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# DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH



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## GOVERNOR'S COMMISSION ON BEHAVIORAL HEALTH with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) MEETING MINUTES

January 8th, 2026  
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\\_MGNiM2I5NDItZDIkNy00OGRILThhZTQtZjA2MDIzNjNjOWRi%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_MGNiM2I5NDItZDIkNy00OGRILThhZTQtZjA2MDIzNjNjOWRi%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: 695 222 533#

### **1. CALL TO ORDER/ ROLL CALL**

Commissioners Present:

- Braden Schrag, Chair
- Lisa Ruiz-Lee, Vice Chair
- Lisa Durette, M.D.
- Natasha Mosby, LCSW
- Jasmine Cooper, CPC
- Dan Ficalora, CPC
- Nichole Schembre

Quorum was present.

Members Absent:

None

Others in Attendance:

Andrea Rivers (DPBH); Kelli Knutzon (DPBH); Faythe Baltisberger (DPBH); Valerie Haskin (ADSD); Brian Burriss (DPBH); Ellen Richardson-Adams (DPBH); Drew Cross (DPBH); Carolyn Wilson (ADSD); Gujuan Caver (ADSD); Michele Klem (ADSD); William Hammargren (ADSD); Lea Case

(*Externa*); Susan Lynch (*DPBH*); Linda Anderson (*Externa*); Lea Cartwright (*Externa*); Keibi Mejia (*Externa*); Leon Ravin (*DPBH*); Gujuan Caver (*ADSD*); Zacary Laskey (*Externa*); Brenna Hardtner (*Externa*); Yadira Gomez-Guerrero (*ADSD*); Dawn Walters (*Externa*); Jenniger m. Spencer (*AG*); Cade Grogan (*Externa*); Kathryn Martin (*DCFS*); Jolene Zamora (*Externa*); Jennifer Otto (*Externa*); Kimberly Abbott (*DCFS*); Kyra E. Morgan (*DCFS*); Jessica Adams (*ADSD*); Monica Cypher (*LCB*); Zoë Houghton (*Externa*); Brian Evans (*Externa*); Krisann Taylor (*NVHA*); Jonathan Norman (*Externa*); Barbara-Ann Keller (*DPBH*); Edwin Centeno (*NVHA*); Stacie Weeks (*NVHA*); Stephanie Africa (*DPBH*); Helen Byurd (*DPBH*); John P. Etzell (*Externa*); Estephania Jimenez-Sabree (*NVHA*); Marla McDade Williams (*DCFS*)

## **2. PUBLIC COMMENT:**

Chair Schrag opened the floor for public comment;

Commenter: Valerie Haskin, Rural Regional Behavioral Health Coordinator

Summary: Haskin suggested discussing the waitlist for outpatient medication clinics and service coordination at rural community locations, asking if strategies involving other partners could help reduce wait times or provide additional assistance. Haskin also noted a high vacancy rate at NNAMHS and questioned whether the rural health transformation grant could help address staffing issues before its funds become available. Lastly, she highlighted a growing trend of licensed providers moving into coaching roles on a cash basis, bypassing insurance, and emphasized the need for oversight to ensure evidence-based practices, ethical standards, and patient protection in these situations.

There was no further public comment.

## **3. ACTION ITEM: DISCUSSION AND POSSIBLE VOTE TO APPROVE OF MEETING MINUTES FROM MARCH 20<sup>TH</sup>, 2025**

Chair Schrag asked for any comments or corrections from commission members; none were heard. Chair Schrag then asked for a motion of approval for the minutes from the Commission on Behavioral Health meeting held on November 20<sup>th</sup>, 2025 as presented.

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

SECONDED: The motion was seconded by Commissioner Schembre.

PASSED: Unanimous.

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

### **Approval of Agency Director Reports**

Chair Schrag addressed the Commission about the consent agenda, acknowledging public comments related to the item. Before moving forward, he invited agency directors and commissioners to share any responses or input. He then outlined that the reports would be reviewed individually and recommended that more extensive commentary or discussions be scheduled under new, specific agenda items for deeper consideration.

