



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 TECHNOLOGY WAY, SUITE 300
CARSON CITY, NV 89706
Telephone (775) 684-4400 • Fax (775) 684-4455
dcfs.nv.gov

**Nevada State Juvenile Justice Oversight Commission
and the
Risk Assessment Committee**

**5/8/18
Meeting Minutes**

Call to Order: 9:32am

Roll Call: Jack Martin, Darin Imlay, Kelly Wooldridge, Paula Smith, Pauline Salla-Smith, Scott Shick, Dr. Joe Haas, Lance Metzcher, Frank Cervantes, Judge Egan Walker, Joey Orduna Hastings, Dr. Gina Vincent-UMMS/NYSAP, Kelly Clement- NYSAP.

Noted: Plenty members for the quorum.

Public Comment: None

Katie Brubaker: Item 5. To start, Mrs. Vincent if you're on we will turn it over to you.

Dr. Gina Vincent: I am a professional at the University of Massachusetts Medical School. My background is working with Juveniles in particular we are here to help you with implementing both the MAYSI and YLS I am here with my colleague Kelly Clement. We have a couple of goals for this meeting. One is that I know in the legislation you have a lot of reform efforts going on, I have a sense of what that legislation has proposed. But I am also aware that you have made a lot of steps already so part of this is about getting familiar with where you guys are at within the process and how much has already been decided. Another part is for us to give you the scope of what we see as the top-notch implementation effort around Risk Assessment in Juvenile Justice. This is more about getting staffed trained and having them collect an assessment and input data. The whole goal of getting a Risk Assessment tool is for it to change practice with the way we are doing our case planning for youth our dispositions for youth, case work decisions and so on. As we found from research, and there are a number of studies on this as well as our advising committees state partners at this point that it is a lot of progress going into this, at the beginning, and if several steps aren't followed from the beginning what will happen is they will adopt a tool, get staffed trained on how to fill out the tool, then they fill it out and it gets filed and the information is not used for anything. Our goal is to try and help people get these tools in place in a way that is going to lead to

change. We have seen some major changes occur. Kelly and I are going to walk you through these steps to give the whole scope on the project. As we discuss each step we have some discussion points we want to talk to all of you about. To find out what decisions have already been made, and even make some more decisions today. The end goal we suggest is to come up with a work plan, and this may have already been started. Anyway, to find a plan to carry out the work. We asked Katie Brubaker to send around a work plan example. Again, just an example so you can see how detailed it is, and all the steps that were involved. Now that is one of the first work plans we made I think now ten years ago. We do things a little different now, but it is a great example of all the elements in a workplan. We are going to work with you the next few months to assist you in developing that work plan and outlining the steps. I also want to mention that our focus today is largely on the Risk Assessment implementation. I know you are all also implementing the MAYSI. The Mathematical school is the headquarters for the MAYSI. We don't sell the tools, they come from a different vendor, but we do provide the training and technical assistance to those using the MAYSI. The main effort today though is on the YLS.

Asks if there are any questions.

