



10-Year-Plan
Status Update

Rural Children's Mental Health Consortium

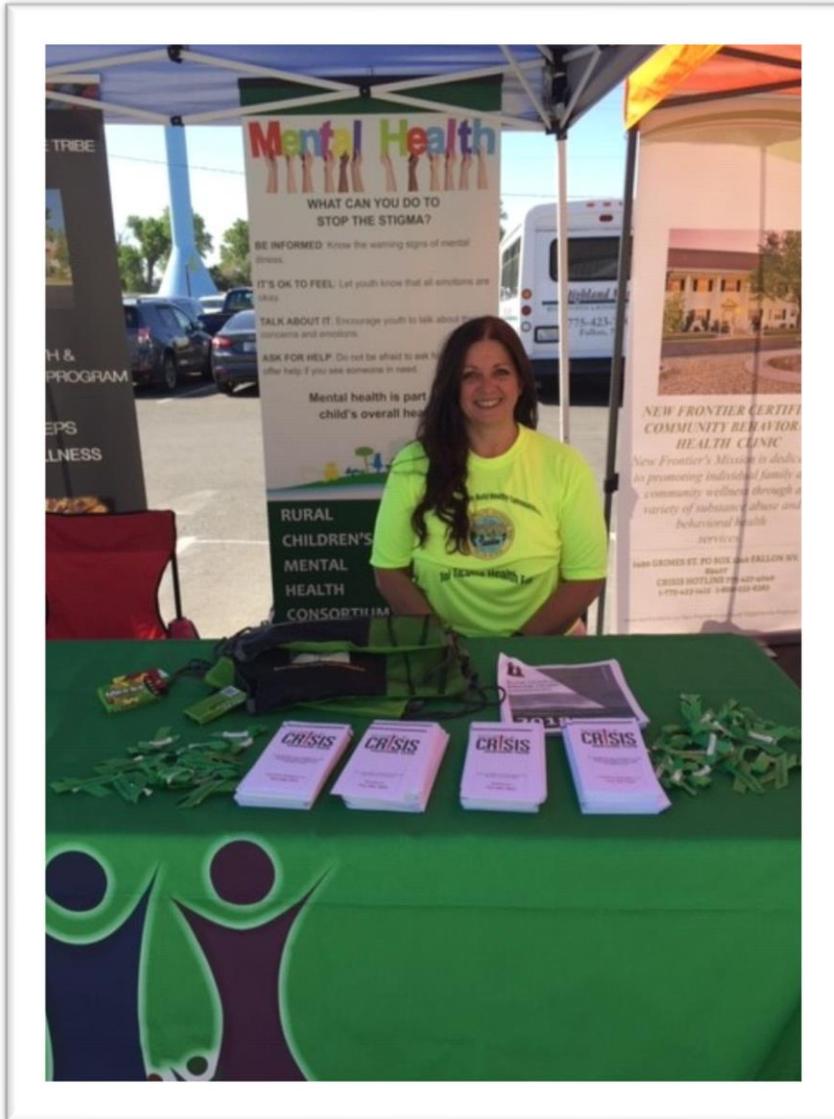


2019

IN MEMORIAM

In Memoriam of Cheri Bowen

- In memory of our friend and colleague Cheri Bowen.



Cheri was a great advocate for Tribal services and mental health. She is sadly missed and is remembered for her kindness and passion for the welfare of children.

Rural Children’s Mental Health Consortium

In order to assess, develop and support a Behavioral Health System of Care for Nevada’s youth and families, the Nevada Revised Statute ([NRS 433B.333-339](#)) established Mental Health Consortia in three jurisdictions in Nevada; Clark County, Washoe County and Rural Areas.

The functions of the Consortia are to assess the current behavioral health services for youth, in each jurisdiction and develop a plan that will identify gaps and areas in need of improvement. The Rural Children's Mental Health Consortium (RCMHC) is comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, representatives from the Department of Education, and advocates who come together to support youth and families in Rural Nevada with behavioral health needs.

The following status report provides an update on the 7 goals that are the focus for developing an integrated system of care. The goals remain unchanged from the prior year and are based on a set of values and principles which promote a System of Care that is community-based, family driven, youth guided and culturally competent. Beginning in 2020, the Consortium will shift its efforts according to an updated 10 year plan.

For more information:

[Click here to access the Consortium’s website.](#)

[Click here to view public meeting notices for 2020.](#)

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The Consortium extends its gratitude to the parents and caregivers who have tirelessly told their stories, asked tough questions and reminded the Consortium of the true need of children and families in this state. Additionally, the Consortium is thankful for the Division of Child and Family Services, Program Planning and Evaluation Unit’s Kristen Rivas, Laura Adler, Alyse Ramirez, and Megann Johnson for their support of the Consortium.

MISSION

The Rural Children’s Mental Health Consortium is driven by a vision which includes a “System of Care” approach to serving youth and their families with an overarching focus on prevention and intervention.