1. *Northern Nevada Adult Mental Health Services (NNAMHS)*

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/nnamhs-agency-director-report.pdf>

Presenter: Brian Burriss, on behalf of Julie Lindesmith

Summary: Burriss responded to Valerie's offer of assistance with grants by suggesting they set up time to discuss details, noting that, while they are always interested in improving hiring efficiency, he does not have enough information for an immediate solution at this time. He welcomed any ideas and added that he had nothing further to contribute to the report but was available to answer questions.

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

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/snamhs-agency-director-report.pdf>

Presenter: Ellen Richardson-Adams

Summary: Adams stated their vacancy rate continues to decrease as they operationalize and added that she would be happy to answer any questions from commissioners.

3. *Lake's Crossing Center*

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/lcc-agency-director-report.pdf>

Presenter: Drew Cross, on behalf of Stephanie Africa

Summary: Cross invited questions from the commissioners; none were heard.

4. *Rural Clinics Services*

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/rural-clinics-agency-director-report.pdf>

Presenter: Ellen Richardson-Adams

Summary: Adams clarified that the individuals on the waiting list are those who have completed intake but have not yet returned for services. The agency continues outreach efforts but does not add these individuals to caseloads to avoid inflating numbers. Reasons for delays vary, such as clients preferring in-person counseling when only telehealth is available. She emphasized that the issue is not related to staffing, as their vacancy rate is very low, the lowest since she has overseen the agency. The team remains focused on community outreach and supporting individuals in rural areas and welcomed additional questions.

Response: Commissioner Cooper thanked Adams for clarifying the waitlist situation, noting that while the numbers initially appeared high, the explanation made them completely understandable. She expressed appreciation for the approach of not adding individuals to caseloads prematurely, as that can feel overwhelming for providers.

Adams added that her team has implemented processes to make service coordination more efficient and supportive, involving a small team consisting of a service coordinator, an administrative assistant, and a manager. This approach has been consistent but was refined about a year ago to be more focused, resulting in improved outcomes, as assigned staff maintain continuity and familiarity with clients, reducing

the need for clients to repeat their stories. She noted that similar practices exist at NNAMHS, though team composition differs due to urban versus rural staffing patterns and telehealth availability. Brian Burriss added that NNAMHS does not have a specialized outreach team and historically has had minimal waitlists, with most delays related to medication clinic scheduling rather than access issues.

#### 5. *Sierra Regional Center*

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/src-agency-director-report.pdf>

Presenter: Carolyn Wilson

Summary: Wilson shared that her agency has focused on improving staff retention by implementing comprehensive onboarding and training programs to ensure employees feel welcomed, valued, and equipped with the necessary tools. Additionally, they have worked to foster a supportive and respectful work environment, which has significantly improved retention. Commissioner Schembre commended Wilson for her efforts, highlighting her dedication to recognizing and appreciating frontline providers and creating positive experiences, such as hosting events and holiday initiatives, which demonstrate care for staff and set an example for other agencies. Wilson expressed gratitude for the acknowledgment.

#### 6. *Desert Regional Center*

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/drc-agency-director-report.pdf>

Presenter: Gujuan Caver & Michele Klem

Summary: Caver provided an update on Desert Regional Center, noting no major changes in Community Services except a correction that the facility is licensed for 43 individuals and currently has 41 on campus. He reported recent promotions to developmental tech IV positions, with recruitment ongoing to fill remaining vacancies and backfill previous roles. Caver also highlighted efforts to strengthen collaboration between developmental services and DPBH, with another meeting scheduled for later this month. Michele Klem added that DRC is focusing on building partnerships with DPBH, local hospitals, provider agencies, and interagency partners to improve transitions and service coordination. She noted that while vacancies will temporarily increase due to the approval of many new positions, recruitment is underway, though clinical roles may be harder to fill. The goal is to reduce waitlists and improve efficiency. Commissioner Cooper praised DRC's "We Care" caregiver support program, emphasizing its importance in keeping families engaged and individuals in their homes, and commended the agency for its innovative efforts.

