

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH



Cody Phinney,  
MPH  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical  
Officer

**DRAFT** GOVERNOR'S COMMISSION ON BEHAVIORAL HEALTH  
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)  
MEETING MINUTES  
October 17, 2024  
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\\_ZGU3N2Y2NTctNmI3OC00ZDg4LTg2ODMtYTc4MTI5ODQ0NDU0%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](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGU3N2Y2NTctNmI3OC00ZDg4LTg2ODMtYTc4MTI5ODQ0NDU0%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:

529 841 470#

**1. CALL TO ORDER/ ROLL CALL – BRADEN SCHRAG, CHAIR**

(10:56)

Commissioners Present:

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

Quorum was present.

Members Absent:

- Lisa Durette, M.D.
- Natasha Mosby, LCSW
- Jasmine Cooper, CPC

Others in Attendance:

Cody Phinney, Administrator (DPBH); Kelli Knutzon, Executive Assistant (DPBH); Brette M. Musser, Administrative Assistant III (DPBH); John Borrowman, Admin Services Officer IV (DPBH); Margaret Moe,

*Admin Services Officer III (DPBH); Joseph Roche, Agency Manager (SNAMHS); Carolyn Wilson, Health Program Manager (DRC); Janet Ashby, Administrative Assistant IV (LLC); Kary Wilder, Administrative Assistant III (DCFS); Kimberly Adams, Admin Services Officer III (DHCFP); Ronna Dillinger, Deputy of Clinical Services (LLC); Ellen Richardson-Adams, Clinical Program Manager III (SNAMHS); Jennifer Otto, Deputy Legislative Auditor (LCB); Gujuan Caver, Agency Manager (DRC); William Hammargren, Health Program Manager III (RRC); Patricia O'Flinn, Management Analyst III (DHCFP); Marla McDade Williams, Administrator (DCFS); Brian Burriss, Clinical Program Manager II (NNAMHS); Kathryn Martin, Clinical Program Planner II (DCFS); Drew Cross, Forensic Program Director (LLC); Concepcion Martinez, Social Services Program Specialist II (ADSD); Hailey Cornelia-Swift, Child Welfare Specialist (LCB); Marina Valerio, Agency Manager (DRC); Susan Lynch, Hospital Administrator (SNAMHS); Kyra E. Morgan, Medical Epidemiologist (DCFS); Megan Wickland, Health Program Manager III (ADSD); Leon Ravin, Statewide Psychiatric Medical Director (SNAMHS); Dave Goldstein, Management Analyst IV (DHCFP); Katie Pfister, Social Services Program Specialist II (ADSD); Barbara-Ann Keller, Clinical Program Manager I (NNAMHS); Shera Bradley, Director of Forensic Psychology (SNAMHS); Alejandro Ruiz, Clinical Program Planner III (DCFS); Izaac Rowe, Senior Deputy Attorney General; Kichelle L. Coleman; Elizabeth Abdur-Raheem; Donna Laffey; Tray Abney; Lisa Kelso; Laura Fussell; Valerie Cauhape; Kimberly Small; Sabrina Schnur; Tomas Hammond; Mark Funkhouser; Monica Cypher; Nina McCartney; Elyse Monroy-Marsala*

## **2. PUBLIC COMMENT:**

Chair Schrag opened the floor for public comment.

Presenter: Elizabeth Abdur-Raheem, *Executive Director of the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)*

Summary: Highlighted concerns regarding equitable resources and support for domestic and sexual violence advocate services. Statistics provided for information include:

- Nevada ranks 5<sup>th</sup> in the country for prevalence of rape and 2<sup>nd</sup> in prevalence of domestic violence.
- Last September, in one 24-hour period, local advocate hotlines reported receiving more than one call every five minutes.
- State funding for these programs comes from a fee charged with the application for a marriage license; however, funding from this source is inconsistent.
- Recent cuts have negatively impacted multiple advocacy agencies; namely, Signs of Hope, a rape crisis center, which was cut by 25%, and Safe House, a domestic violence agency, was cut by 35%. Both agencies faced layoffs of advocates and a decrease in availability of services due to the decrease in funding.

