Kelli Knutzon (DPBH); Carolyn Wilson (ADSD); Julie Lindesmith (DPBH); Cherylyn Rahr-Wood (NRHP); Dorothy Edwards (External); Susan Lynch (DPBH); Kathryn Martin (DCFS); Drew Cross (DPBH); Gujuan Caver (DPBH); William Hammargren (DPBH); Valerie Cauhape (External); Leon Ravin (DPBH); Linda Anderson (NPHF); Mark Funkhouser (NRHP); Paul Schubert (DPBH); Janet Ashby (DPBH); Ellen Richardson-Adams (DPBH); Margaret Moe (DPBH); Lisa Kelso (External); Fran Maldonado (DPBH); Brenna Hardtner (External); Hailey Cornelia-Swift (External); Rebekah Graham (External); Ann Jensen (DHCFP); Jennifer Otto (LCB); Monica Cypher (LCB); Helen Byrd (DPBH); John Borrowman (DPBH)

2. PUBLIC COMMENT:

No public comment was heard.

3. ACTION ITEM: CONSIDERATION AND POSSIBLE APPROVAL OF MEETING MINUTES FROM JANUARY 16TH, 2025

Chair Schrag asked for any comments or corrections from commission members; there were none heard. Chair Schrag then asked for a motion of approval for the minutes from the Commission on Behavioral Health meeting held on January 16th, 2025 as presented.

MOTION: Commissioner Dan Ficalora made a motion for approval of the minutes as written.

SECONDED: The motion was seconded by Commissioner Operario.

PASSED: Unanimous.

4. ACTION ITEM: CONSIDERATION AND POSSIBLE APPROVAL OF THE FOLLOWING CONSENT AGENDA ITEMS

Approval of Agency Director Reports

1. Northern Nevada Adult Mental Health Services (NNAMHS)

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/NNAMHS%20Agency%20Director%20Report.pdf>

2. Southern Nevada Adult Mental Health Services (SNAMHS)

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/SNAMHS%20Agency%20Director's%20Report.pdf>

3. Lake's Crossing Center

Please see the report at the following link:

[https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/COBH%20LCC%20Agency%20Dir.%20Report_3.7.25\(1\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/COBH%20LCC%20Agency%20Dir.%20Report_3.7.25(1).pdf)

A correction to the report submitted was brought up by Janet Ashby, who stated that Lake's Crossing Center does not have a vacancy in their clinical social worker position.

4. Rural Clinics Services

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/Rural%20Clinics%20Agency%20Director's%20Report.pdf>

5. *Sierra Regional Center*

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/SRC%20Agency%20Director's%20Report.pdf>

Carolyn Wilson shared that Sierra Regional Center has had a shortage of jobs and day training providers since COVID; a new jobs and day training provider, TancellCare, will be opening at the end of March, and they will provide pre-vocational and Day Habilitation supports to approximately 80 people.

6. *Desert Regional Center*

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/2025%20-%20January%20Agency%20Director's%20Report.pdf>

Gujuan Carver provided an update to the staffing difficulties that DRC is looking for a candidate to fill the Psych Nurse 3 position within their ICF department.

7. *Rural Regional Center*

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/RRC%20Agency%20Director's%20Report.pdf>

As this is a Consent Item, Chair Schrag asked for any comments or concerns from commission members; none were heard.

Seeing and hearing none, Chair Schrag asked for a motion of approval of the agency director reports as submitted.

MOTION: Commissioner Durette made a motion for approval of the minutes with the Lake's Crossing report to be updated.

SECONDED: The motion was seconded by Commissioner Ficalora.

PASSED: Unanimous.

5. **INFORMATIONAL ITEM: DISCUSSION UPDATE ON BEHAVIORAL HEALTH PROGRAMS FROM AGING AND DISABILITY SERVICES DIVISION**

Presenter: Gujuan Caver, on behalf of Megan Wickland, Health Program Manager III (*ADSD*)

Summary: Gujuan Caver presented a verbal report of recent updates from within the *ADSD* developmental services programs.

Key Points:

- The deputy administrator for ADSD, Jessica Adams, along with other ADSD staff are in preparation for various budget hearings, including a budget hearing for developmental services which is slated to take place next week (as of this meeting date).
- The caseload sizes for the Desert Regional Center and Sierra Regional Center continue to grow, currently measuring 2% as compared to the previous year. Analytics also project the percentage to continue increasing into 2026 and 2027.
- The agency has contracted to work on a project with the group Health Management Associates (HMA), who've also subcontracted with another group called Benchmark. The goal of this project is to support the development of infrastructure and capacity within the state systems and provider sectors, and to improve community-based services for youth and adults with intellectual developmental disabilities and intensive behavioral support needs. Leadership spoke with representatives of Benchmark around a month ago, and provided them with an overview of their goals, services, and the number of individuals they expect to work with. These representatives also spoke with identified providers who will also be involved in the project. Currently, leadership expects the project to start moving forward by May, and they are in the process of identifying individuals who would best be supported within this project.