#### 7. *Rural Regional Center*

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/rrc-agency-director-report.pdf>

Presenter: William Hammagren

Summary: Hammagren reported that both the respite and family support programs currently have zero waitlists, while the JDT program has about 35 individuals waiting and the SLA program about 40. He noted that recent efforts have significantly reduced waitlists, though some individuals on lists no longer require services. There is no ATCM

waitlist yet, but rural areas are close to reaching that threshold. Hammargren emphasized that current caseloads allow support for approximately 9,900 people, though recent system changes caused minor reporting issues that will be corrected in the next quarterly report. The biggest challenge remains staffing rural offices, where competition with high-paying mining jobs makes recruitment difficult, especially in Elko and Winnemucca. Despite these challenges, he expressed excitement about progress in reducing waitlists after two years of significant struggles.

Chair Braden Schrag commented, emphasizing the importance of collaboration and acknowledged the challenges of competing with certain types of jobs. He expressed enthusiasm for seeing collaborative efforts in action, noting that such initiatives demonstrate creativity in addressing issues and improving services. He also highlighted that decisions made by agencies have real impacts on real people, not just systems, and encouraged a focus on doing the right thing for those who depend on them. He then posed a two-part question to Michele Kelm and Gujuan Caver, asking if they are facing any significant challenges in collaborative engagement with partners and invited them to share these issues with peers to explore alternative approaches.

Gujuan Caver stated that there are no significant issues with collaboration at this point but noted that leaders are often very busy and tend to work in silos, only coming together on individual cases as they arise. He emphasized the need for a formal, scheduled platform for collaboration among leaders, acknowledging that establishing such a structure required effort and has only recently started or restarted. Caver concluded that it's too early to fully assess its effectiveness and suggested that ensuring leaders have time for collaboration remains the main challenge.

Michele Klem added that a key challenge in collaboration is keeping partners informed about services, which can be difficult due to frequent turnover among contacts. This often requires repeated education and having a clear "elevator speech" ready to explain what their department does. Misunderstandings about the scope and organization of services can lead to frustration, so they spend significant time re-educating and clarifying expectations. She emphasized that maintaining communication with the right people and ensuring accurate information is shared will be essential for improving collaboration.

Chair Schrag invited other agency directors or representatives to share positive experiences or challenges they've faced in building collaborative connections and how they overcame them. He acknowledged the issue of working in silos, noting that these often arise from organizational structure or personality differences, which can limit opportunities for impactful collaboration. He then emphasized the importance of understanding what other agencies do to avoid duplicating efforts and instead leverage existing resources. He encouraged participants to share strategies for reducing silos, repairing relationships, and fostering greater collaboration.

Susan Lynch shared that she was pleased to join a recent discussion with Gujuan and Michele, as they discovered many shared consumers between their organizations, including a significant number of complex inpatient cases. These individuals often present multiple challenges, such as behavioral health and developmental issues, legal concerns, and involvement with guardians or diversion programs. She highlighted the value of addressing these complexities and exploring solutions, including training opportunities. She noted that behavioral health clinicians sometimes lack expertise in intellectual disabilities, while DS staff may need more behavioral health training, making collaboration and knowledge-sharing essential for improving care for shared clients.

Schrag emphasized the importance of recognizing each organization's capabilities, noting that understanding who can do what often leads to more efficient resource allocation and increased community capacity without major operational changes. He pointed out that change doesn't always require a complete overhaul of policies and procedures; sometimes a small adjustment can open new opportunities and create significant impact. He expressed appreciation for Susan's insights, calling them powerful and impactful, and invited further thoughts from others.

Brian Burriss shared that many clients have been staying at the Cares Campus homeless shelter in Reno, prompting a strong focus on improving collaboration through increased contact and communication. The Cares Campus team presented their services, which include a robust network of case managers and clinicians, leading to efforts to avoid duplication and enhance coordination. He also noted that multiple tours were arranged for staff to better understand the facility, which he described as impressive and rapidly evolving. He expressed satisfaction with the growing collaboration between his organization, the county, and the Cares Campus.