Presenter: Valerie Haskin (listed in attendance as Valerie Cauhape), *Rural Regional Behavioral Health Coordinator*

Summary: Identified several Bill Draft Requests (see listed below), which may affect the Commission and/or the policies and programs it oversees. Language for the BDRs mentioned is not yet publicly posted and therefore may be subject to change:

- BDR 54-301
- BDR 54-403
- BDR S405
- BDR 39-434
- BDR 39-368

Chair Schrag then suggested that, due to time constraints for the public comment period, Ms. Valerie work with the division to create an official agenda item regarding these BDRs so the commissioners may be able to review the specifics in more detail at a later date.

### **3. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF MEETING MINUTES FROM MAY 16, 2024 – COMMISSION**

Chair Schrag asked for any questions or comments from commission members, none heard. Chair Schrag then asked for a motion of approval for the minutes from the Commission on Behavioral Health meeting, held on May 16, 2024.

MOTION: Commissioner Dan Ficalora made a motion for approval.

SECONDED: The motion was co-seconded by both Commissioners Gregory Giron and Lisa Ruiz-Lee.

PASSED: Unanimous.

Note: Chair Schrag pulled Item 5 forward at this point in the agenda to discuss before Agenda Item 4.

### **4. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF THE FOLLOWING CONSENT AGENDA ITEMS – COMMISSION**

#### **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/dpbhngov/content/Boards/CBH/Meetings/2024/Agency%20Director's%20Report%20-%20April%202024%20-%20June%202024.pdf>

2. *Southern Nevada Adult Mental Health Services (SNAMHS)*

Please see the report at the following link:

[https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2024/Agency%20Report%20-%20HR%20September%202024%20\(002\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2024/Agency%20Report%20-%20HR%20September%202024%20(002).pdf)

3. *Lake's Crossing Center*

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2024/COBH%20LCC%20Agency%20Dir.%20Report%2010.17.24.pdf>

4. *Rural Clinics Services*

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2024/Rural%20Clinics%20Agency%20Director%20Report%2020240930.pdf>

5. *Sierra Regional Center*

Please see the report at the following link:

[https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2024/2024%20October%20%20SRCAgencyDirectorsReport%20-%20Copy%20\(002\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Boards/CBH/Meetings/2024/2024%20October%20%20SRCAgencyDirectorsReport%20-%20Copy%20(002).pdf)

6. *Desert Regional Center*

Please see the report at the following link:

[https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2024/DRC%20Commission%20Report%2010-2024%20\(Agency%20Directors'\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2024/DRC%20Commission%20Report%2010-2024%20(Agency%20Directors').pdf)

## 7. Rural Regional Center

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2024/2024%20October%20%20RRCAgencyDirectorsReport.pdf>

As this is a Consent Item, Chair Schrag asked for any comments or concerns from commission members. Commissioner Dan Ficalora commended the leadership of each organization for consistently and successfully filling their previously vacant positions, which was a concern in the previous year. Chair Schrag agreed and asked each of the reporting locations what methods were working and if there would be anything the Commission could give support on. Cody Phinney, as the DPBH Administrator, responded with a blanket statement that the success is due to the systemic efforts of the individual agencies and executive branch, under Gov. Lombardo's administration's, working together to reduce vacancy rates including hosting hiring events, changes in the hiring process, and increases in employee compensation. Schrag went on to ask the Agency Director's in attendance if there were any one success which they would want to highlight.

- NNAMHS: Brian Burriss, sitting in on behalf of Julie Lynn Smith, stated that their highlight success is the hiring of two licensed counselors which has been an ongoing struggle. Also noting that one of the hires came from a job fair the previous week.
- SNAMHS: Ellen Richardson-Adams stated she had nothing significant outside of Ms. Phinney's statement to share at this time.
- Lake's Crossing Center: Janet Ashby stated they were able to hire their first forensic APRN and a state psychiatrist as well.
- Sierra Regional Center: Carolyn Wilson spoke of benefits from a combination of the recent rate increases for providers, staff wage increases, and the State of Nevada hiring event.

After each agency was heard, Chair Schrag asked if there were any additional questions or comments from Commissioners. With none heard Schrag then asked for a motion of approval of the Consent Agenda items as submitted.

