

Summary- Written Testimony Regarding PRTF Oversight (Moriah Behavioral Health)

(Summary to be presented in-person)

Written on 12/15/2025

Madame Chair, Assemblymember Monroe-Moreno, and Honorable Members of the Committee:

My name is Pamela Gomez. I am a NV licensed mental healthcare provider and supervisor who has extensive experience with both inpatient and outpatient clinical mental health treatment for children and teens.

You can read more about my credentials in the full written statement that I have submitted to the committee.

There is not enough time to go through all of the information I would like to share with the committee. For this reason, I have submitted a detailed written statement regarding what, from my professional perspective, were four predatory business practices I experienced, witnessed, and raised alarms for and how they directly impacted the safety and wellbeing of the children and teens served with personal points of reference from my time employed as a Moriah Behavioral Health Program Director.

My intention in speaking today is to put on oral record my intended goal of using my inside professional perspective to help the Committee identify dangerous business practices and offer ideas for **targeted legislative action** to immediately consider.

It is important to note that I was abruptly terminated by the CEO of Moriah when I resisted the company's unsafe and unethical demands, and was threatened professionally. I found myself professionally voiceless and powerless in my duty to protect and as a guardrail for safety in the PRTF setting.

For this, I want to propose that the committee establish and create a **Confidential Clinical Whistleblower Hotline** within the HCQC specifically for licensed clinicians to report predatory, dangerous and unethical administrative pressure, also detailed in the written statement.

I urge the committee to consider taking serious action.

I fear that failing to act may not only result in more clinical and ethical failures; but could also lead to financial waste, as these unsafe practices guarantee a revolving-door of re-admissions and drain state resources leaving lasting, often irreparable, mental health consequences.

Respectfully submitted,



Pamela Gomez MS LMFT-S, ASDCS

(Former Program Director at Moriah Behavioral health and NV licensed LMFT and state Board supervisor)

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Written Testimony Regarding PRTF Oversight (Moriah Behavioral Health)

Written on 12/15/2025

Madame Chair, Assemblymember Monroe-Moreno, and Honorable Members of the Committee:

My name is Pamela Gomez, and I am a Nevada Licensed Marriage and Family Therapist (NV LMFT #2698) and certified Approved Clinical Supervisor (ASC #5010) overseeing interns seeking licensure under my NV licensing Board. I have worked in clinical mental health in Las Vegas since 2016 at both inpatient and outpatient levels of clinical mental health treatment, and I have been independently licensed in Nevada since 2020. I am also a licensed Nevada teacher (NV lic #89451) and certified Autism Spectrum Disorder Clinical Specialist (ASDCS Cert #673085) specializing in sensory and emotional dysregulation related to elements of neurodiversity and complex trauma. Most of my inpatient treatment focus and experience has been with teens and children.

I want to start by stating that my motivation, purpose and goal for speaking out stems from my professional perspective and experience with serious concerns for systemic/documentated failures of oversight that place vulnerable teens and children at risk in Nevada licensed PRTFs and, from my perspective, compromise the professional, clinical, and ethical standards of care for the clinical mental health profession in Nevada. My statement has the intention of communicating my honest and professionally-informed first-hand perspective and experience having served as Program Director for one of the four licensed Moriah Behavioral Health PRTFs from October of 2023 to January of 2024. My intention for sharing this statement is to bring to light dangerous business decisions that directly create clinical and ethical failures in the PRTF treatment setting and lead to a serious breakdown in the system of checks and balances that are meant to safeguard the vulnerable population of children and teens served in the PRTF setting. The statement also has the intention of offering solutions by presenting concrete ideas to consider for possible action for the committee to address these issues.

The following is an outline of 4 specific instances of dangerous business decisions I witnessed and experienced as Program Director at Moriah and that led to clinical and ethical failures endangering the population being served:

Issue #1 - The Moriah Behavioral business model placed focus on maximizing program occupancy and billing leading to dangerous overcrowding and inappropriate admissions. In January of 2024, I was being pressured directly by the CEO to fill the facility I oversaw to capacity without having the adequate staffing for safe staff to patient ratios and without adequately trained staff considering the presenting acuity of the incoming clients. I was abruptly terminated after refusing to comply with the CEO's mandate and statement that "clients equal finance" implying that profit should be considered over client safety and wellbeing.

Legislative Consideration:

There is no clear NV mandate for PRTF staff to client ratios as it only states the need for a "sufficient number" in a subjective way allowing for the clinical recommendations and

considerations for client acuity and capacity for safety to not be considered. This leads to inappropriate admissions and dangerous overcrowding.

*I propose considering an amendment to **NRS 449** (Licensing of Facilities) to mandate minimum, **acuity-based** staff-to-client ratios for PRTFs, distinguishing between awake and asleep hours.*

The ratio must be based on the validated clinical assessments (e.g., CASII scores) of the current census, not simply the total licensed beds.