Commissioner Dr. Lisa Durette highlighted the importance of collaboration at UNLV and suggested bridging adult and youth systems as a key opportunity. She introduced the statewide child psychiatry access program ([NVPAL](#)), which provides support Monday through Friday for primary care providers and clinicians needing assistance with resources, clinical care, autism evaluations, or diagnoses. The program offers short-term, solution-focused care and aims to improve access and coordination across the state. She stressed that many may not be aware of this resource and emphasized the need for better communication and cross-pollination among state, university, and community systems, noting that all operate under the same state budget and can achieve greater success through collaboration.

Schrag closed the discussion by emphasizing the value of the platform in fostering collaboration, breaking down silos, and creating or repairing relationships. He highlighted the importance of making dedicated efforts to bring institutions together and uncovering resources that often go unnoticed. Schrag specifically shared appreciation for Dr. Durette's contributions about university programs supporting child and adult psychiatry, noting that these specialized services are limited in the state and should be shared widely to maximize impact. He encouraged continuing these conversations to strengthen partnerships and improve resource utilization.

As this is a Consent Item, Chair then asked for a motion of approval of the agency director reports as submitted.

**MOTION:** Commissioner Cooper made a motion for approval of the consent agenda as presented.

**SECONDED:** The motion was seconded by Commissioner Mosby.

**PASSED:** Unanimous.

## **5. ACTION ITEM: DISCUSSION AND POSSIBLE APPROVAL OF THE UPDATED DCFS POLICY ON SUPERVISIION AND PROCEDURES**

Presenter: Kimberly Abbott, Deputy Administrator (*CMHS-DCFS*)

Summary: Abbott addressed the Commission to correct a previous statement regarding a supervision policy presented in November. She clarified that the policy was not new but an update to the 2019 policy (9.90 Clinical Supervision) and the revisions primarily strengthened language distinguishing clinical supervision for licensed interns from program supervision.

Additionally, two minor updates were made to ensure compliance with accrediting bodies such as CARF, the Joint Commission, and HCQC, including adding sections on supervision requirements and record review standards. She emphasized that aside from these clarifications, the policy remains largely unchanged.

Chair Schrag acknowledged the correction, noting that the update was more a matter of semantics and confirmed that the policy aligns with what was previously approved, requiring no further changes. He then asked for any comments or questions from commission members; none were heard.

Chair then asked for a motion of approval of the updated DCFS policy on supervision and procedures.

MOTION: Commissioner Cooper made a motion for approval of the policy update.

SECONDED: The motion was seconded by Commissioner Durette.

PASSED: Unanimous.

## **6. INFORMATION ITEM: DISCUSSION AND REVIEW OF MATERIALS REGARDING THE DRAFTING OF THE GOVERNOR'S LETTER FOR 2026**

Summary: The committee discussed preparations for the 2026 annual Governor's Letter, noting that last year's effort was a collaborative process between the Commission and staff. Since former administrator Cody Phinney is no longer involved, Kelli Knutzon suggested forming a subcommittee to review last year's letter and incorporate updated information. Andrea Rivers, the new administrator, confirmed she has no prior input but will assist moving forward.

The letter is legislatively due by the end of January, but historically finalized by May, aligning with upcoming meetings in March, April, and May. Chair Schrag emphasized creating a concise, accessible document similar to last year's version rather than a lengthy report and proposed organizing existing information and setting up a subcommittee to ensure completion by May.

## **7. INFORMATION ITEM: UPDATE FROM THE NEVADA HEALTH AUTHORITY (NVHA) ON CURRENT COURT INJUNCTION AFFECTING THE STATES INSPECTION OF FACILITIES**

Presenter: Stacy Weeks, Director (NVHA) and Ann Jenson, Administrator (NVHA Medicaid Division).