**MOTION:** Commissioner Dan Ficalora made a motion for approval.

**SECONDED:** The motion was seconded by Commissioner Gregory Giron.

**PASSED:** Unanimous.

## 5. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF FY25 NEW RATES FOR DPBH SERVICES AT SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES, NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES, AND RURAL CLINICS

Presenter: Margaret Moe, *Admin Services Officer III (DPBH)*

Summary: Chair Schrag asked Ms. Moe if there were any highlights regarding the rates as submitted, the only addition was Ms. Moe mentioned there would be an increase coming in FY26 that would average about 15%.

Chair Schrag then asked for any questions, comments, or concerns from commission members, none heard. Chair Schrag then asked for a motion of approval for the FY25 Rates as submitted.

MOTION: Commissioner Dan Ficalora made a motion for approval.

SECONDED: The motion was seconded by Commissioner Lisa Ruiz-Lee.

PASSED: Unanimous.

Chair Schrag then circled back for discussion of Agenda Item 4.

## **6. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF POLICY 41-6 SHARED LIVING ARRANGEMENTS REVISIONS**

Presenter: Megan Wickland, *Health Program Manager III (ADSD)*

Summary: Wickland shared an overview of policy revisions and updates for shared living arrangement providers both under administering agencies and those that do not fall under an administering agency to align this policy with the previously reviewed policies; including, policy 41-8, the Residential Support Services Tiered Living Policy, and recent waiver changes. The floor was opened for questions, Nichole Schembre referenced Section D-7 of the policy manual and raised a question regarding accountability of the administering agency for the investigation period timeframe and care of individuals during that timeframe. Ms. Wickland responded that investigations are conducted within 10 days and more information could be found in the next policy for review, 44-1. Commissioner Schembre thanked Ms. Wickland, and Chair Schrag asked if there were any further questions. With none heard, Schrag also thanked Ms. Wickland and asked for a motion of approval for the policy 41-6 as submitted.

MOTION: Commissioner Arvin Operario made a motion for approval.

SECONDED: The motion was seconded by Commissioner Nichole Schembre.

PASSED: Unanimous.

## **7. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF POLICY 44-1 PREVENTION, RECOGNITION AND REPORTING OF AN INCIDENT AND/OR SERIOUS OCCURRENCE OF MISTREATMENT OF INDIVIDUALS RECEIVING SERVICES**

Presenter: Megan Wickland, *Health Program Manager III (ADSD)*

Summary: Requested approval for the policy with an amendment to remove reference to attachments C, D, & E as these are no longer in use. The policy was updated to clarify language around reporting and the various roles within service coordinators and supervisors, the quality assurance team, and provider agencies. Additionally, a reassignment decision table was added to the policy for guidance during any investigation of mistreatment allegations. Reports are required to be completed within 10 calendar days so that information may be gathered quickly to create recommendations based on the findings of the investigation.

Chair Schrag asked Ms. Wickland to specify the references mentioned for removal. Wickland directed to Page 12, that is Section C, to sub-section 10 which indicates specific templates and forms for the attachments, and to page 15 of the policy where the attachments are listed again. Schrag then clarified with Wickland that the request is to remove the reference to the attachments, not to remove the actual tables and information. She affirmed the policy information is up to date; it is just the attachments

reference to particular forms and templates that need to be removed as the information is now provided in a different format.

Chair Schrag then asked for any questions, comments, or concerns from commission members. No comments were heard from other members, so Schrag continued with his own statement emphasizing the importance of such investigations and expressed thanks to Wickland and those involved in the process in general for their diligence in working on these policies. With no other comments from the commission, Schrag asked for a motion to approve policy 44-1, as submitted and discussed, with the removal of the reference to attachments C, D, and E under Section C-10 on page 12.

MOTION: Commissioner Gregory Giron made a motion for approval of policy 44-1 as submitted and discussed.

SECONDED: The motion was seconded by Commissioner Arvin Operario.

PASSED: Unanimous.

## **8. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF POLICY 24.2 ELIGIBILITY/INTAKE**

Presenter: Gujuan Caver, *Agency Manager (DRC)*

Summary: Highlighted key points in the policy regarding the eligibility/intake process that applies to the three regional centers (DRC, RRC, and SRC):

- Referral process
- Application requirements
- Processing time of an application
- The required information and documentation for submitting an application
- Guidelines for eligibility diagnosis showing a person has an ID or related condition
- Exceptions to the standard of criteria

Caver went on to explain the process after an application is received through intake, starting with the intake specialist receiving the necessary documentation then sending that information to an eligibility review committee that will recommend whether an applicant should be approved for services or not. Then, if an applicant is approved for services, they are assigned a service coordinator.

