Subcommittee on Children's Mental Health for the Commission on Behavioral Health
August 13,2026

1. **Call to order and introduction:** Chair Dan Ficalora called the meeting to order at 9:01am.

   Commissioner's Present:
   Dan Ficalora, Lisa Durette, Lisa Ruiz Lee
   Staff and Guests:
   Linda Anderson, Annie Zucker, Zontonnia Moore, Joelle McNutt, Estephania Jimenez, Alicia Church, Sarah Dearborn, Joleen Walker, Jessica Goicoechea, Alejandro Ruiz, William Sherrita, Maddie, Amna Khawaja, Chloe Pierson, Sabrina Petrel, Lori Follett, Karen Taycher, Fireflies ai Notetaker, Rebecca McGough, Gustafson Ryan, Hollister Nicholas, Abbie Jenkins, Caitlin Basye, Yeni Medina, Kathryn Martin, John Gracia, Sara Velasquez, Paula Hiade, Aloha Lonetti, Richard Egan, Kyra Morgan, Dan Musgrove,

2. **Public comment and discussion:** Dr. Lisa Durette stated that she was not speaking as a commissioner, but on behalf of psychiatrists in Nevada, specifically child and adolescent psychiatrists. She acknowledged the ongoing children's behavioral health transformation and described the difficulty of the work, comparing it to trying to steer the Titanic around an iceberg. She said she wanted to bring several issues to the group's attention and repeat an action plan suggestion that her organization has made many times. She reported that the crisis continues. She shared that a youth recently died by suicide at UMC after attempts to advocate for psychiatric hospital admission were unsuccessful because the youth was undocumented and insured. She noted that DCFS mobile crisis was heavily involved, but she believed the situation might have been prevented if the youth had received appropriate psychiatric care. She also described a 17-year-old with neurodevelopmental and intellectual disabilities who is currently on an adult psychiatric unit and has been in the hospital for nearly a month with no placement options until she turns 18. She said these are only two examples from the last month and that many similar cases occur across levels of care statewide. She explained that child and adolescent psychiatrists across Nevada communicate regularly from Reno to Las Vegas, which allows them to identify systemic issues. She said that she, Dr. Cooper, Dr. Josh Fitzgerald, and Dr. Erika Rist have asked DCFS leadership and Nevada

Health Authority leadership to allow them to consult on the children's behavioral health transition. She stated that the invitation has not accepted. She emphasized that they are national experts, respected in their fields, and willing to volunteer their time for free. She said they want to be part of the solution and that other states rely on academic health centers such as Centers of Excellence for children's behavioral health reform. She urged Nevada to do the same. https://nvpal.org

Richard Egan introduced himself as working in suicide prevention for the State of Nevada. He thanked Dr. Durette for her comments and agreed that the state needs to move in new directions and fill gaps in suicide prevention and related areas. He reminded the group that September is Suicide Prevention Month. He explained that Hope Means Nevada has three subcommittees leading statewide efforts for September, and that people can join those subgroups if they wish He noted that Suicide Prevention Week is the week of September 10, and World Suicide Prevention Day is September 10. He said many organizations will be asked to change their colors to purple or teal to show support. He shared that the Rio recently updated its lighting and can now change colors, and he looks forward to seeing it lit in purple and teal as part of the awareness campaign. He said these efforts align with Dr. Durette's call to make a difference in children's lives. He ended by thanking the group. Richard added several websites for members to reference, including Hope Means Nevada, You Are Not Alone, and two Ticket leap links for upcoming suicide prevention events: https://events.ticketleap.com/events/na-1575638127, https://events.ticketleap.com/events/nevada-office-of-suicide-prevention-reno

Kyra Morgan greeted the group and introduced herself for the record as the epidemiologist with the Division of Child and Family Services. She responded to Dr. Durette's earlier comment and said she was not sure who Dr. Durette had been in contact with. She stated that she would personally follow up with DCFS leadership, including Administrator Abbott and the new deputy, Katelyn Bailey, who oversees children's mental health. She said she shares the concerns raised and hopes the division can do a better job partnering with the psychiatrists

3. **For information only**: Subcommittee Commissioner Announcement – Dan Ficalora, stated that he did not have any specific announcements today. He added that he was happy the group was meeting again after such a long absence and expressed hope that the subcommittee could continue meeting at a regular cadence to address the ongoing crisis in children and adolescent behavioral health in Nevada.

