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Richard Whitley,
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Administrator

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Chief Medical
Officer

GOVERNOR'S COMMISSION ON BEHAVIORAL HEALTH
with the DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
MEETING MINUTES
May 15th, 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_ZDRjNDhhZTMtZjlwYi00ZTZkLTlmMGEtYTgzMDBiYmEwYzYz%40thread.v2/0?context=%7b%22id%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:

559 555 734#

1. CALL TO ORDER/ ROLL CALL

Commissioners Present:

- Braden Schrag, Chair
- Lisa Ruiz-Lee, Vice Chair
- Lisa Durette, M.D.
- Nichole Schembre
- Arvin Operario, RN
- Jasmine Cooper, CPC

Quorum was present.

Members Absent:

- Dan Ficalora, CPC
- Natasha Mosby, LCSW

Others in Attendance:

Amna Khawaja (DCFS); Andrea Rivers (DPBH); Carolyn Wilson (ADSD); Cherylyn Rahr-Wood (External); Hailey Cornelia-Swift (LCB); De Yates (External); Dena Schmidt (ADSD); Drew Cross (DPBH); Dorothy A Edwards (External); Ellen Richardson-Adams (DPBH); Faythe Baltisberger (DPBH); Fran Maldonado (DPBH); Gujuan Caver (ADSD); Gewndolyn Greene (External); Jenna Grant (DCFS); Jennifer Spencer (AG); Jessica Adams (ADSD); Joleen Walker (DHCFP); Joseph Roche (DPBH); Julie Lindesmith (DPBH); Kathryn Martin (DCFS); Krisann Taylor (DHCFP); Leon Ravin (DPBH); Linda Anderson (External); Megan Wickland (ADSD); Jennifer Otto (LCB); Valerie Cauhape (External); William Hammargren (ADSD); Jolene Zamora (External)

2. PUBLIC COMMENT:

No public comment was heard.

3. ACTION ITEM: DISCUSSION AND POSSIBLE VOTE TO APPROVE OF MEETING MINUTES FROM MARCH 20TH, 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 March 20th, 2025 as presented.

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

SECONDED: The motion was seconded by Commissioner Durette.

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's%20Report%20-%20Jan%202025%20-%20March%202025.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%20ADA%20Template_03-2025_COBH.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_5.2.25.pdf

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%20Report%2020250430.pdf>

Ellen Richardson Adams highlighted the addition of a mental health court within the Elko county district. Schrag commented that the Commission would like to hear of any updates as the year progresses.

5. Sierra Regional Center

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/2025%20April%2030%20SRC%20AgencyDirectorsReport.pdf>

6. Desert Regional Center

Please see the report at the following link:

[https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/May%202025%20Commission%20Report%20\(FINAL\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/May%202025%20Commission%20Report%20(FINAL).pdf)

Gujan Caver gave an update on the ICF Fencing Project which completion has been pushed back a few weeks due to electrical cart reading issues. The agency is working through the issues with the vending company and expects to be done sometime in June.

7. Rural Regional Center

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/2025%20April%2030%20RRC%20AgencyDirectorsReport.pdf>

As this is a Consent Item, 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 and consent.

SECONDED: The motion was seconded by Commissioner Cooper.

PASSED: Unanimous.

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

Presenter: Jessica Adams, on behalf of Megan Wickland (ADSD)

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

Key Points: The few ARPA projects undertaken by the agency, which focus on individuals with complex behavioral needs and dual diagnosis of intellectual/developmental disabilities and a mental health condition, have launched and are well underway. Some of the projects highlighted include:

- The agency has instated a nine-month-long, two day per month program called the Capacity Building Institute with a capacity of 60 individuals to learn about different topics and work in small groups with professionals across multiple types of

specialties. Applications for the first cohort closed 5/14 and had over 100 applicants. The first cohort is set to start in July. Applicants included those from ADSD, DCFS, DPBH, various county welfare agencies, and even some private behavioral health providers. Since there were more applicants than available slots, next week the agency plans to select who will be able to participate.

- The agency also recently launched a Peer Provider Technical Assistance program subcontracted through the agency Benchmark. The program will pair supported living arrangement providers with those individuals who have severely complex behavioral needs to allow them to remain in their home rather than be placed in a residential facility.
- Trainings are ongoing, including some crisis behavioral services.
- There is a juvenile justice learning collaborative scheduled to meet one day a month for six months. The juvenile justice programs are seeking to learn more in depth about people with intellectual and developmental disabilities. The first meeting is slated to launch either in the summer or early fall.
- An online training library is also being developed, where various videotapes will be taken during the project trainings.
- Adams states the agency has also been providing some intensive respite services, focused on youth that are still in school, to give families quote, “a little bit higher level of break during school breaks.” These services were first launched during the spring break and now programs are preparing to launch for the summer.