- ✓ The intent of prevention and intervention programs is to move to a proactive system. Engaging individuals, before the development of serious emotional disturbance or to alleviate the need for extended mental health treatment, by facilitating access to services and supports at the earliest signs of mental health concerns.
- ✓ These principles influence and are infused into the consortium’s ideas, efforts, and work in order to develop, support and improve behavioral health throughout Rural Nevada.

LEADERSHIP & MEMBERSHIP

The Rural Children’s Mental Health Consortium is comprised of members from across the state of Nevada in accordance with NRS433B.333. The leadership of the Consortium includes a Chair, Vice-Chair, voting members and community partners. The Consortium welcomed new members in 2019 and benefited from extensive collaboration amongst members to coordinate Consortium events such as the Tonopah Community Discussion. The Consortium has noted active attendance and participation during public meetings.

Consortium Voting Members

- Pam Johnson, Chair, Parent
- Michelle Sandoval, Vice-Chair, Division of Public and Behavioral Health, Rural Clinics
- Amy Adams, Substance Abuse Counselor
- Sarah Dearborn, Division of Health Care Financing & Policy
- Jessica Flood, Carson Tahoe Behavioral Health Services
- Sarah Hannonen, Pershing County School District
- Jan Marson, Business Owner
- Rebecca McGough, Parent
- Lyn Morales, Nevada PEP
- Jaymee Oxborrow, Division of Welfare
- Heather Plager, Elko County Juvenile Probation Department
- Lana Robards, New Frontier Treatment Center
- Mala Wheatley, Pacific Behavioral Health

Introduction and 7 Goals

As the Consortium wrapped up activities under the current 7 goals of the long-term strategic plan, there was active focus on updating those goals in the development of a new long-term plan. The Consortium is particularly enthusiastic about the success of the “Community Discussion” event held on September 10, 2019 in Tonopah, Nevada. The Consortium plans to replicate the event in other communities in the future.

This report first summarizes the activities and outcomes of the “Community Discussion” event as a context for the Consortium’s goals and accomplishments. Then, the report provides a status of each of the Consortium’s goals. This includes a brief summary of activity that took place during the calendar year of 2019. The report concludes with comments on how the current goals and accomplishments will translate to the new 10 year plan for the Consortium.

GOALS

7

1. Address Work Force Development to Provide Mental Health Professionals to Rural Nevada
2. Promote Appropriate Mental Health Providers to Public Schools
3. Support a System of Care Designed for Nevada’s Rural Region
4. Promote Adequate Technology to Support the Use of Telehealth Services in Nevada’s Rural Regions
5. Create a Rural Children’s Mobile Crisis Response Team (RMCRT)
6. Promote Prevention and Intervention: Addressing Behavioral Health Issues Early
7. Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

Community Discussion

A flyer for a community discussion event. The background is a rustic wooden plank texture. The text is centered in a white box with a thin border. The event title is 'Community Discussion' in a large, bold, sans-serif font. Below it, the host is identified as 'Rural Children's Mental Health Consortium' with a logo of two stylized figures. The purpose of the event is to bring together behavioral health professionals, agencies, and community members to discuss needs and strengths in rural Nevada. The date and time are 'September 10, 2019 | 9am-4pm'. The location is 'The Tonopah Convention Center, 301 Brougner Ave, Tonopah, NV 89049'. The RSVP information is 'Please RSVP @ https://rcmhc.eventbrite.com'.

Join us in Tonopah, Nevada for a

Community Discussion

Hosted by:
Rural Children's Mental Health Consortium 

Our goal is to bring together behavioral health professionals, agencies and community members to discuss behavioral health needs and strengths in Rural Nevada.

September 10, 2019 | 9am-4pm
The Tonopah Convention Center
301 Brougner Ave,
Tonopah, NV 89049

Please RSVP @
<https://rcmhc.eventbrite.com>

Event objectives (see event Agenda on next page):

- a. Increase stakeholder awareness of current activities across rural Nevada addressing children's mental health.
- b. Increase perception of the RCMHC as a "hub" of information and resources across the state.
- c. Increase number of RCMHC members.
- d. Increase RCMHC membership to include child serving systems.
- e. Engage in planning efforts for new 10-year plan for RCMHC.



Rural
Children's
Mental Health
Consortium

Community Discussion
September 9, 2019 | 9:00 – 4:00
Tonopah Convention Center
301 Brougner Avenue, Tonopah NV

Emceed by Rebecca McGough

9:00 **Opening Remarks** *Pam Johnson*, Chair of Rural Children's Mental Health Consortium

Keynote Speaker *Ashley Maslach*

9:30 **Panel Session One: Crisis Services for Youth** (Moderator: *Jessica Flood*)

Mobile Crisis-Michelle Sandoval; Certified Community Behavioral Health Clinic-Lana Robards;
Mobile Outreach Safety Team (MOST)-Bekah Bock & Don Gibson; Crisis Now-Rachelle Pellissier;
Zero Suicide-Cherylyn Wood

10:30-10:45 Networking Break

10:45 **Panel Session Two: School-based Mental Health** (Moderator: *Valerie Cauhape*)