Issue #2 - Moriah Behavioral business model did not prioritize appropriate vetting of staff and often delayed payment to vendors facilitating background checks leading to chronic understaffing and underqualified staff. In December 2023 and January of 2024, I was informed by my supervisor that Moriah Behavioral Health had failed to pay the vendors facilitating the background checks for new hires which left me understaffed over the holidays and leaving patients without the required supervision and services. This directly led to an incident of client elopement upon the inappropriate admission and culminated in an active suicide attempt in December of 2023. The lack of staffing also led to no staff showing up to cover overnight services on New Year's Eve 2023 into New Year's Day of 2024. When staff did not show for the night shift, I found myself suddenly alone supervising and ensuring the safety of the clients I served that night, which put me and those clients at serious risk due to the highly unsafe and inappropriate staff to client ratio. Understaffing and the use of under or unqualified staff opens doors to serious safety concerns in a PRTF milieu.

Legislative Consideration:

*The staff changes at Moriah were constant making it difficult for oversight to occur on a regular basis on the backgrounds of staff serving the vulnerable PRTF population on a daily basis, and there is no known ongoing audit of this issue to force its prioritization. I propose considering an amendment to **NRS 449.123** (Background Checks) to require that the HCQC or the Department of Public Safety (DPS) conduct **automated, quarterly re-verification of background checks** for all PRTF staff, with the cost borne by the facility. I also propose an amendment to **NRS 449.200** (Disciplinary Action) to impose **significant, escalating per-day financial penalties** for facilities that fail to meet statutory staff-to-client ratios or operate with staff whose required certifications (e.g., CPI/restraint training) have lapsed.*

Issue #3 - Moriah Behavioral business model prioritized payer revenue over clinical assessments and recommendations leading to forced lengths of stay and inappropriate acuity levels being served and admitted. I repeatedly was directly pressured by the Moriah Utilization Review department to revisit and revise the level of care assessments (CASII) to maintain the level of care scores to keep clients with already pre-approved insurance days. In January of 2024, I was advocating for the discharge of a client I had determined was clinically inappropriate for the level of care we were providing and in my professional opinion was directly putting at risk the other clients and their programming. I was directly told by the CEO through the compliance officer at the time that I was to wait until the pre-approved days covered by the program had passed before I could discharge regardless of my serious concerns for the safety and wellbeing of the clients being served in the program. I was abruptly terminated the following day for refusing to comply with this mandate as well as the mandate to admit 3 new clients immediately

regardless of clinical concerns. The consequences of drowning out or silencing the voices of clinical mental health professionals leads to the breakdown of the guardrails that keep the most vulnerable among us safe, paving the way for egregious and dangerous practices that lead to the furtherance of mental health issues impacting our communities.

Legislative Consideration:

*In my experience, there is a serious breakdown in the systemic checks and balances that safeguard the safety and wellbeing of children and teens in Nevada PRTF settings when the alarms sounded and concerns raised by licensed professionals are silenced or deprived of a path to action. I propose the funding and establishment of a **Confidential Clinical Whistleblower Hotline** within the HCQC specifically for licensed clinicians to report administrative pressure to override discharge recommendations (CASII/LOC assessments) or unethical billing practices.*

Issue #4 - Moriah Behavioral implemented cost cutting measures in the area of essential resources by neglecting payment on essential resource services leading to neglect in the area of academic education and creating an isolating environment that does not nurture mental wellness and growth. As a Moriah Program Director, I saw serious concerns for lack of consistent access to online educational systems which directly impacted the clients' ability to continue their education while in treatment, setting them behind socially, emotionally and academically. The lack of investment in resources and operations leads to poor and declining clinical outcomes and impedes growth socially-emotionally while in treatment.

Legislative Consideration:

As a licensed NV teacher and mental healthcare provider, I have to point out the vital role that academic and educational resources play in the healthy development of individuals, and there is no clear mandate for investment in these areas for children and teens in NV PRTF settings. I propose an amendment to **NRS 432B** to require PRTFs to maintain a **minimum standard of investment** in educational resources (e.g., consistent access to accredited online educational systems) to prevent academic and social-emotional regression during treatment.

As a NV teacher, licensed mental health care provider and supervisor, a special-needs mother, and member of the Las Vegas community for over 20 years, I urge the committee to consider my statement which has the sole intention of collaborating from my professional and unique internal perspective within the NV mental healthcare systems with the purpose of improving the professional ability to appropriately treat and safeguard the needs of children and teens in Nevada psychiatric residential treatment. Failing to act is not just an ethical failure; it is a financial waste, as these unsafe practices guarantee a revolving-door of re-admissions that drain state and Medicaid resources and leave lasting, often irreparable, mental health consequences for young vulnerable individuals and their families entrusting our Nevada facilities to safely and appropriately treat in a PRTF setting. The systemic failures at Moriah Behavioral Health are not just clinical errors; they represent a significant **misuse of state resources** and a profound breach of public trust. I urge this Committee to use its legislative authority to

immediately prioritize the safety of Nevada's vulnerable youth over the predatory business models that currently exploit this regulatory vacuum.

Respectfully submitted,

A handwritten signature in black ink that reads "Pamela Gomez". The signature is written in a cursive, flowing style.

Pamela Gomez MS LMFT-S, ASDCS
(Former Program Director at Moriah Behavioral health and NV licensed LMFT and state Board supervisor)
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