Chair Schrag posed a question about why the caseload size would be increasing, other than for reason of limited providers and people in need of service. Specifically, "Is there any drivers? Is there outreach? Is there more awareness acceptance?"

Caver explained that it is a combination of those things, especially coming out of COVID, "[...] people became more open to submitting applications." Caver also stated that the ADSD team has developed an outreach group and explaining services offered, as well as a recent update to the Access Nevada – No Wrong Door web portal which directs customers to the different programs based on the information submitted. Another reason for the growth, specifically in the Las Vegas area, is that the population is continuously growing.

No other questions or comments were heard.

6. INFORMATIONAL ITEM: DEPARTMENT OF JUSTICE PRESENTATION

This item was accidentally presented after Agenda Item 7.

Presenter: Ann Jenson, Agency Manager (*DHCFP*)

Summary: Ann Jenson presented a verbal report of the recent settlement agreement between Nevada Medicaid and the Department of Justice related to the transformation of Children's Behavioral Health.

Please see the presentation at the following link:

https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2025/CHBT%20Updates_Commission_03.20.25.pdf

Jensen initiated a pause in which to answer questions from commission members regarding the new & improved home and community services:

Presenter: Commissioner Dan Ficalora, MA, CPC, & LCADC

Summary: Commissioner Ficalora noted that transportation has been a large barrier to getting youth and youth with behaviorally complex issues into treatment and asked what is being done to address the issue of transportation.

Response: Jensen stated that the agency is working on a new model of transportation service rates and reimbursement, which was submitted under the governor's recommended budget as well as having a couple bills in process. Jensen explained that, currently, the agency only pays for transportation for the time the recipient spends in the car/vehicle or for the time between pickups and drop-offs.

Presenter: Commissioner Nicole Schembre

Summary: Commissioner Schembre asked at what point will the family or caretakers living in the home be provided or mandated to have their own programming and support on their own healing and recovery – and added that, with youth they are generally products of their environment and needing to feel safe in that environment, so how will HCQC be working with the family in this way?

Response: Jensen assured that her team is considering more creative ways to address any challenges and provide support to families within the economic framework. Which, she noted, from the insurance point of view, not all patients are covered by Medicaid leaving some services ineligible for reimbursement. Jensen went on to explain that the agency has two main benefits that they are looking into and that is family peer support and an increase in rates for outpatient behavioral services for adults. She explained that the family support is a caregiver to caregiver focus which would be offered to the family immediately upon entering the system of care, and that the goal with reforming to their rates model will reduce financial barriers for the parents and caregivers.

Presenter: Commissioner Lisa Ruiz-Lee

Summary: Commissioner Ruiz-Lee inquired about the prevention efforts mentioned within the cycle of early intervention and whether those efforts were addressed within the settlement. She then reiterated the issue of transportation as presented by Commissioner Ficalora. Ruiz-Lee stated that transportation is the number one barrier to access of services for youths in the child welfare system and specifically system requirements such as children being transported with a parent and/or guardian. She suggested that in rethinking the structure of these transportation agreements, taking under consideration that kids need access to transportation to services where they may not have an adult guardian available to be present with them on each and every visit.

Response: Jensen responded that she will present the feedback provided to their team focused on this transportation remodel so they can, “find the right way to appropriately protect the safety of our youth, while also ensuring that we’re not creating unnecessary barriers” within consideration. On the subject of prevention, Jensen stated that prevention has no specific outline within the settlement and asked for the Commissioner’s thoughts on are any particular services that could be considered for an insurance reimbursement model.

Ruiz-Lee replied about “utilizing and leveraging [...]social emotional learning curriculum in schools” and being able to support youths through that curriculum

that is embedded in the school system but that there is not a good mechanism for funding these programs. She went on talking about Commissioner Durette's role leading the Nevada Pediatric Access Line program which, "connects primary care providers to child and adolescent psychiatrists in the hope that if you can help support the family and the child early right when the challenges are first emerging and [...]doing it appropriately and accurately [and] that we don't push these kids inadvertently into the deep end of the system [...]but we don't have solid funding mechanisms for those programs." Ruiz-Lee then commended Commissioner Durette's work in threading funding from different grantors to keep the program running, lamenting that every year there are concerns whether these efforts can continue on an ongoing basis.