Here Caver split-off to talk in more detail about section 24.2.6, found on page 15, regarding urgent application processing. The regional centers collaborated to formally add this process into policy. Urgent applications are processed with checks for certain criteria, such as if an applicant is 18 years of age or older and dependent on others for their health and safety, or an applicant experiences a sudden loss of support of a parent or caregiver and would require immediate need for care to maintain their health.

Chair Shcrag interjected in affirmation to Caver's statements. Dr. Giron also commented his support for the policy. Schrag then asked to clarify what the timeframe for the entire application-determination process is. Caver answered that, "the maximum length of time we expect an applicant to be in service or not eligible is within 90 days." This maximum would apply to more extenuating circumstances, such as incomplete information or a need for specific testing. Generally, urgent applications are processed as soon as possible.

Schrag then asked if there were any additional comments. No comments were heard so Schrag moved to ask for a motion to approve the policy 24.2 Eligibility and Intake.

MOTION: Commissioner Dan Ficalora made a motion of approval.

SECONDED: The motion was seconded by Commissioner Arvin Operario.

PASSED: Unanimous.

## **9. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF SUB-COMMITTEE ON MENTAL HEALTH OF CHILDREN PER NRS 433.317**

Presenter: Marla McDade Williams, *Administrator (DCFS)*

Summary:

Williams mentioned that she and Cody Phinney have been working with staff to figure out how to best manage and meet the needs of all committees and groups under both DCFS and DPBH. Right now, they are managing three groups independently, but have been finding it difficult to effectively meet the needs of the groups. She went on to cite multiple NRS, as listed below:

- [NRS 433.317](#)
- [NRS 433B.333](#)
- [NRS 433B.335](#)
- [NRS 433B.337](#)

With these statutes in mind, Williams stated the proposal being presented is seeking to, “recognize that, the way that current staffing model isn’t consistent with the NRS and to have the Commission consider reestablishing a specific subcommittee for the mental health of children.

Chair Schrag thanked Williams for her presentation, indicating this is a conversation ongoing between the Commission and Administrator Phinney as well, and acknowledged that the one of the goals of the Commission is to become more effective and efficient with how they operate within the state. Schrag went on to ask Williams for her thoughts on what would be the most beneficial makeup of personnel for the subcommittee. Williams made the suggestion of three members, which would then have a quorum of at least two. Schrag then turned the discussion over to the other Commissioners for their input. Commissioner Ficalora asked for clarification on whether this subcommittee would replace the current DCFS led Commission meetings, and whether the subcommittee would be meeting to focus on child matters then report back to the Commission as a main group. Schrag responded that the proposal is more looking to consolidate the two meetings rather than having separate meetings with separate processes and personnel, and that Williams and Phinney would continue to work together to focus on some of the issues related to children to then bring to the larger Commission committee. Cody interjected that while working alongside Williams, both agencies are committed to streamlining the continuum of care services from children into adults while also meeting statute requirements. Vice Chair Ruiz-Lee clarified that the intention of the subcommittee would ultimately serve as a replacement for the current, seemingly inactive, children’s mental health consortia.

At this time is when Williams lost connection to the meeting, as stated by Phinney whom Williams had notified. Phinney went on to say that while she cannot speak for DCFS, DPBH is committed to ensuring the Commission has their necessary meetings and including the Commission in staffing support with any issues. Schrag stated he would allow Williams to clarify at a later time. Commissioner Operario then came forward to ask about the timeframe for and how it may impact the Commission and upcoming consolidation with the BDR. Schrag answered stating he was unsure if it would impact the Commission directly per se; for now, the focus lies on making sure the Commission is effective and efficient. It’s here that Williams was able to rejoin the meeting. Chair Schrag allowed Commissioner Ruiz-Lee to re-state her earlier question for clarification. Williams answered that the children’s mental health consortia would not have any meetings going forward, and discussions regarding children’s mental health issues would be through the subcommittee. Commissioner Ruiz-Lee thanked Williams and Chair Schrag then asked for