Project Aware, Pershing County-Shauna Bake; UNR Counseling and Educational Psychology
Department-Kenneth Coll; School Social Worker and Mental Health Services-Dave Caloiaro;
Churchill County School District Superintendent/Summer Stephens; SafeVoice, Nevada
Department of Public Safety/Desiree Mattice

12:00 **Lunch** – Catered by Tonopah Brewing Company and the Mizpah

1:00 **New Initiatives Poster Symposium** (Moderator: *Rebecca McGough*)

Pediatric Mental Health Care Grant-Yobani Cuevas; System of Care – Mobile Crisis Response
Team & Wraparound In Nevada-Alex Ruiz; Nevada PEP & Youth Move-Lyn Morales; NAMI
Warmline-Laura Yanez; NAMI Ending the Silence- Laura Yanez; Elko Transportation- Mackenzie
Leishman-Gonzales; Nye Communities Coalition Mental Health Training-Stacy Smith; Healthy
Communities Coalition-Wendy Madson; First Episode Psychosis-Cimeon Lupo

2:00 **Developing a 10-Year Plan for the Rural Children's Mental Health Consortium**

Jill Manit

3:00 **Legislative Update: Involuntary Mental Health Holds & Statewide Legal Hold Workgroup**

Char Frost & Jessica Flood

3:30 **Wrap-up and Next Steps**

Group discussion guided by *Pam Johnson*, Chair of Rural Children's Mental Health Consortium

We thank our generous sponsors for their support of this event:



Jan Marson

Community Discussion | Overview

The Community Discussion event was attended by family members/caregivers, providers, and other community stakeholders from throughout rural parts of the state. The Tonopah Convention Center location provided excellent opportunity to set up space for collaboration discussions, poster presentations, and other presentations/panel discussions. Participants had ample opportunity to engage with one another throughout the day. The following summarizes results the event.

During the community discussion, participants were encouraged to take part in answering questions in regards to children's mental health in Nevada. Participation during this portion of the event was gathered through an online "live" response system and facilitated attendee dialogue. The information gathered from the discussion was later synthesized and discussed with consortium members during a consortium meeting.

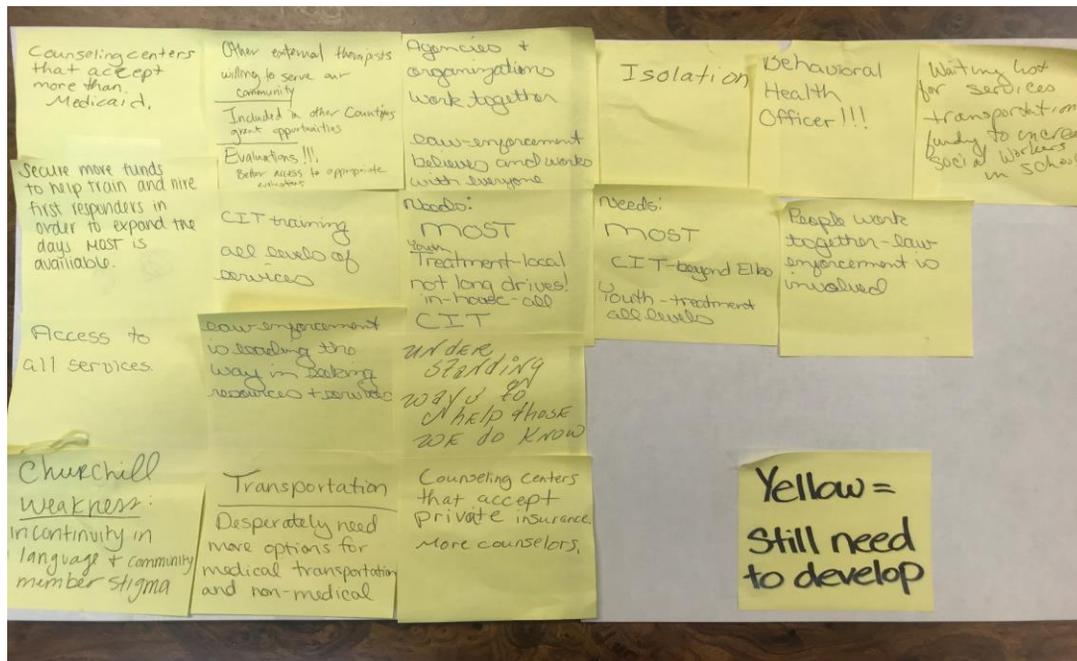
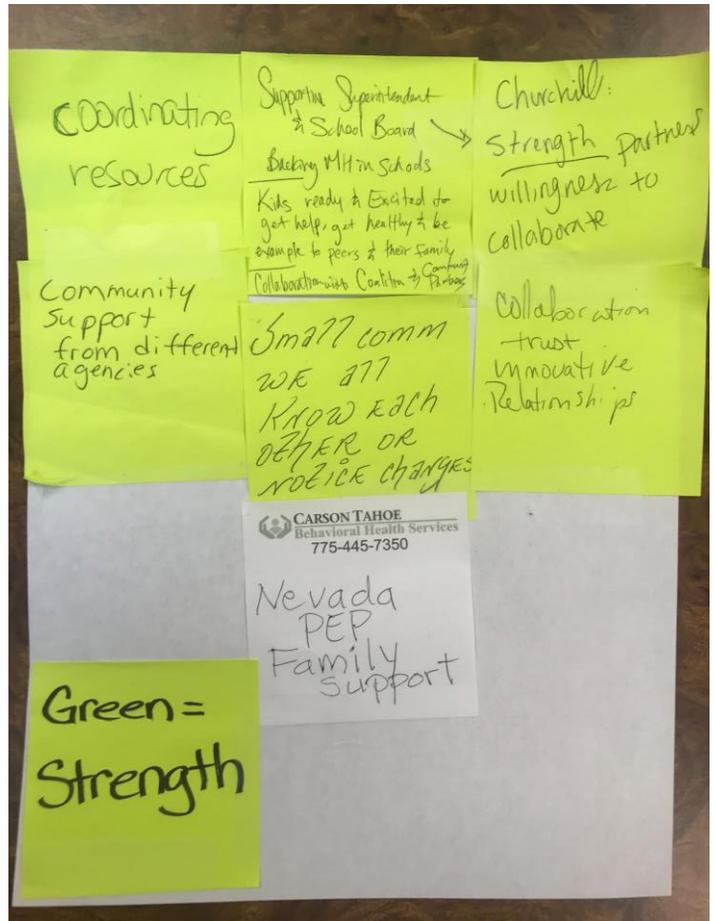
The questions in this discussion focused on what the consortium can do to further support rural communities and what community members believed to be their community's strengths and weaknesses. Participants of the community discussion hope that the consortium will be able to support rural communities with additional training in grant writing as well as a list of resources available to members of the community. Furthermore, community participants reported that they would like to increase the amount of community discussions in the future to further community collaboration and support.