Summary: Weeks informed the Commission that their agency is currently engaged in litigation with the owner of four psychiatric residential treatment facilities previously licensed in Las Vegas. While she was cautious about sharing details publicly, she offered to answer questions within appropriate limits due to the ongoing investigation.

Lisa Durette expressed concerns about the quality of care and oversight at these facilities, citing issues such as the judicious use of psychotropic medications, appropriate application of seclusion and restraint, and overall transparency. She noted that the lack of visibility into these operations raises serious ethical concerns and is reminiscent of previous problematic facilities where children were not treated in a humane and ethical manner, which prompted the discussion at the Commission.

Weeks stated the agency was able to issue a suspension on the authority ensuring it ceased operations; though the owners filed litigation against the health authority, claiming a violation of 4<sup>th</sup> amendments & public property rights, as a licensed facility which accepts Medicaid operations do fall under authority of the state's health authority. Weeks continues, explaining that all nine children found at the site were safely moved before Christmas Eve with assistance through a contracted clinical management team from Texas. This team provided appropriate care and assistance, including transferring those needing psychiatric residential treatment to other facilities. Weeks emphasized that this issue reflects a recurring problem in Nevada, noting at least three similar cases requiring Medicaid intervention. She outlined plans to strengthen regulations and penalties, potentially including criminal penalties for operating without a license or abusing children, and indicated that some changes may require legislation. To improve oversight, the agency has engaged Health Management Associates (HMA) to review licensing, inspections, and compliance processes, starting with psychiatric residential treatment facilities and later expanding to skilled nursing facilities. The review will include site visits, clinical expertise, and staff training enhancements. Weeks expects recommendations by April to align with IFC timelines for securing additional staff and resources, stressing that more actions will follow to ensure accountability and protect vulnerable populations.

Vice Chair Ruiz-Lee expressed appreciation for the efforts to address recent issues but noted that similar incidents occur almost annually, likening the situation to a "...game of whack-a-mole." She emphasized the need for stronger regulatory measures to prevent such problems and questioned why Nevada must rely on out-of-state resources, such as teams from Texas, for clinical interventions. Ruiz-Lee urged the state to build its own internal capacity to handle these situations, suggesting that developing local expertise could serve as a preventative measure. In response, Weeks agreed, stating that she would gladly utilize in-state resources if the necessary expertise were available and highlighted the importance of workforce development to achieve that goal.

Chair Schrag stressed the urgency of addressing systemic issues affecting Nevada's most vulnerable, emphasizing that legislative changes, workforce development, and increased state capacity are critical to preventing recurring failures in care. He noted that children, unlike adults, have less of a voice and rely heavily on the system for protection, making it unacceptable for facilities to operate without proper qualifications. Schrag called for regular updates on prevention efforts and solutions, urging that these incidents should be rare anomalies rather than annual occurrences. He clarified that the Commission's role is not regulatory but supportive, offering to collaborate through awareness, discussion forums, or even subcommittees to drive meaningful change. Schrag concluded by encouraging proactive measures and applauding current efforts, while emphasizing the need for sustainable solutions that ensure accountability and improved outcomes for youth in care.

Weeks thanked the Commission for its support and reiterated that addressing these challenges requires collaboration, as agencies often operate in silos. She welcomed the idea of forming a subcommittee to assist with reviewing recommendations from Health Management Associates (HMA) and developing strategies for systemic improvements. Weeks explained that the clinical team brought in during the recent crisis consisted of national experts skilled in managing high-risk situations, including caring for traumatized children and navigating hostile environments with resistant staff and owners. She emphasized the need to build local clinical capacity to intervene earlier, improve facility training, and prevent these sorts of crises. Weeks also highlighted broader issues such as fraud, abuse, and private-pay arrangements that complicate oversight, noting that some facilities charge families thousands of dollars daily, sometimes paid

in cash, without state monitoring. She called for better systems to track children and ensure accountability, given current delays in Medicaid data and lack of visibility into privately funded placements. Weeks announced upcoming structural changes, including the appointment of Cynthia Leech as the new administrator overseeing Medicaid fraud, waste, and abuse, as well as the licensing team. She expressed readiness to bring in additional experts to engage with Commission members and concluded by inviting further discussion on building a safer, more transparent system for vulnerable children.