any additional comments. Commissioner Ficalora affirmed that the creation of the subcommittee would be beneficial for the overall meeting structure and process but did have concerns about the size of the subcommittee to which Commissioner Ruiz-Lee responded in agreement. Williams and Phinney re-confirmed that the subcommittee would not be treated as a separate committee but a sort of delegate with a focus on children's mental health that would identify issues to bring to the full focus of the Commission if necessary. DPBH would become main point of contact, but as sister agencies would work closely with DCFS and ADSD to create the agenda for subcommittee and possible commission discussion. Satisfied, the commissioners agreed to create the sub-committee and while it was noted by the Deputy Attorney General Izaak Rowe that appointment of members was not mandatory, the option to discuss appointments was available. Commissioner Dan Ficalora, Chair Braden Schrag, and Vice Chair Lisa Ruiz-Lee volunteered to form the three person sub-committee.

Chair Schrag asked for a motion to approve the creation of the sub-committee comprised of Chair Schrag, Vice Chair Ruiz-Lee, and Commissioner Ficalora.

MOTION: Commissioner Dr. Gregory Giron made a motion to approve the sub-committee with members as listed.

SECONDED: The motion was seconded by Commissioner Arvin Operario

PASSED: Unanimous.

#### **10. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF 2025 MEETING DATES WITH THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – COMMISSION AND SUPPORT STAFF**

Presented by DPBH, the dates for the meetings were scheduled as the third Thursday of every other month to meet requirements of at least six meetings with flexibility to have additional meetings as necessary, up to 12. Feedback from the community to DPBH showed an interest in a more regular occurrence of meetings would allow more time for attendees to prepare materials and what to expect going forward. The following meeting dates were prepared by Kelli Knutzon for approval:

- January 16th, 2025
- March 20th, 2025
- May 15th, 2025
- July 17th, 2025
- September 18th, 2025
- November 20th, 2025

Schrag asked for a motion to approve the 2025 schedule as presented.

MOTION: Commissioner Lisa Ruiz-Lee made a motion to approve the schedule as presented.

SECONDED: The motion was seconded by Commissioner Dr. Gregory Giron.

PASSED: Unanimous.

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

Presenter: Megan Wickland, *Health Program Manager III (ADSD)*

*Note: Megan Wickland was present giving the presentation in place of Jessica Adams.*



Summary: The division is working with Health Management Associates for training and technical assistance to support individuals with complex behavioral needs. Met with the National Association of Dually Diagnosed for consultation and training for provider and state staff, as well as looking at getting certifications and possible accreditation.

No questions or comments on the item were heard.

## **12. INFORMATIONAL ITEM: PRESENTATION ON FORENSIC MENTAL HEALTH PROGRAM**

Presenter: Drew Cross, *Statewide Forensic Program Director (LLC)*

Summary: Cross gave a verbal report along with a slideshow included in reference materials. Cross started the presentation with explanation of NRS structure around forensic services, referencing multiple NRS, as listed below:

- [NRS 178.415](#)
- [NRS 178.425](#)
- [NRS 178.461](#)
- [NRS 175.539](#)

Cross stated that requests for forensic services in Nevada have increased over the past decade, citing that they've experienced an increase in commitments by 140% between 2012 and 2023, and added that DPBH's long-term client population (those persons committed for 10-plus years and Not Guilty by Reason of Insanity acquittees) has increased by 616%, from 6 to 43 within that same timeframe. Cross went on to explain that due to the increase, the time individuals await for admission to inpatient services has accrued over \$178,000 in sanction fines.

Some of the division's responses to these challenges include:

- ARPA funded initiatives, namely Jail-based programming (JBP), a collaboration effort between the Clark and Washoe county detention centers and DPBH, to introduce treatments for individuals deemed not competent. Nearly 64% of those on the admission list are enrolled in one of these programs with quote, "The results of these programs are promising." The Clark and Washoe county jail-based programs opened June 2024 and September 2024 respectively, with a combined capacity of 90 individuals.
- Alternative Long-term Care provides the ability to conditionally release those clients which have aged to the point of being infirm or with significant medical concerns into appropriate skilled nursing facilities off-campus.
- Along with JBP, ARPA funding has allowed DPBH to expand contracted services, bringing on several staff to the program workforce and continue to do so with remaining available funds. The benefits to this service include outpatient services, outreach to jails, and additional evaluations.