Dr. Gina Vincent: (Continues): I want to start the presentation with these concepts to keep our eyes on the end goal. We want to do a better job of case planning for you, which will lead them to the best outcome possible, while also improving cost effectiveness. We know there is a lot of research that has been done on delinquency. There are four principles I would like to talk about. One is that punitive sanctions alone have a significant impact on reoffending. That obviously did not work if it did work the US would have less people in prison. We have done research on this by comparing adolescents, who have engaged in illegal activity, some of them end up in the Juvenile Justice System, and those who don't. Either they don't get caught or any sort of sanction for their behavior and get let go. What the research found was that the more enclosed they get to the Juvenile Justice System the higher the likelihood of them entering the Adult System, due to an adult arrest. This has changed a little in the U.S. I think we [U.S.] are doing a much better job at individualizing our services. However, the principle quote remains, "Punitive sanctions alone do not affect reoffending". Second, I think this is one of the most important reasons for the use of risk assessments, is that good resources tie the severity of the offense that the youth has been charged with or adjudicated for is not a strong indicator of what that youth is going to go on and do in the future. In other words, the offense does not tell us a whole lot about that youth's risk for further offending, it is just not a good indicator. What is a good indicator when it comes to the severity of the offense is whether they committed a violent act or not, that does give us information. If they committed a violent act at some point they are a little more likely to commit another one. But aside from that the offense does not give us a whole lot of information. That is how our sentencing typically works in the Justice System is "Do the time for the crime". However, it is the least effective way for us to make decisions for youth in order to prevent them from committing further illegal acts. What does prevent youth from reoffending in the future is dynamic risk factors, that have been tested, used, researched, documented what risk factors increase the likelihood that a kid is going to reoffend. And these are the risks you will find in any good Risk Assessment tool, like the YLS. It gives us much more information than just the offense they committed. And we would rather have the disposition guided to some extent by the Risk Assessment tool. Third principle is that low risk youth, by definition are unlikely to reoffend, even if we do nothing. By definition low risk means they don't have a high likelihood of reoffending. But there is some evidence that we can make it worse by having them penetrate the Juvenile Justice system further by giving them interventions that they do not need. One of the theories of why that happens of course is that we are mixing low risk youth with higher risk youth, they get this deviancy training phenomena. When we mix them, they learn from each other. Another benefit to having the Risk Assessment tool is to sort kids to the best of our ability with interventions that we are having them do. Lastly what does work is when we match services to the youth's measure of risk. The higher the risks the more intensive services they need, and possibly the more services they will need. This is not about piling on services, but research shows there is a correlation between the services and the likelihood of reoffending. It is not about piling on services and seeing what works, but rather, doing smart case planning. And really allowing those criminogenic needs to drive what interventions are going to be helpful to these kids. Sometimes they only need one, and if it is the right one and targeting those issues that is all they need. So, we want individualized case planning, this is the approach that we use. Case management has the most

research evidence behind it. Everything that we do when we help states assess Risk Assessment tools has to be with setting up policies, procedures, training, supervisory oversight, working with service providers and everyone has this goal in mind to use this approach to the best of our ability. That could be the disposition, the level of supervision and the treatments and services the individual receives. Those elements are going to be selected based on that youth's risk level. Next is the RNR principle which tells us we want to target dynamic or changeable risk factors, and only those. Whatever the youth's risk factors, in terms of the score on the YLS and which criminogenic needs areas are high we want to develop a targeted treatment. There may be other factors, we call Responsivity Factors, we need to weigh how much treatment we are giving along with how much treatment we need to give them for their criminogenic needs. The Responsivity factor has to do with matching the mode and strategies of service delivery with the specific characteristics of the youth. One of those factors we talk about a lot in this system is Mental Health. Mental Health is not a risk factor based on the research to date, Mental Health issues on average do not drive offending. However, they do impact whether youth will respond well to our treatment for their criminogenic needs or not. Sometimes we cannot adjust their criminogenic needs without identifying Mental Health issues first, and we want to be doing both. The evidence shows it is not a good case plan protocol to just address Mental Health while not also addressing criminogenic needs and factors, which we want to do at the same time. This is where both Mental Health screening and the Risk Assessment come into play and are so important.

(Talks about graphic presented to Commission) It shows the earlier the Risk Assessment can be done, the better. I was very happy to see that Legislation said that the Risk Assessment was their greatest position. There are still decisions to be made on whether that is pre-adjudication or post-adjudication in the previous position and how that is going to work county to county, court to court. Explains the main goal is the early the Risk Assessment is done, the better, and more decisions it can drive. In this case I am defining diversion, basically as it can help with deciding if someone should be handled informally or formally or get another diversion option which will guide the position to further extent. It will guide the case plan into what services are needed. A reassessment will help us re-evaluate the case plan. Explains the continuity between the Probation and Correctional System using the same tool, and anyone else involved, to use the same tool, the case plan can follow the youth from Probation to the facility and back to re-entry. Asks, is that something we (Commissioners) want to do, or is that already a plan? Or is that another discussion.

Commissioner Wooldridge: I can comment. We are trying to select a Case Management System, we want the ability to use like Caseload Pro. That is the plan, but it will not be up and running until next fiscal year.

Commissioner Salla-Smith: Can I add something, we had a lot of discussion at our last NAJJA meeting, which is the Chief and Directors Association. I do think there is a valid concern on when the YLS will be mandated to be given. Even after this meeting, we have new info that the Risk Assessment committee should come back for that discussion. In bigger counties giving that assessment to all the kids is really an unfunded mandate. It will be difficult to do.