Commissioner Durette emphasized that Nevada has significant in-state expertise through its universities, including nationally recognized professionals in child welfare, trauma, early psychosis, and collaborative care. She proposed leveraging these resources to support the state's efforts, noting that while universities may not provide direct patient care, they can offer subject matter expertise, training, and consultation. Weeks welcomed the idea and highlighted opportunities for partnership, such as the creation of a Center of Excellence for children's behavioral health and integrating university experts into Medicaid-related initiatives. She explained that existing models allow cost-sharing between the state and universities, enabling experts to dedicate a portion of their time to case reviews, staff training, and program development. Weeks expressed interest in moving quickly on these collaborations, including trauma-informed care training and leveraging expertise alongside Health Management Associates (HMA) to strengthen oversight and improve outcomes and suggested continuing discussions on formalizing these partnerships offline.

Braden Schrag emphasized the importance of sustaining momentum on collaborative efforts, urging that progress should not "die on the vine." He requested Weeks continue attending to provide regular updates at upcoming meetings on concrete steps taken toward deeper collaboration, including partnerships with universities and private entities. He highlighted the need to leverage existing in-state expertise rather than relying solely on external resources and encouraged transparency about progress, stressing that the focus should be on actionable outcomes rather than lengthy reports.

Ruiz-Lee expressed appreciation for the openness of the conversation around this issue with an emphasis of an earlier point on partnerships between government agencies; specifically, how these problems can rise through local juvenile justice programs desperate for placement sources for these kids, leaving regulation to come in after the fact to try and solve these systemic issues. Ruiz-Lee finished, calling for the subcommittee to include these other critical programs for them to be part of the solution.

Weeks echoed this sentiment, sharing that recent collaboration during the Mariah case demonstrated the power of teamwork across agencies, including Clark County Metro Police, DCFS, and Medicaid. She suggested forming a subcommittee to build on lessons learned as well as strengthen interagency partnerships. Weeks also took the opportunity to introduce Ann Jensen from Nevada Medicaid, who's leading the state's children's behavioral health transformation efforts. Jensen expressed gratitude for the collaboration and committed to bringing concrete items for feedback in future meetings, noting that input from members has already influenced program and policy changes. Both Weeks and Jensen emphasized their dedication to long-term improvements for children's behavioral health and ensuring safe, effective care statewide.

Schrag thanked Weeks and her team for providing updates and facilitating a robust discussion on such critical issues. He emphasized the importance of continuing these conversations beyond the meeting, encouraging follow-up and collaboration to identify and overcome

roadblocks. Schrag expressed optimism about future progress and reiterated the Commission's commitment to supporting efforts that drive meaningful change.

## **8. INFORMATION ITEM: UPDATE ON BEHAVIORAL HEALTH PROGRAMS FOR AGING AND DISABILITY SERVICES DIVISION**

Presenter: Jessica Adams, Deputy Administrator (*ADSD*)

Summary: Adams provided an overview of key initiatives across Nevada's regional centers. She highlighted ongoing accreditation efforts, with the Rural Regional Center recently completing the process and others scheduled next, aimed at strengthening workforce capability to better serve individuals with intellectual and developmental disabilities who also have mental health needs. Adams discussed a successful ARPA-funded pilot program at Desert Regional Center that partners with specialized providers, including behavioral experts, to support individuals with dual diagnoses in home and community-based settings, reducing hospitalizations and improving stability; with ARPA funds ending in December 2026, she emphasized the need to sustain this model. Additionally, Adams reported significant progress in transitioning individuals to Medicaid waivers, which shifts 60% of service costs to federal funding freeing state funds to expand services. This has allowed the state to lift a previous service freeze and begin offering residential care, job and day training, respite, and family support services, though waitlists remain. She expressed optimism about continuing to reduce waitlists and stabilize individuals through these expanded service offerings.