Additional beds added to the SNAMHS campus increased the number of available beds at Stein Hospital from 113 to 153, raising the maximum capacity between Lake's Crossing (86) and Stein Hospital (153) to a total of 239 beds, with plans to add an additional 21 forensic beds.

Trained clinicians, or jail liaisons, identify nonviolent offenders with low-level charges awaiting forensic inpatient services to be diverted into other services through communication with the courts and community partners.

Looking to the future, a new 300-bed forensic facility is being designed for placement on the SNAHMS campus, and, on recommendation by Groundswell, DPBH is creating a team of experienced forensic staff to focus on the presented issues and implement changes on a statewide level. Early results of these efforts are promising, with a decrease in length of stay by over two weeks in FY24 and a lower admission wait time.

Cross opened the floor for questions, to which Chair Schrag asked for any specifics that attributed to a recent increase in the number of referrals. Cross provided some speculative responses that the state overall had a growth in population in recent years, and that there has been a greater amount of legal counsel involvement with their clients as a potential pathway. Schrag closed the question with a request for the trending, analytical data over the course of the next year for future review.

Another question came from Commissioner Dr. Giron, asking whether the forensic team monitors factors such as substance use or other economic or medical pressures which may also contribute to the increase in the forensic population. Cross answered that yes, there is some correlation between substance abuse in the forensic population seen in data gathering done for different purposes.

DAG Rowe then spoke up to ask about the sanction fines and whether the court has indicated where that money will be used. Administrator Phinney answered that the money, by law, goes to legal aid of southern Nevada. Phinney added that Drew Cross and Ronna Dillinger (DA of Clinical Services), have implemented a plan to address some of these issues, and that she presented the plan to Gov. Lombardo not long ago.

Commissioner Ficalora raised the question whether there was any demographic information about the make up of the population in the forensic facilities were. Cross answered that the information is tracked as part of the jail-based program. Ficalora asked for the population makeup and trends be included for the Commission to review going forward. Cross agreed to have that prepared.

Schrag then asked Phinney if there was anything immediate that the Commission could do in support of the DPBH, to which Phinney asked only for the Commission to keep this information in mind with understanding of what the program is trying to accomplish. Schrag asked for an update on the project again in March of next year to discuss any challenges with the collective.

### **13. INFORMATIONAL ITEM: UPDATE ON SECLUSION AND RESTRAINT/DENIAL OF RIGHTS, ADSD**

Presenter: Marina Valerio, *Agency Manager (DRC)*

Summary: In the last six months there has been an increase in the number of people needing restrained, on record stated as 13 of the 43 people served by the agency. A cause in the uptick is being determined; right now, speculation is several factors including heat and aggression correlation. The two persons who required the most attention during this period had recently been terminated from their jobs and day training program, which caused a change in their routine. The highest number of situations occurred in August, while September saw the lowest number. Staffing is also under consideration as a factor due to a high turnover in positions. The agency is currently exploring these options and what can be done to lower the number of occurrences. Chair Schrag asked the agency add a summary of their findings in the next report.

No further questions or comments on the item were heard.

### **14. INFORMATIONAL ITEM: UPDATE ON SECLUSION AND RESTRAINT/DENIAL OF RIGHTS, DPBH**

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

Summary: Reported there was nothing unusual for the current report; slight spikes in incidents are a common occurrence mostly due to quote, "unique patients with multiple events." There has been a gradual increase in the waitlist census throughout the state on the civil level as well forensic. Statewide there has also been an increase in long term commitment and restoration clients.

Chair Schrag asked if there were any preparations that would need to be made going into the holiday season, Lynch answered that historically there haven't been any spikes in seclusion and restraint reports

associated with the season. The agency does track other elements including time of the day, the shift, environmental factors, as well as background of the individuals involved in any incidents. Patterns have been seen sometimes connected to courts appearances, civil commitment, and court appearance.

Commissioner Giron questioned if certain occupations are included in the tracking data, Lynch responded that the agency has seen a slight change in the population they've been receiving with more individuals coming from jails on misdemeanor diversion programs compared to those coming through emergency rooms. Patients often are uninsured or underinsured with no active and current job history. As such occupation is not among the factors included in tracking.

No further questions or comments on the item were heard.