Additionally, community participants were able to identify strengths within their community. Some important factors that members identified were the community's ability to collaborate effectively with one another, the addition of social workers into the school system, family empowerment, and the increase of wrap around services. Participants were also asked to identify barriers and weaknesses within the current system. The main topics of concern from members of the community were lack of transportation, lack of services within close proximity, and the continued held stigma around mental illness. The issues that were discovered during the discussion helped the Rural Children's Mental Health Consortium pinpoint the needs and priorities of the community for additional planning.

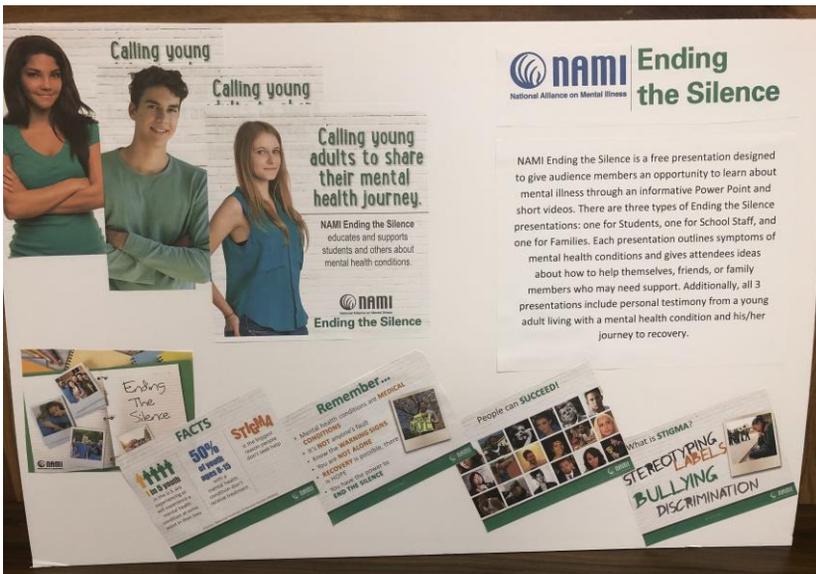


Community Discussion | Overview (Cont.)

Additionally, community participants were able to identify strengths within their community. Some important factors that members identified were the community's ability to collaborate effectively with one another, the addition of social workers into the school system, family empowerment, and the increase of wrap around services. Participants were also asked to identify barriers and weaknesses within the current system. The main topics of concern from members of the community were lack of transportation, lack of services within close proximity, and the continued held stigma around mental illness. The issues that were discovered during the discussion helped the Rural Children's Mental Health Consortium pinpoint the needs and priorities of the community for additional planning.



Community Discussion | Overview (Cont.)



Participants had an opportunity to learn more about services and supports during the poster session.

Before the community discussion ended, participants were asked to complete an evaluation form to strengthen future discussions. Unanimously, participants enjoyed the community discussion and its presenters. Participants reported that the community discussions gave them a hope for children's mental health in rural Nevada. However, participants noted they would like to focus more on smaller rural communities with very little resources. Other topics that were frequently brought up for further discussion for the next event were "integrated mental health in schools" and "barriers in transportation." Remarkably, most of the participants that attending the event provided their emails to be contacted in the future for meetings and additional community discussions.