Jensen acknowledged there is a need for sustainable funding and encouraged any/all Commissioners to contact her to discuss creative opportunities for developing the Medicaid structure around behavioral health and the federal framework currently in place.

Jensen continued her presentation moving onto discussion of the settlement agreement benefits delivery.

After Jensen concluded her presentation, Chair Schrag expressed gratitude for her agency's transparency and interest in further conversations/collaboration. Schrag then asked again for any comments or concerns from commission members:

Presenter: Commissioner Dan Ficalora, MA, CPC, & LCADC

Summary: Commissioner Ficalora urged the state to recognize and incorporate the existing infrastructure and trusted providers to ensure youth are efficiently connected to appropriate levels of care; working with organizations already doing the work, rather than bringing in outside entities unfamiliar with Nevada's systems. He emphasized the importance of leveraging existing, experienced organizations—like community-based behavioral health centers (CCBHCs)—when designing and implementing a specialized managed care organization for youth; pointing out, in addition, that current Medicaid managed care organizations (MCOs) are often seen as barriers, creating bureaucratic hurdles that delay or prevent access to needed services.

Response: Ann Jensen expressed appreciation for the feedback and recognized the importance of addressing access challenges raised by both providers and community members. She highlighted that the goal is to design a system that feels meaningfully different. The team is exploring creative contract strategies like profit mitigation, drawing on ideas from other states. They're also prioritizing broad stakeholder input—including from community-based organizations, parents, and providers—to shape the scope of work and the RFP. An RFI (Request for Information) will be released soon to gather this input, and Jensen encouraged ongoing feedback to help build a model that truly supports enhanced care.

Chair Schrag asked for any comments or questions from commission members; there were none heard. Schrag then advised extended that Jensen may reach out to the Commission at any time for support and open discussion moving forward.

7. **INFORMATIONAL ITEM:** PRESENTATION ON HEALTH CARE QUALITY AND COMPLIANCE

This item was accidentally presented before Agenda Item 6.

Presenter: Paul Schubert, Bureau Chief (*HCQC-DPBH*)

Summary: Paul Schubert presented a verbal report alongside a PowerPoint to highlight the activities and responsibilities of the Bureau of Health Care Quality and Compliance (HCQC) under DPBH.

Please see the presentation at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/Commission%20on%20Behavioral%20Health%20Presentation.pdf>

Chair Schrag asked for any comments or concerns from commission members:

Presenter: Commission Chair Braden Schrag

Summary: Schrag commented that he is aware of concerns with some juvenile facilities, such as “Never Give Up”, and the transparency and oversight of such facilities. Schrag continued stating the Commission, as the overseeing multidisciplinary entity, will work with Cody Phinney and her team (DPBH) to ensure the seclusion and restraint reports submitted are reviewed and discussed in an appropriate setting, and maintain transparency with any issues that may arise. Schrag stressed that he would like to see the Commission and HCQC work together and foster a closer working relationship in regard to these kinds of presentations and conversations, ensuring that the welfare and all persons that are in these facilities and institutions receive the care they need, especially with the youths in residence.

Presenter: Commissioner Lisa Durette, MD

Summary: As a child psychologist, and chair of psychiatry at UNLV, Durette states having concerns of similar issues to those from the “Never Give Up” facility now being reported at the Aurora Center for Healing in Hawthorne, NV. Durette offers to speak with Schubert offline and discuss recommendations to address these issues. Durette estimates that the history of concerns with “Never Give Up” existed a year and a half before action was taken and stressed a need for “intensified eyes on that facility” to avoid repeating any historical mistakes.

Response: Schubert responded with assuring that HCQC is aware of the issues within Aurora and that the agency has enacted administrative sanction actions, some pending litigation or hearing processes, to “get them on the right track and get them actually providing the services in compliance with the regulatory requirements.”

Schrag then made an additional comment, talking about how during the 3 years as chair of the Commission he’s seen growth in wanting to be a resource to these facilities rather than simply using punitive measures. Schrag goes into further detail, explaining that with these complex systems there is no one-size-fits-all solution and appreciates the agency’s patient centered approach and flexibility with identifying and rectifying any missteps. Schrag concludes with stating, “At the

end of the day, our decisions have real people attached to them and the outcomes we have.”

Presenter: Commissioner Dan Ficalora, MA, CPC, & LCADC

Summary: Ficalora asked for more information on HCQC’s role in provider education; specifically, for those providers “off track” or new providers trying to open a new line of service and/or obtain a new credential.