Dr. Gina Vincent: This is one of the very important elements of the implementation process and something we wanted to discuss today. There are ways to get it done pre-deposition with less resources being used. I don't know what responsibilities you all have with the Legislation but certainly set it up in a way that will be most feasible. And there are a few suggestions we have on that.

Commissioner Salla-Smith: That would be great, and I am open to that discussion. I wanted to be sure that it was at least put on the table.

Commissioner Shick: My understanding is that the Risk and Needs Assessments isn't going to be given to every child that walks in, only kids that are going to be adjudicated or pre-dispositioned. We would sign a document, complete the assessments and include it in the court hearing. The state has been very supportive in a training and

yearly funding that will be given through other options and grants potentially help the rural jurisdictions succeed and their ability to implement this one need.

Dr. Gina Vincent: Asking, is that consistent with the way the legislation is written. It will only be for kids who are adjudicated or close to adjudication?

Commissioner Wooldridge: It is prior to disposition of adjudicated youth.

Unknown Commissioner: It seems that it will only be for the kids that have a petition that has been filed.

Dr. Gina Vincent: Asks Commissioners, do you (Nevada) still have the option post disposition of whether a child will be handled formally or informally? Is that a disposition decision?

Unknown Commissioners: Yes, once a petition is filed we go to court. Usually that is a negotiation with the DA office of if they are okay on informal probation, sometimes with little to no conditions.

Unknown Commissioner: I would hope it would be discretionary of whether to do the Risk and Needs Assessment based on the circumstances of the kid that comes before us, it is going to happen slow

Unknown Commissioner: The way the legislation is written, it may not allow for some of the jurisdictions to have discretion to do it. The discussion about not every referral having to receive a YLS. If it is pre- disposition after they plea that is different than any referral coming in and I am not sure the legislation allows for us to have some flexibility with that.

Unknown Commissioner: The only flexibility is if there is no adjudication. That is the discretion. Once the child is adjudicated there is no discretion, the Risk Assessment has to be done then.

Dr. Gina Vincent: That is my understanding too. Set what your minimum standard or policy is going to be, driven by legislation, areas where there is discretion, allow the counties to have their own practice that is documented is where that discretion can occur.

Commissioner Martin: I am curious we go out and use the screening tool on every child. Explains he is from a bigger county, Clark County, with much more kids, 10,000. I want to know do I do a screen to each of those kids. If a kid is dictated by legislation, or that score high on the screener will we be able to wrap them into an individualized service, would be the best practice?

Dr. Gina Vincent: The best practice is going to be what is the most feasible for you based on your resources. Explains the YLS is going to be a great option especially for larger counties, such as Clark County with a lot of children.

Unknown Commissioner: Explains there are a lot of kids out there that need these assessments especially as soon as possible.

Dr. Gina Vincent: The Risk and Needs Assessment is going to always give you more information. It will help you drive service planning. Youth that are screened out, you don't get as much info, we still need to be getting those kids services. The decision to be made is what is the best practice, dictated based on your resources and how you handle youth, formally or informally. So, there is some discretion based on county to county.

Unknown Commissioner: Asks, how much information is going to be available pre-adjudication?

Dr. Gina Vincent: Great question, we talked to several states implement the Risk Assessment tools, pre-adjudication delicately, and one of the rules is you don't ask anything about the current offense, everyone knows you don't need that info to for the assessment score. You don't ask any incriminating questions, to protect the youth. We have done it with several states, Pennsylvania, Arkansas. You guys can make decisions on if you want to have county level practices, some counties may want to.

Continues- (Shows Graph) showing research has been done on the Service Match Principle, which is one of the R and R principles. The screening tool does not allow you to do this. The Risk and Needs Assessment and YLS will allow you to do this though. It shows youth on probation and it has the needs from the YLS on the bottom. The brown bars show kids that had the assessment done but did not get a service the whole time they were on probation. No service was addressed to them, recidivism levels show much higher, 70%. Youth who had that same need and did get it addressed only had a 40% recidivism rate, which is much higher. And this is regardless of risk level. More effective if carried through and needs are met.