Community Discussion Event

Additional Input

In addition to the dialogue and the interactive information gathering session, participants offered additional input by placing responses to specific questions into envelopes that were passed around to participants during the event. The following summarizes the input.

At this moment, what is working well in developing and supporting healthy children and families?

- Funding community service providers with state & general funds
- Community discussions/community collaboration
- Family empowerment
- Partnering with community organizations and creating a system of connectedness
- More services like wrap around and early childhood programs
- Social workers within schools and school-based programs

What does “success” look like for children’s mental health?

- Success looks like access to quality mental health services (preferable near the home)
- Closer working relationships between schools and services in rural communities
- Support for the family with the child in resources
- Happy connections without judgement
- Healthy minds, bodies, and souls

If you could have one wish for improving child and family well-being, what would it be?

- Eliminate abuse
- That families and children did not feel judged or afraid to receive help or ask for help
- Parenting classes and more positive involved relationships between family members and the community
- Close and quick access to mental health services and assessments

How confident are you that systems for children’s mental health can be improved?

- Everyone is extremely confident! But believe it will take baby steps and collaboration
- *Question asked:* What does the #1 state in the country do for their children’s mental health and how can Nevada utilize their ideas?

What is the cost if things stay the same?

- Children become parents raising kids with the same challenges without skills to support them
- More dysfunctional families (substance use and other issues)
- Money costs for the state
- Continued high suicide rate

Community Discussion Event

Additional Input (Cont.)

At this moment, what is working well in developing and supporting healthy children and families?

- Funding community service providers with state & general funds
- Community discussions/community collaboration
- Family empowerment
- Partnering with community organizations and creating a system of connectedness
- More services like wrap around and early childhood programs
- Social workers within schools and school-based programs

What do you think is the most urgent need for children's mental health?

- Ending stigma and creating an environment for children to feel loved, supported, and heard
- Parenting guidance/family support
- Assessments for children that can happen within the community/in-house treatment providers
- Educated school staff/more providers
- Accessible resources/transportation

What is the biggest barrier to accessing children's mental health?

- Stigma within the communities they live in
- Inviting ER nurses and other professionals to the discussion
- Accessible appropriate providers/limited services
- Transportation and language barriers
- High costs of services

What should be considered a priority for improving child and family well-being?

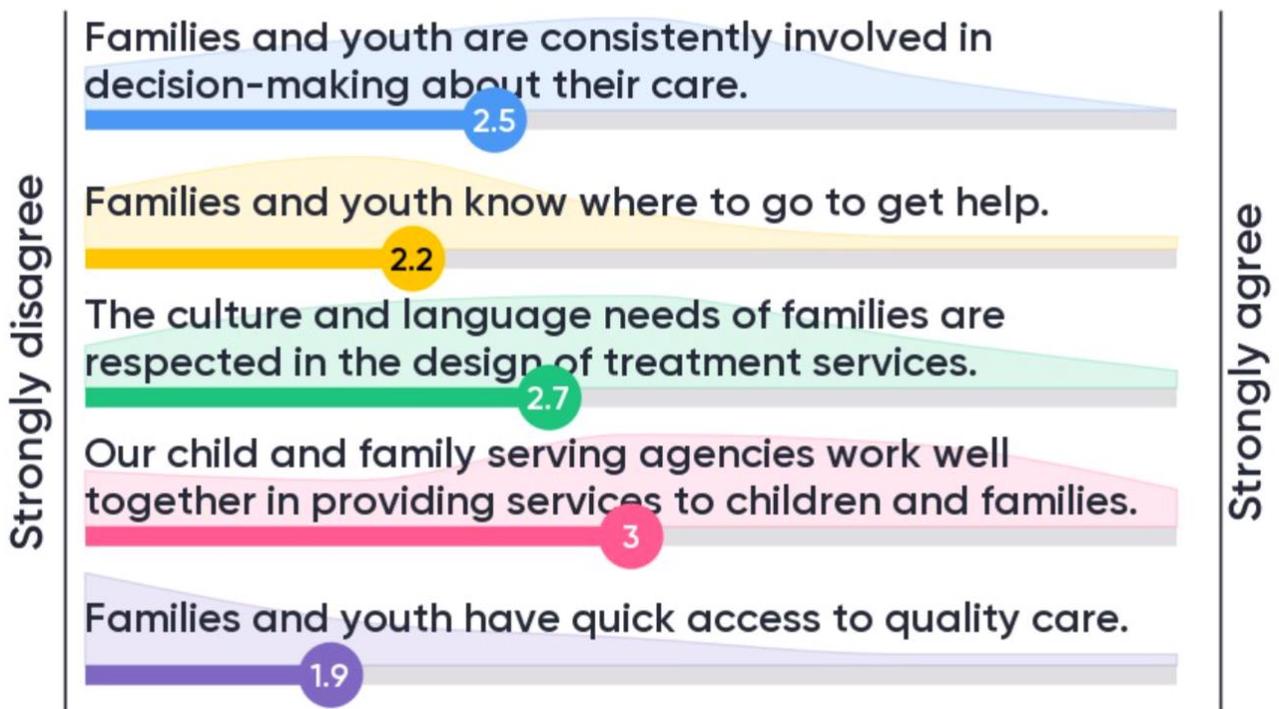
- Lists of active resources
- Funding
- Families wants desires, especially the youths
- Behavioral health education for all community members (especially in schools)
- More community involvement

How can the Consortium support you and/or your work?