Response: Schubert explained that education of providers and applicants is a large part of what HCQC does in its licensing processes. There are videos available on the DPBH website for provider’s reference as well as information on the regulations and how to comply with those regulations. Staff also do facility visits where they make observations while also interviewing staff and patients and educating them regulations and compliance and, especially in the case of patients, education on patient rights. Schubert expressed interest in coordinating with the Commission to generate education specific to psychiatric and mental health facilities to make available for free to facilities for training their staff.

Schrag responded in agreement to a future collaboration between the agency and the Commission, especially to look at how to leverage output of the current, finite number of resources. Schrag concluded with praising Schubert on his presentation and an appreciation of his insight, concerns, and observations.

8. INFORMATIONAL ITEM: SUMMATION OF CURRENT BUDGET DRAFT REQUESTS (BDR’S) THAT MAY IMPACT THE COMMISSION ON BEHAVIORAL HEALTH

Presenter: Cody Phinney, Administrator (*DPBH*)

Summary: Cody Phinney gave an update on several ongoing issues, primarily around the budget, bills, and mental health-related legislation:

The Governor’s recommended budget would move the Bureau of HCQC to Medicaid, and Medicaid moved under a new department to be established, the Nevada Health Authority (NHA), breaking DHHS into two agencies. Phinney explained that moving forward DHHS would contain DPBH and DCFS and the newly formed NHA would take over Medicaid services, the Nevada Public Employees’ Benefits Program (PEBP), and HCQC, starting July. In short, the Nevada Health authority would oversee the purchasing and regulation of health insurance within the state. One of the benefits of this arrangement, Phinney said, is that Medicaid will be able to ban admission of their patients to a facility along with the provision of administrative sanctions by HCQC.

DPBH is waiting to hear from the finance committees of their decision regarding requests the agency made related to continuing some forensic projects which have proven successful; this includes a request to build a new forensic hospital in Southern Nevada, which would be funded by bonds allocated under the public works budget rather than the general fund.

Phinney goes on to discuss certain bills being cycled this legislative session; noting that these bills were not submitted by the agency, which remains neutral in its observance:

1. SB78: This bill, with the way it was written, would have eliminated the Commission, though it is rumored to be scaled back. Phinney had not seen any amendments posted at

the time of this meeting but has heard tell of the changes to the state boards and commissions being scaled back for a more, quote “iterative approach”. Updates are to be posted on the [Nevada Electronic Legislative Information System \(NELIS\)](#).

2. AB339: Related to certified prevention specialists.
3. AB378: This bill proposes a study on alternative therapies, particularly psychedelic substances, which builds upon the work done by the overseeing committee from the previous session.
4. AB380: Focuses on the structure for the 988 mobile crisis teams and improving 24/7 mobile crisis response services following a model standard set by the existing fire and emergency services departments.

Phinney added that there are also several bills related to forensic health services; noting one in particular, as introduced by Assemblywoman Roth, that would change the language surrounding the provision of mental health services.

Presenter: Commissioner Nicole Schembre

Summary: Schembre asked for Phinney’s thoughts/observations regarding a bill not mentioned, AB304, which would create a pilot program relating to electromagnetic brain pulse treatment.

Response: Phinney responded that it is a bill the agency is following and that it would require the department to initiate a pilot program for electromagnetic brain pulse and trans magnetic therapies. The department is aware of the bill; however, Phinney states, “[...] the Department of Health and Human Services doesn’t generally do pilot projects or research studies on human subjects.” Phinney then added that some of those types of treatments are available within the community, but historically the government would expand services by having government funded health insurance pay for them which was not addressed in the bill.

Presenter: Commissioner Gregory Giron, Psy.D.

Summary: Commissioner Giron inquired about whether the division is following AB207 and SB251, two other bills not mentioned earlier in her statement. Phinney asked for further elaboration, which Giron provided stating, “AB207 is revising looking at insurance and making sure the rates are there for coverage, and SB251 looks at the provision to psychological assistance and interns and trainees.

Response: Phinney responded that those bills have been reviewed by the division and are working with the other divisions to answer any questions regarding the behavioral health piece. Phinney asked if Giron had any particular concerns to which he responded saying he knows there are a lot of bills floating around and wanted to get the division’s perspectives during the lawmaking process. Phinney thanked Commissioner Giron for his question, stating that, “we have to be careful about what positions we take, [...] because we work for the governor, but we do review all of those and provide information up the food chain if legislators or committees ask for information [...]” Phinney provided the example that, in regards to AB304, they have been figuring a projected cost for the division to start a pilot

project on the electromagnetic brain pulse. As for the forensic related bills, Phinney again provided Drew Cross as a reference for any questions.