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

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

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/drc-rads-report.pdf>

Summary: Caver presented the restraint report for Desert Regional Center (DRC) covering October and November. Out of 41 individuals on campus, five were involved in restraints during each of those months. He noted that two of these individuals have been referred to a newly contracted BCBA group for behavioral support, with the goal of reducing said incidents. Caver added that one individual tends to exhibit cyclical behavioral issues around the holidays but expressed hope that with additional behavioral interventions and at the end of the holiday period restraint data will improve.

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

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

Please see the report at the following link:

<https://www.dpbh.nv.gov/siteassets/boards/cbh/snamhs-rad-report.pdf>

Summary: Lynch reported that the seclusion and restraint data for DPBH clinical services has been submitted, with no major updates other than a positive trend: both NNAMHS and SNAMHS facilities reported rates well below the national average for the period, which she highlighted as

a significant success. When asked why rates were lower, Lynch explained that spikes typically occur due to one or two patients experiencing severe challenges, but recent success reflects multiple factors. These include individualized behavioral support plans created by psychology teams, incentive programs such as token economies tailored to specific patient needs, and comprehensive case consultations involving treatment teams, administration, family members, community partners, and pharmacy staff to address medication adjustments. Lynch credited these collaborative and personalized approaches for maintaining calmer units and reducing aggressive incidents.

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

Schrag concluded the discussion by requesting that supporting staff ensure all Commissioners have access to the seclusion and restraint data for review and sign-off, emphasizing that keeping these reports updated is a high priority for the Commission. He noted understanding that work is already underway and asked for this to be completed at the earliest opportunity. Kelli Knutzon confirmed that a ticket has been submitted to the DPBH IT department and the process is in progress.

## **11. ACTION ITEM: DISCUSSION, IDENTIFICATION, AND POSSIBLE APPROVAL OF FUTURE AGENDA ITEMS**

Chair Schrag reiterated plans to have Stacie Weeks and her team return to provide updates on their initiatives and explore forming a subcommittee to support collaborative efforts and systemic changes. Schrag invited Commissioners to suggest additional agenda items beyond preparations for the annual letter, noting that none were raised during the meeting but could be submitted later to him or Kelli Knutzon.

## **12. PUBLIC COMMENT:**

Chair Schrag opened the floor for public comment. Kelli Knutzon stated that there were no public comments but noted that information shared in the meeting chat will be included in the official meeting minutes for those unable to view it during the session.

Items that were submitted via teams chat include, in order:

1. Kelli Knutzon:  
[carolynwilson@adsd.nv.gov](mailto:carolynwilson@adsd.nv.gov)
2. Carolyn Wilson:  
Through the Nevada Aging & Disability Services Division (ADSD) Capacity Development Project, selected professionals may receive training and professional certification. This project is designed to build a sustainable infrastructure and improve workforce capacity in supporting people with Intellectual/Developmental Disabilities (I/DD) and complex needs across Nevada. Nevada has contracted with NADD to provide certification to eligible professionals in Nevada. Founded in 1983, NADD is a leading non-profit organization dedicated to enhancing the lives of individuals with intellectual and developmental disabilities (IDD) and co-occurring mental health conditions. NADD's mission is to promote understanding, effective treatment, and support for individuals with IDD and mental health needs through education, publishing, training and consultation, research, advocacy, program accreditation, and professional certification.

PLEASE JOIN US FOR A VIRTUAL INFORMATIONAL WEBINAR

Wednesday, January 21, 2026 at 12:00pm Pacific Time

Register for this zoom webinar at: [thenadd.org/Nevada](https://thenadd.org/Nevada)

3. Lisa Ruiz-Lee:  
<https://nvpal.org/>  
That is the link to the NV PAL program.

### **13. ADJOURNMENT:**

Chair Schrag adjourned the meeting at 10:40am.