- Support DCFS to help the staff work to assist the consortium
- Collaborative Grant Writing
- Give access/knowledge about resources within the community for each county and include access to offered trainings
- Continue collaborating and communicating between rural communities

Community Discussion Event Summary of Input (Cont.)

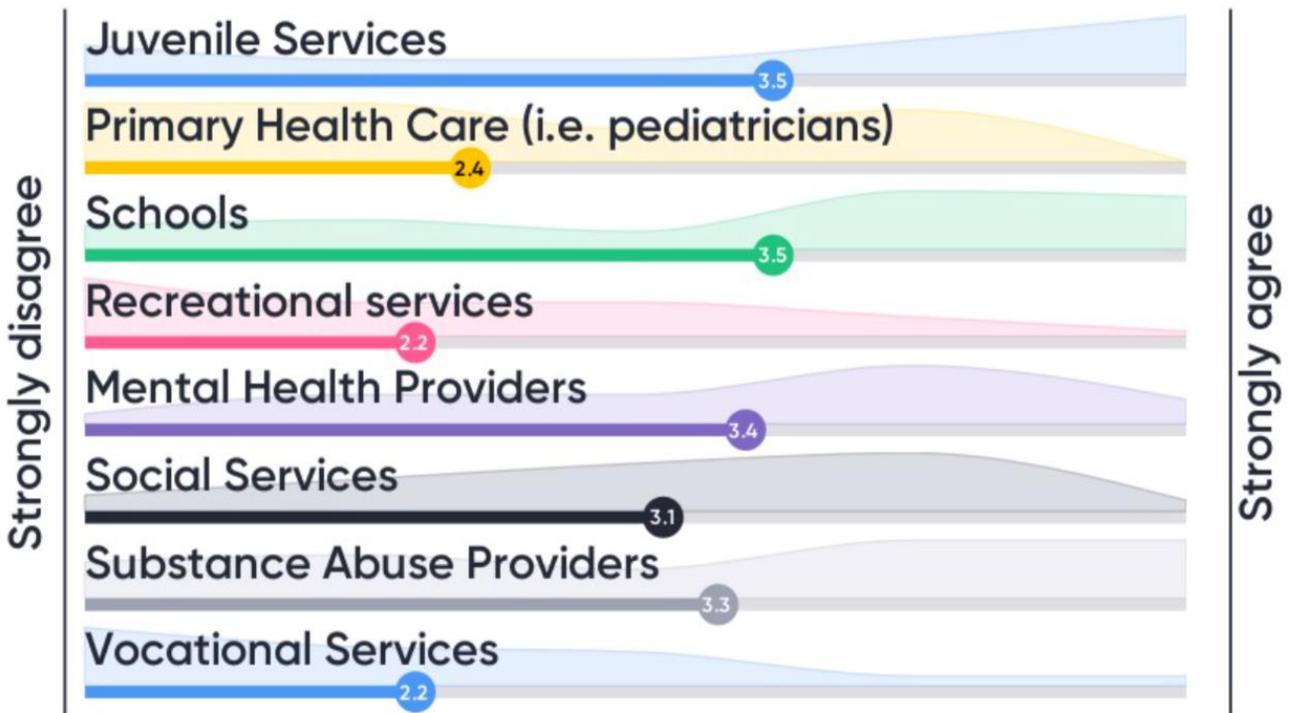
Participants were asked to think about children’s mental health services in their community and then indicate their agreement or disagreement with statements about those services. The image below represents the participants responses.



As depicted in the image above, participants reported higher agreement with the statements “our child and family serving agencies work well together in providing services to children and families” and “families and youth are consistently involved in decision-making about their care.” However, the participants did not agree as much with statements related to youth and families having quick access to quality care and knowing where to get help. These results indicate a need to further understand “access” as a possible barrier to treatment.

Community Discussion Event Summary of Input (Cont.)

Participants were asked to rate their agreement or disagreement about specific system partners who are “very involved” in services and supports for children and families. The image below represents the participants responses.



As depicted in the image above, participants reported higher agreement in noting that the juvenile services, schools, mental health providers, and substance abuse providers were “very involved” in services and supports for children and families. However, the participants reported a need to further engage primary health care professionals and vocational services.

Goal 1

Address Work Force Development to Provide Mental Health Professionals to Rural Nevada.

- The Rural Children’s Mental Health Consortium (RCMHC) has had active representation in workgroups and meetings of the Nevada System of Care (SOC). Additionally, the Nevada SOC recently assigned staff to participate in and provide updates to the RCMHC. As such, the RCMHC acknowledges the accomplishments of the Nevada SOC and its connection to accomplishing Goal One.
- Community Discussion event in Tonopah, Nevada (see pages 5-14).
- Additionally, the state Division of Health Care Financing and Policy (DHCFP) has had active representation in the Consortium. At the request of the Consortium, DHCFP prepared and presented a list of Medicaid providers for the rural areas of the state on August 5, 2019. The list was reviewed by the Consortia and continues to serve as a resource.
- The Rural Clinics have now partnered with private providers to utilize office space for telehealth services.