Chair Schrag asked Cross to give a quick summation of any significant pieces that the Commission would benefit to know. Cross stated the division has taken multipronged approach to its forensic services, including building 3A, that has been mentioned in the past, which would add an additional 21 forensic beds at Stein hospital along with the 40 beds that had been added in 2024, bringing the total to 174 upon the building's completion. Cross also went into explanation of a drafted bill, also sponsored by Assemblywoman Roth, which pertains to jail based restoration efforts and some elements regarding civil hospitals and juveniles.

Presenter: Commissioner Dan Ficalora, MA, CPC, & LCADC

Summary: Ficalora asked for a list of the bill numbers discussed at this meeting be sent out for those interested can go and track through their process.

Response: Phinney affirmed the request and corrected an earlier statement she made: AB60 is the certified prevention specialist, and AB339 is the creation of the Office of Children's Mental Health in the director's office.

9. INFORMATIONAL ITEM: UPDATE ON SECLUSION AND RESTRAINT/DENIAL OF RIGHTS, ADSD

Presenter: Gujuan Carver, on behalf of Marina Valerio the Agency Manager for the Desert Regional Center (*DRC-DPBH*)

Summary: Caver highlighted key points submitted within the RAD report data:

- For the months of December through February 2025, the increase of number of restraints included the same individual a number of times. Caver indicated the change is believed to have been caused by medical issues and a change in medication. The RAD information for this person has decreased since the data was submitted.

Chair Schrag asked for any questions or comments from commissioners; none were heard.

10. INFORMATIONAL ITEM: UPDATE ON SECLUSION AND RESTRAINT/DENIAL OF RIGHTS, DPBH

Presenter: Susan Lynch, Hospital Administrator (*SNAMHS-DPBH*)

Summary: Lynch shared a few changes from last quarter's report:

- January showed a decrease in the use of restraints at SNAMHS and data from NAMHS showed a continual minimal usage of restraints.
- Data shows a decrease in the average length of stay for NNAMHS since the spike seen in December.
- The agency has seen an increase in wait list and number of clients at the Ross and Neil campuses, as well as increases in the number of forensic restoration clients and long term clients in the forensic programs.

Chair Schrag asked for any questions or comments from commissioners; none were heard.

11. ACTION ITEM: DISCUSSION AND POSSIBLE VOTE TO APPROVE OF FY26 NEW RATES FOR DPBH SERVICES AT SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES, NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES, AND RURAL CLINICS

Presenter: Margaret Moe, Rates & Cost Containment Manager (*RMU-DPBH*)

Summary: Moe presented the new FY26 rates for approval, as the Division is required to, for each fiscal year, review and update each current procedural terminology code with the current rate set by the center of Medicare and Medicaid Services and published with the Nevada Physician Fee Schedule.

Moe mentioned that at the previous meeting they were expecting to see a 50% fee increase; however, after review of the October 24th publications, that percentage has morphed into an around 10% to 62% increase. Moe provided a few examples for reference:

- Low complexity to high complexity office visits are expected to increase 27 to 62%
- Medication training and support is expecting an increase by 29%
- Crisis intervention will increase by 28%

Moe adds that, with the huge increase seen in FY26, she hopes not to see the same happen in FY27.

Chair Schrag asked for any questions or comments from commissioners; none were heard.

Seeing and hearing none, Chair Schrag asked for a motion of approval of the FY26 rates as presented.

MOTION: Commissioner Operario made a motion to approve the FY26 new rates for DPBH services at all clinics.

SECONDED: The motion was seconded by Commissioner Mosby.

PASSED: Unanimous.

12. ACTION ITEM: CONSIDERATION, IDENTIFICATION, AND POSSIBLE APPROVAL OF FUTURE AGENDA ITEMS

Summary: Schrag extended the invitation for Commissioners to bring items to his attention directly, or to Kelli for him to then discuss with Cody Phinney. He then opened the floor to commissioners for any specific issues.

Presenter: Commissioner Dan Ficalora, MA, CPC, & LCADC

Summary: Ficalora asked to add something on the agenda for discussion on the scope of the child subcommittee.

Response: Schrag asked Kelli to add something for the next meeting.

Presenter: Commissioner Nicole Schembre

Summary: Schembre inquired about an update regarding the Northwest Specialty Hospital that recently opened. Specifically relating to how the hospital serves Washoe county, as when she toured the facility it was explained the campus would fill a gap in

beds that are needed in Washoe County, and that the facility will also be open to serving individuals from Northern California as well.

Response: Schrag asked that topic be added to the next agenda as well.

13. PUBLIC COMMENT:

No comments were heard at this time.

14. ADJOURNMENT

Chair Schrag adjourned the meeting at 11:03 am.