4. **For possible action:** Approval of May 29,2025 Subcommittee on Children's Mental Health for the Commissioner on Behavioral Health Meeting Minutes,
   Motion: Lisa Durette made a motion to approve May 29,2025 meeting minutes.
   Second: Lisa Ruiz-Lee
   Vote: Motioned approved and passed

5. **For information only:** Regional Consortia Annual 2025 Report Presentation: **Rural Nevada Children's Mental Health Consortium**- Chair Rebecca McGough presented the annual status report for the Rural Nevada Children's Mental Health Consortium. She reported that Nevada continues to face significant challenges in youth mental and behavioral health access, particularly in rural and frontier regions. In 2025, RNCMHC continued its role in monitoring system gaps and supporting statewide reform efforts. Nevada entered a formal settlement agreement with the U.S. Department of Justice, which found that the state relied too heavily on institutional care and lacked adequate home- and community-based services for children with behavioral health needs. This agreement initiated the statewide Children's Behavioral Health Transformation, a multi-year effort focused on diversion from institutional care, expansion of intensive community services, improved care coordination, workforce development, standardized assessment, and stronger accountability across child-serving systems. Throughout the year, the Consortium participated in legislative advocacy, statewide planning, community education, stigma-reduction efforts, and support for peer- and family-driven services. RNCMHC monitored progress across its strategic goals and reported improvements in public awareness, community training, policy influence, and infrastructure development. Access to direct services in rural regions remains inconsistent. National data show modest improvements in some youth mental health indicators, though concerns persist regarding bullying, school safety, and untreated depression. Rural communities continue to face additional challenges due to limited local resources and long travel distances for care. RNCMHC reaffirmed its commitment to advancing a system of care that prioritizes prevention, early intervention, family and youth engagement, and access to services in the least restrictive environment. The Consortium views 2025 as a pivotal year in statewide transformation and continues working toward its long-term vision that youth in rural and frontier Nevada have unhindered access to behavioral health care. The Consortium reported achievement in developing a comprehensive website and in awareness and de-stigmatizing messaging, substantial progress in community-level training and policy influence, and some progress in expanding access to evidence-based services in rural communities. Dan Ficalora thanked Rebecca for her information and asked if Lisa Ruiz-Lee had anything further. Lisa said she appreciated the update and asked that RNCMHC share its meeting information so she could participate. She noted ongoing challenges with reimbursement rates and prior authorizations and said continued dialogue would help move toward solutions. Rebecca explained that prior authorization requests have been denied through the website, but faxing the required form along with a modified FA11-7 and LOCUS has resulted in faster approvals. She offered to share this process and said she would add Lisa to the consortium's email list. Nevada Rural Children's Mental Health Consortium 2026 Annual Report

Washoe County Children's Mental Health Consortium - Chair Annie Zucker gave a brief update for Washoe County. She reported continued progress with SOS suicide prevention education, noting that family consent has increased to 80 percent and that about 3,500 students are screened each year. Nevada PEP served 531 families through peer support, now reimbursable under Medicaid. Mobile crisis services have transitioned to Washoe County Human Services, expanding in-home crisis response. Quest Counseling has increased its workforce and treatment capacity, and the early childhood day treatment program completed its second year. She stated that families continue to report long wait times, extended crisis line holds, and schools managing crises without adequate support. Annie identified major barriers including workforce shortages, insurance and reimbursement challenges, housing instability, gaps in acute and special-needs care, and limited ability to share data across systems. She noted that Washoe County is preparing for upcoming Medicaid transformation work, school-based mental health expansion, workforce development efforts, and new suicide and harm-prevention programs. Additional information will be shared at the Youth Mental Health Summit on September 15 and during monthly consortium meetings. Annie invited anyone interested to contact her for participation or further details, WCCMHC Annual Report 2025