Goal 2

Promote Appropriate Mental Health Providers to Public Schools

RCMHC had an opportunity to help initiate the collaboration between DCFS' System of Care and DOE's Office of Safe and Respectful Learning Environment to bring mental health care services into the schools. This collaboration seeks to be continuity and consistency to the mental health services Nevada's children, youth and family's will receive in the schools and within the community. This collaboration also includes DCFS' Planning and Evaluation Unit and Nevada PEP, along with various community stakeholders. The implementation of this plan will help remove various barriers that children, youth and families experience in all of communities in order to receive the mental health services that are desperately needed.

Additionally, at the request of the Consortium, DHCFP prepared and an overview of the expansion of school health services on November 13, 2019. The presentation informed participants on how and what school-based services are covered by Medicaid. Participants discussed implications for future services.

Goal 3

Support a System of Care Designed for Nevada's Rural Region

The RCMHC is proud to have maintained its partnership with the Nevada System of Care (SOC). SOC staff regularly attend Consortium meetings to provide updates and disseminate information such as training opportunities, service design, and expansion of services. During the reporting year, the RCMHC provided a letter of support to the Division of Child and Family Services (DCFS)/Nevada SOC, which was included in their application to expand the SOC to the rural regions of the state. The RCMHC commends for their success in being awarded the SOC expansion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The four-year grant is currently slated for implementation from October 1, 2019-September 30, 2023. Ongoing support and activity associated with this expansion grant will be included in the Consortium's new 10 year plan.

Goal 4

Promote Adequate Technology to Support the Use of Telehealth Services in Nevada's Rural Regions

The RCMHC commends to the work of the Division of Public and Behavioral Health, Rural Clinics program in building telehealth capacity in rural Nevada by creating partnerships with private telehealth providers to provide telehealth space. The Consortium expresses ongoing support for this capacity development and confirms its need for expansion in the rural areas of the state.

Goal 5

Create a Rural Children's Mobile Crisis Response Team (RMCRT)

- The Rural Mobile Crisis Response Team has been funded for the last three years through the DCFS System of Care Subgrant. Because this funding was coming to an end, DPBH Rural Clinics submitted a budget enhancement request to include continued funding for the program. During the 2019 Legislative Session, the program was granted continued funding through Fund for a Healthy Nevada. Fund for a Healthy Nevada is money that is allocated from tobacco settlement monies to help with services including services which address the health and well-being of all Nevadans.
- As the volume of calls has increased over the last two years, in 2019, RMCRT was able to add another clinician and a Crisis Case Manager to the Team.
- Currently, the hotline is in operation 24 hours per day, 7 days per week. There is a need to identify and support strategies to offer the services during off-hours (i.e. telehealth).

Goal 6

Promote Prevention and Intervention: Addressing Behavioral Health Issues Early

The Community Discussion event previously discussed addressed this goal and identified the impact on families and needs in moving forward (see pages 5-14).



Consortium members promoted children's mental health during the 80th session (2019) of the Nevada State Legislature.



Consortium members promoted children's mental health during Churchill Community Coalition's Third Annual Youth Summit, "Embracing You." Additionally, the Consortium supported 8 youth from rural Nevada to attend and participate in the event through scholarships and prizes.

Goal 7

Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

RCMHC has had the opportunity to partner with SOC and the Intellectual Delay and Developmental Delay Taskforce, Subcommittee and workgroups. One of the main themes of this group was focusing on providing step-down care for youth who had been in an intensive / inpatient Psychosocial Rehabilitation or Residential Treatment Center type programs. The discuss arose that this service need is not specific only to the ID/DD population, but across the State for any youth who have been in an out-of-home treatment program as they transition back home and into their community. This Taskforce is on a break between the end of the prior SOC Grant and the new SOC Expansion Grant which will focus largely on the rural communities.

Looking Ahead

The RCMHC is proud to have expanded its membership and meeting participation over the past two years. This increased involvement directly resulted in the collaborative development and implementation of two Community Discussion events that not only disseminated information to rural areas of the state, but gathered critical input from community stakeholders on both the strengths and needs of their communities. The Consortium is actively integrating the goals outlined in this plan, input from stakeholders, and current data to develop a new long-term strategic plan to impact children's mental health in rural Nevada. The Consortium intends to build upon existing infrastructure and strengths such as the administrative support from DCFS, the Nevada SOC, and DPBH's Rural Clinics to implement activities under the new plan. Thus, the following recommended priorities and requests are forward looking to support the new long-term plan.