Adams then introduced Carolyn Wilson from SRC, to talk about the National Association for the Dually Diagnosed (NADD) training, accreditation, and certification program of which she is leading.

Wilson goes on to explain the goal of the program is to provide extra training to mental health providers with direct support from professionals with hopes to raise the level of care by improving services and support for people with IDD and complex behavioral support needs. There is no cost to participate as ADSD has plans to cover membership costs for two years and the accreditation/certification for two cycles. Membership also provides accession to the NADD specialists and direct support from those professionals for their training libraries. Wilson concludes with encouragement for anyone who is interested to visit the NADD website for additional information, or to e-mail her directly at carolynwilson@adsd.nv.gov for more information and how to sign up/apply for membership.

Adams comes back adding that travel, hotel, and food will be covered for those participating in that capacity building institute; as well as, money has been set aside for provider incentives so that providers can be reimbursed for lost costs to having a person gone to the actual institute. Information will be made available on the newly re-designed ADSD website as well.

Chair Schrag thanked Jessica for her presentation and asked quote, “how long is it anticipated that this program will last, like the lifespan of it. Just a year, two years, five years, or ongoing?”

Adams responded that due to this all being covered by ARPA funding, the money for it all has to be spent by December 31st of 2026. She also added that the agency has had talks with DCFS with their system of care grants and DHCFP because of their ongoing work to bring in more services with children’s behavioral health with hopes to find some way to keep parts of the program continuing after the funds have been depleted.

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

6. INFORMATIONAL ITEM: BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION PROGRAM OVERVIEW PRESENTATION

Presenter: Fran Maldonado, Quality Assurance Specialist (*DPBH - BHWPP*)

Summary: Maldonado stated she oversees the Office of Behavioral Health Certifications and that the office recently was rebranded from SAPTA to Behavioral Health Certifications for Excellence in Nevada (BHCEN).

Please see the presentation at the following link:

[https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/BH%20Commission%20DC%20-%20BHCEN%20PPT%20Template%20May%202025%20\(2\).pdf](https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/BH%20Commission%20DC%20-%20BHCEN%20PPT%20Template%20May%202025%20(2).pdf)

Chair Schrag then asked for any comments or questions from commission members:

Presenter: Commissioner Durette

Summary: Durette, for clarification, asked if the rebranding was for SAPTA certification or if there is something beyond that due to some larger new things being mentioned and that with a team of just three, quote, “seems like an insurmountable goal.”

Response: Maldonado responded that yes, this new program is replacing the former SAPTA program and with growth will take on other mental health services such as the 988 program.

Durette then asked if facilities with current SAPTA certification will need to perform a recertification. Maldonado stated that anytime a provider applies for a new service level of certification, a new application is to be submitted to allow the program to oversee each service that facility is offering to the public. Those that are currently certified and want certification in mental health services such as the 988 program would reapply to add on the different levels of service. Durette further clarified she's wanting to know, that if a facility is not changing their service, will they need recertified under this new name/program or if their current certifications will follow (referred to as a grandfather clause) using Crossroads as an example. Maldonado assured that yes, the only change will be the title of the certifications.

Schrag, building upon Durette's initial question, is Crossroads, for example, wanted to add a service would they need to completely recertify including all their current certifications. Maldonado answered that, since they are already certified and if they are looking to add a service, they would be reapplying only for that service.

There were no further questions from the Commission.

7. INFORMATIONAL ITEM: STATUS REPORT ON AB339

Presenter: Andrea Rivers, Deputy Administrator (DPBH), on behalf of Cody Phinney.

Summary: Rivers stated that she is filling in for Phinney who was called to be at the legislature today, and that regarding the bill, there is no major update and the division remains neutral

while looking to identify how this bill ties to the Governor's bill for the development of the new Nevada Health Authority and health department.

Schrag pointed out that Commissioner Schembre was the one originally interested in this agenda item with concerns of how it might impact the children's subcommittee and asked if Rivers could provide a simplified explanation of the bill for reference to those unfamiliar.

Rivers responded that while the Division is still waiting to see how things unfold, she will bring the concerns related to identifying any conflict this bill will have with the subcommittee to Administrator Phinney and share more information as it becomes available.