Clark County Children's Mental Health Consortium - Dan Musgrove gave the Clark County update and introduced himself as the Chair of the Clark County Children's Mental Health Consortium. He noted he has served in the consortium for many years and said the consortium celebrated its 25th anniversary in June. He highlighted the importance of the legislation that created the consortiums and outlined their membership. He reviewed priorities from their report, including improving documentation processes, supporting development of a unified Medicaid billing system, expanding evidence-based wraparound services, increasing access to treatment and educational supports, and strengthening the behavioral health service array. He emphasized the need to grow the provider network, improve recruitment and retention of youth-focused mental health professionals, and enhance data collection to better understand service availability and quality. He also noted ongoing discussions about establishing a Children's Mental Health Authority and encouraged more public outreach so families are aware of available services. He stated that Clark County needs more professionals trained to work with youth with dual diagnoses and encouraged continued partnerships with UNLV and other institutions to support workforce expansion. Dan said the consortium meets virtually on the first Friday of each month at 10:00 AM, with 40 to 50 participants regularly attending, and that meetings are open and inclusive. He thanked the Commission for the opportunity to present.
https://www.cccmhc.org/_files/ugd/cd1b7b_ded1a41be82a4a5dadb186641f3b6c52.pdf

Dr. Lisa Durette provided remarks regarding ongoing system challenges and specific concerns related to Desert Willow Treatment Center (DWTC). She noted that DWTC is a 58-bed facility with significant unused capacity and emphasized that full utilization would require adequate funding, recruitment, and retention of mental health technicians, nurses, child psychiatrists, and therapists.
Dr. Durette highlighted long-standing, recurring themes in statewide reports, stating that unmet needs have persisted for more than a decade. She acknowledged the clinicians and staff who continue working to meet youth needs but stressed that inconsistent funding and limited resources for Medicaid, unfunded, and underfunded youth remain major barriers.
She further noted that private-pay families can access care more easily, while Medicaid youth face substantial limitations despite the availability of professionals willing to provide services if compensated appropriately. Dr. Durette stated that the core issue is the disconnect between existing resources and the funding streams required to support them, warning that without addressing funding, the system will continue repeating the same issues.
She also commented on workforce trends, explaining that although more therapists are being trained, many choose online organizations rather than serving Medicaid populations, leaving local needs unmet. Dr. Durette asked the group to consider whether there is interest in addressing this long-standing funding gap.

6. **For information only:** Update on Deniel of rights and review of seclusion and restraint forms/Reporting Pursuant to NRS 433.534 and NRS 241.030 – Alejandro Ruiz, Clinical Program Planner III
   Planning and Evaluation Unit (PEU), Division of Child and Family Services.
   Alejandro Ruiz provided an update on facility reporting requirements under NRS. He noted recent staffing changes and acknowledged that Katie Martin is now supporting the reporting workflow alongside John Gracia. The team continues working to improve monitoring processes and ensure facilities remain in compliance with Denial of Rights reporting requirements.
   Alejandro reported that PEU has initiated and maintained regular contact with facilities through email, phone calls, and video conferences. Staff have been addressing facility questions, clarifying responsibilities, and ensuring facilities understand how to properly fulfill their reporting obligations.
   He stated that new measures have been implemented to track facility submissions more effectively and to identify reporting gaps quickly, allowing timely follow-up. Alejandro acknowledged recent technical difficulties affecting the flow of forms to Commissioners and apologized for any disruptions. He noted that staff are actively working to resolve these issues as quickly as possible.

Lastly, Alejandro shared that PEU is developing data summaries from Seclusion and Restraint reports to present at future subcommittee meetings. He welcomed feedback from Commissioners regarding what information would be most helpful to receive on a regular basis.

Commissioner Dan Ficalora noted that the Commission previously discussed revamping the process for reviewing seclusion and restraint forms. He said that even when the Commission held executive sessions to review findings, the feedback from Commissioners was never followed up on, and no clarification or response was provided.

He stated that Commissioners come from different professional backgrounds and bring different perspectives to the review process. He expressed concern that their comments seem to disappear without any indication of how the feedback is used.