2020

Summary of Recommendations

In order to strengthen the implementation of the long-term plan and to strengthen the provision of services for the provision of mental and behavioral health services to children in rural Nevada and per [NRS 433B.334 \(item 4\)](#), the members of the Rural Children’s Mental Health Consortium respectfully submit the following list of priorities for the Commission and DHHS to consider:

Recommendation 1: The Rural Children’s Mental Health Consortium applauds the DCFS in their recent award of a grant to expand the Nevada System of Care (SOC) throughout rural Nevada. *The Consortium recommends DCFS designate Nevada SOC staff to carry out the following priorities:*

Tasks	Timeline	Estimated Cost*
To establish the Rural Children’s Mental Health Consortium as a designated stakeholder body providing youth and family voice, provider input, and general feedback/direction to the DCFS for all aspects of the expansion.	By October 2020	0
To designate Nevada SOC staff to participate in all Consortium meetings and to serve as a Liaison from the Consortium to DCFS and the Commission as it relates to implementation of the expansion grant.	By October 2020	0
To diversify community representation in all Nevada SOC activities and partnerships including, but not limited to, rural tribal communities.	Ongoing	\$16,250 (.25fte)
Provide to the Consortium a report that specifies funding structures, across state systems, that support the provision of children’s mental and behavioral health services, identifies gaps and vulnerabilities in funding mechanisms that could prevent underrepresented populations from accessing services and supports, and to what capacity those funding structures currently meet the need in Nevada (i.e. number of children served contrasted with estimated number of children in need). Additionally, the report shall inform the Nevada SOC expansion grant in order to create access to care for all youth and families.	By December 2020	\$6,500 (.10fte)

*calculated by estimated fte at \$65,000/year

Summary of Recommendations (Cont.)

Tasks	Timeline	Estimated Cost*
In order to promote youth and family voice, identify and implement mechanisms to provide stipends/compensation for parents and community members to participate in activities of the Consortium and Nevada System of Care.	By December 2021	\$6,500 (.10fte)
In order to promote youth and family voice, identify and implement mechanisms to provide stipends/compensation for parents and community members to participate in activities of the Consortium and Nevada System of Care.	By December 2021	\$6,500 (.10fte)
In order to promote youth and family voice, expand the availability of family peer support services.	By December 2021	\$65,000 (1.0fte)
In order to promote youth and family voice, expand Youth MOVE to rural communities.	By December 2021	\$32,500 (.5fte)
Assess the available array of services specific to each rural county according to the recommendations of the System of Care Toolkit . Provide a report to the Consortium on the findings of the assessment with strategies and a timeline to address findings.	By December 2021	\$6,500 (.10fte)
To expand the Nevada SOC service array to include funding for and implementation of evidence-based respite services for rural families and caregivers who are not in the foster care system.	By October 2023	As determined by DCFS according to best practices.
To expand the Nevada SOC service array to include funding for and expansion of school-based mental health services and to establish a mechanism for sustaining such services (i.e. establishing schools as Medicaid providers).	By October 2023	As determined by DCFS according to best practices.
To expand the Nevada SOC service array to include funding for and expansion of step-down services for youth returning to their homes following inpatient care.	By October 2023	As determined by DCFS according to best practices.
Continue implementation of the CANS assessment tool with training and technical assistance offered to providers serving the rural areas of the state.	By January 2021	As determined by DCFS according to best practices.
Continue to develop the rural mental health clinics as Telehealth service sites for private providers of children's services.	Ongoing	As determined by DCFS according to best practices.
To commit to submitting Bill Draft Request(s) during the 2021 legislative session that are necessary to support the Nevada System of Care expansion in rural Nevada.	Ongoing	\$6,500 (.10fte)

*calculated by estimated fte at \$65,000/year

Summary of Recommendations (Cont.)

Recommendation 2: The Rural Children’s Mental Health Consortium commends DCFS for their support and responsiveness to requests from the Consortium and *respectfully requests the designation of staff to maintain and continue the support including, but not limited to:*

Tasks	Timeline	Estimated Cost*
Provide fiscal management of the Consortium budget including payments and purchases.	Ongoing	\$3,250 (.05 fte)
Provide oversight on the development and management of agendas, minutes, and notices in accordance to Nevada open meeting laws.	Ongoing	\$3,250 (.05 fte)
Provide leadership, oversight, and direction for ongoing website development and monitoring.	Ongoing	\$3,250 (.05 fte)
Provide access to University systems for intern and volunteer assignments designated to support Consortium activities.	Ongoing	\$6,500 (.10 fte)
Support Consortium communication strategies including electronic dissemination of information, coordination of relevant events and meetings with Consortium Chair and members, access to best practices in health promotion.	Ongoing	\$3,250 (.05 fte)
Assist the Consortium in accessing and interpreting data for the purpose of identifying priorities for the Long-Term Strategic Plan.	Ongoing	\$6,500 (.10 fte)
As appropriate, allow access to existing line items across DHHS Budget to support Consortium led “Community Discussion” and other similar events in rural areas of Nevada (2 per year at \$2,500 each).	Annually	\$5,000 per fiscal year
As appropriate, designate cross division staff to attend and present information during scheduled “Community Discussion” and other similar events in rural areas of Nevada.	Ongoing	\$3,250 (.05 fte)

*calculated by estimated fte at \$65,000/year