## **15. INFORMATIONAL ITEM: REVIEW REPORT FROM THE LEGISLATIVE COUNCIL BUREAU'S AUDIT DIVISION ON GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN – INSPECTIONS – COMMISSION**

The report can be found listed on the DPBH website along with other meeting materials.

Summary of Discussion: Chair Schrag brought up concerns he had when reading the report. Referencing to page 25, the section stating health facilities licensed by HCQC are not, by law, being required to screen employees for child abuse or neglect. Schrag then called on Vice Chair Ruiz Lee to ask if any internal changes have been made since the initial inspection. Ruiz Lee answered that these reports are normally presented during a legislative session, indicating that the report would likely be presented at the next session and the recommendations taken under consideration then. Ruiz Lee also added that the wording of the recommendations included in the report contains loopholes and therefore would not address the root issue. Ruiz Lee suggested that this feedback be passed along to the agency which submitted the report for consideration. Kelli Knutzon reported she has a contact within LCB that she can forward the information to. Administrator Phinney brought up that the report had been presented at a legislative meeting in previous months. Phinney explained that the legislative branch gives these recommendations to the DCFS Administrator, Marla McDade and herself as part of the executive branch, and requested the Commission, come next meeting, allow HCQC to give a presentation about their process in doing background checks for these facilities. Chair Schrag agreed, adding that he would like to continue to receive information and review this further within the children's sub-committee.

A public comment period was opened for further discussion:

Presenter: Jennifer Otto, Audit Manager for the LCB Audit Division

Summary: Otto stated that the LCB report had been for the 2023 calendar year with another planned for 2024 in January with an offer to provide future findings, and indicated the Commission may find further information and findings from previous audits through the LCB website. Otto also wanted to clarify within the report that while the background checks are something included in their inspections, the facilities are, quote, "...not statutorily obligated to perform the CANS (Child Abuse and Neglect Screening) check portion of it." Vice Chair Ruiz-Lee stated that while she appreciates and philosophically agrees with the recommendations, she again encourages the review of how those recommendations are worded, specifically in reference to the description that those entities have physical custody of the children pursuant to a court order, which is not the case. Otto stated that the unit's purview under NRS 218G allows them to go into the facilities with children who have the court order. Otto then reached out to members of her team, Hayley Cornelia-Swift and Monica Cypher, also in the meeting for further input. Cornelia-Swift added for clarification that the NRS 218G (see [NRS 218G.535](#)) defines these agencies which is why they are using that language. Swift also adds that children who are in NRS 432B custody and are admitted to a psychiatric or locked residential facility there has to be a locked petition hearing, which is the court hearing that provides the court order ordering that child be put into that facility. Commissioner Ruiz-Lee

responded that she still believed there is a fundamental issue with it because a lot of the kids don't go through the hearings and end up in these facilities without a court order. Ruiz-Lee also stated a concern that kids who are under custody of a court order might be treated differently than the kids without such. Otto responded that the hope is the agencies themselves will create language suited to their needs. After thanks from Commissioner Ruiz-Lee, Chair Schrag noted that the Commission would like to receive the reports mentioned and in the future perhaps have a commission member attend future meetings with the agencies on such an issue. Ellen Richardson-Adams added that future documentation will also be available on the LCB website and Otto and Cornelia-Swift would be able to reach out to Kelli Knutzon to get any new information available passed on directly to the Commission. Adams also expressed thanks to the unique perspective and input provided by Commissioner Ruiz-Lee. Commissioner Giron agreed he'd like to see more of the audit information and inspection reports going forward. Otto suggested attending a future commission meeting with a formal agenda item to explain more about the audit unit's purpose and the inspections process.

**16. ACTION ITEM: DISCUSSION, IDENTIFICATION, AND POSSIBLE APPROVAL OF FUTURE AGENDA ITEMS – COMMISSION**

Chair Schrag put forward review of the BDRs that have potential impact to the system of care as well as Phinney's request for a presentation from HCQC be added to the next meeting agenda. Schrag concluded the discussion, stating that any other items of interest from the Commission may be submitted to Kelli Knutzon for her staff to put together. He then moved on to the next item 17. For open public comment period.

**17. PUBLIC COMMENT:**

No comments were heard at this time.

**18. ADJOURNMENT– BRADEN SCHRAG, CHAIR**

Chair Schrag adjourned the meeting at 10:58am.