He asked how the Commission can close the loop so that when Commissioners review forms and provide feedback, there is a clear process showing where that feedback goes and how it is addressed.

Kyra Morgan introduced herself and explained she is now overseeing the Planning and Evaluation Unit. She said the unit is creating a monitoring system to identify when facilities should be reporting seclusion and restraint incidents and whether any reports are missing. She noted the goal is to increase oversight and maintain regular communication with facilities to ensure compliance.

Kyra said she would like to meet with Commissioner Ficalora offline to discuss how Commissioners review seclusion and restraint forms and how their feedback should be handled. She also wants to revisit the open-meeting versus closed-meeting structure to determine the best way to move the process forward.

She explained that if Commissioners identify concerns during a closed meeting, the Planning and Evaluation Unit can help determine next steps, such as referring issues to licensing or coordinating follow-up communication. She stated that DCFS is working to strengthen statewide oversight and improve the Planning and Evaluation Unit's processes. Kyra asked to meet with Commissioner Ficalora and any appropriate members to determine what the future structure should look like.

Commissioner Dan Ficalora said he is open to meeting offline to discuss improvements to the review process and noted that Commission Chair Braden Schrag would also want to be involved. He said future agenda items could include this topic.

Lisa Ruiz-Lee agreed and said the challenge has been keeping the children's and adult processes consistent. She suggested the issue may need to go to the full Commission for broader discussion but said an offline conversation with the Chair would help move things forward.

Commissioner Ficalora added that reviewing seclusion and restraint forms is a main responsibility of the Commission. He said technical issues have made the process difficult, and the Commission is not fully using its expertise. He noted

repeated restraint incidents involving the same youth without follow-up plans and said a clearer feedback loop and accountability process is needed. Alejandro Ruiz agreed and said establishing a process that works for everyone would be helpful. He said the Commission is aware of the previous process but is open to discussing changes that could improve the overall effort.

7. **For possible action:** Discussion, Identification of Possible Approval of 2026 meeting scheduled and future agenda items – Chair Dan Ficalora led a brief discussion on scheduling the Commission's next meeting in 2026. Potential months identified for the 2026 meeting were October 2026 or December 2026. The Commission will consider these options for future scheduling and agenda planning.
   Kathryn Martin stated that the Doodle poll for the 2026 meeting could include two possible dates in October (October 8 and October 22) and two possible dates in December (December 3 and December 10). She added that at the October meeting, the Commission could also set the 2027 meeting schedule, so Commissioners have those dates in advance. Commissioner Ficalora agreed. Commissioner Ficalora then discussed future agenda items and said he would like to return to having facilities and organizations present at meetings. He noted that past presentations from PRTFs and other providers were helpful for understanding their work, celebrating successes, and identifying areas for feedback, especially related to seclusion and restraint forms. He suggested inviting a few organizations to present at each meeting.

8. **Public comments and discussion:** Sarah Dearborn, representing Nevada Medicaid, thanked the Commission and said she appreciated listening to the meeting. She noted the eagerness expressed by members regarding children's behavioral health. She reminded the group that the Nevada Health Authority's Children's Behavioral Health Advisory Workgroup would be holding it's bimonthly public meeting later that afternoon. She asked if she could place the public notice link in the chat, and Chair Ficalora confirmed she could. Sarah encouraged anyone interested to attend.
   Caitlin Basye provided an update on Desert Willow. She stated that Desert Willow is being positioned to function as a true safety-net hospital for the community and will be reopening an acute unit in the coming months due to high need. She also shared that Desert Willow is exploring opening an additional specialized unit in 2027. She explained that supervisory staffing and leadership structures had been ineffective, but several critical supervisory positions and a hospital administrator role have now been added. She said current leadership is committed to addressing ongoing issues and encouraged Commissioners to reach out directly if Desert Willow is not included in the right discussions.

Chair Dan Ficalora thanked her for the update and commented that many people across the state are doing important work, but coordination has often been lacking. He said strong leadership can help bring people together, align efforts, and ensure better outcomes. He emphasized collaboration and supporting staff who work with youth.

9. **Adjournment. –** Dan Ficalora, Chair