8. INFORMATIONAL ITEM: UPDATE ON SECLUSION AND RESTRAINT/DENIAL OF RIGHTS, DRC

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

Please see the report at the following link:

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

Summary: Caver noted that the report submitted is missing some additional data covering March through April 2025 and asked if the Commission would like for that report to be resubmitted or if the dates mentioned, and subsequent months, can be added to the report for the next meeting. Schrag responded to cover what was submitted and any highlights from those months, but the missing data can be added to the following report.

Caver went on to summarize the report with a few highlights:

- 4 individuals were involved in RADS for the month of February, with one individual having increased incidents to with they are working with that person's psychiatrist. The same four individuals were involved in March and April, though April only saw 3 incidents.

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

Schrag then recommended that Caver update the Commission is they begin to see any concerning trends, and speak with Commissioner Durette for any recommendations on medication adjustments.

Durette added that something like this is a good example of what her child psychiatry access program does, consisting of a team of psychiatrists in the state that are available Monday through Friday from 8 to 5 to have interprofessional consultations on things like complex patient cases needing help with medications. Even if this individual is over the age of 25 they would make an exception because they are funded for the agencies to be able to lean on for cases like Caver described.

Commissioner Durette was going to drop a link in the chat; however, the meetings chat capabilities were turned off so she verbally stated the website address as nvpa.org

<https://nvpa.org/>

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

9. INFORMATIONAL ITEM: UPDATE ON SELCUSION AND RESTRAIN/DENIAL OF RIGHTS, SNAMHS

Presenter: Joe Roche, the Stein forensic hospital agency manager, on behalf of Susan Lynch, Hospital Administrator (*SNAMHS-DPBH*)

Please see the report at the following link:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Boards/CBH/Meetings/2025/SNAMHS%20RAD%20Report%202025%20May%20DPBH.pdf%20file.pdf>

Summary: Roche stated that the state overall has seen a decrease in incidents and a continued downward trend in the NNAMHS and SNAMHS facilities.

Chair Schrag asked if they have attributed anything to the downward trends they are seeing. Roche mentioned that the Ross and Neil and Dini Townsend facilities are seeing a trend with the lower census and also that Rawson has had a shorter length of stay. Roche unofficially attributes the trend to a mix of clients and clinicians doing more support, behavioral plans, and identifying patients earlier but didn't want to speculate too much into it.

Schrag added to the question if there were any procedural changes contributing to the downward trend. Roche responded that at the forensic level with Stein hospital has been able to fill a lot of their vacant positions leading to more coverage as another possible reason, as well as a number of interventions at the state level for recruitment and retention of staff.

Presenter: Commissioner Operario

Summary: Operario asked if there have been any changes specifically to training on de-escalations as when he was working at SNAMHS they were still using "C part", specifically wondering if there was a change to something more evidence based or if that's still the ongoing requirement for staff.

Response: Roche responded that C part has not been used in sometime as training has shifted to the CPI model. He added that all staff go through a general orientation with annual training and recertifications which includes the CPI training as well as other de-escalation techniques. Then, after general orientation, each unit after receives a specific focused training for the clientele that are served within the department's facilities. Skill fair are also held throughout the year to reinforce and reeducate staff.

Operario mentioned that he left the agency on 11/20/11 and CPI had been his first training 30 years ago. He understands the restriction that is caused so he is happy to hear the state is doing these trainings and not just in individual facilities. Though he would like to see some more evidence based tactics for de-escalations.

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

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

Schrag indicated adding more status updates for the agenda items heard today, no other possible items were offered.

11. PUBLIC COMMENT:

Presenter: Valerie Haskin, RRC behavioral health coordinator

Summary: Suggested adding discussion and identification of some sort of mechanism for care coordination and collaboration across behavioral health entities as a future agenda item for the Commission to consider. She stated one of the major issues many agencies are having are breakdowns of communication. She notes that Nevada HIE mandate isn't well utilized by behavioral health providers as it is more of a physical health mandate. In reports from their providers and community members, they are looking for some way for providers to be able to communicate where a person is within the continuum of care, especially those who experience more periodic crisis and may have more challenging behavioral health conditions. She worried the system will never improve if these issues are not openly discussed.

Schrag expressed thanks for her suggestion and asked that she submit a formal request as well to the executive assistants for their record and as a reminder to make sure that the Commission looks into the subject.

12. ADJOURNMENT

Chair Schrag adjourned the meeting at 9:55 am.