(Shows on Slide) See the personality and behavior section, these are areas of needs that deal with impulses, attention problems, tantrums, violence, different personality characteristics. Probation hardly uses this, usually people feel this area is less important info, however personality characteristics has the strongest association with the offense. These needs also need to be addressed. Explains the training she does teaches PO's to prioritize needs in a case plan. The manual is very dense, please follow. Steps are in order, you'll notice training is number 5. We have to train PO's how to complete a YLS or any assessment is more successful when you establish your policies on it first and decided the layout of the Case Plan. When PO's are trained on the assessment they are trained on all of those procedures as well. Using it in an R & R way. (Asks Commissioner Wooldridge.) You mentioned Caseload Pro is not coming online on until next fiscal year? Is that for the Pilot counties also and is that the only way to have people to do a case plan? Or is there another option?

Commissioner Wooldridge: It will be online for every county, and we will have the ability to share it among counties in the state. But everyone will have access to this online on Caseload Pro.

Dr. Gina Vincent: And that is not until next fiscal year?

Commissioner Wooldridge: No, now.

Dr. Gina Vincent: There is a case plan being created now and the YLS you want to align with each other, they should work together. The way the YLS looks should drive how the case plan will look. I don't know how much has already been done to create that. Do you know how it looks?

Commissioner Wooldridge: We have not done a lot of work on the case plan yet. But we have discussed what needs to be on the case plan.

Dr. Gina Vincent: What needs to be in the case plan? Does it relate to criminogenic needs specifically?

Commissioner Wooldridge: The results of the Risk Assessment and Mental Health screening, trauma, education level, seriousness of the offense, info provided from the family, risks and needs of the child based on the screening they got, specify the level of services, referrals for treatment providers, specify the level of supervision and intensity of services, specify the responsibility of each person in the agency.

Dr. Gina Vincent: Agrees with the results of the Risk Assessment and Mental Health screening being a part of the case plan. Adds that having the YLS on there would be a good suggestion to (on Caseload Pro).

Unknown Commissioner: The case management portion of the YLS, that would be a requirement of what Commissioner Wooldridge just read, or an additional case management piece?

Dr. Gina Vincent: Every state has customized their case management part, make customizations to meet your needs. The CMI is structured is generic, there is individualizing available, we help do that too. You want it specific. Have you seen the CMI part?

Unknown Commissioner: Yes, we use it in Humboldt County.

Dr. Gina Vincent: Does it have what I mentioned?

Unknown Commissioner: The way we use it, is as a response to the Risk and Needs domain. If education is one of the domains, they rate high on it should be included. Can we utilize that for the YLS? Or if we have to use something else. We do customize ours a little if we need to though.

Dr. Gina Vincent: I agree that, that part should stay consistent.

Explains, we want a decision maker side committee with representation from each agency, which in this case might be the commission. I am not sure if it is the whole commission or not. The Implementation committee is different, these folks work closely with people doing the work, front line workers, and should have members from each Pilot county. It should have someone with knowledge of the data system, service providers, that have knowledge of how this is all going to work is critical.

Commissioner Judge Walker: I am one of the co-chairs, the bad news for the Risks Assessments Committee is I view them as more of the Implementation Committee.

Dr. Gina Vincent: Not bad news, do you all view yourself as the Implementation Committee?

Commissioner Wooldridge: I want to add we may want to include a little more members of NAJJA when we do this.

Unknown Commissioner: NAJJA is the directors and chiefs from NV. We meet monthly, I agree we could have a couple more members from them to be on this.

Unknown Commissioner: We have representation from Clark County, Washoe County, and then the rural counties. The Rural representatives are good about communicating with our counter parts. A good network is there. So, we can get info at any time.

Dr. Gina Vincent: Do you have any providers on this committee? That may be a group to introduce later when we get to service to youth matching.

Commissioner Dr. Haas: Do you mean providers as in people we would refer out to? Based on the needs?

Dr. Gina Vincent: Yes

Commissioner Dr. Haas: I do not believe so, I will talk to Kelly W. about that, it could certainly happen though.

Unknown Commissioner: You are talking about Mental Health service providers? Or any other category?

Unknown Commissioner: From Washoe, a lot of our Cognitive Skills classes are provided in house.

Dr. Gina Vincent: Great, I would be looking at Mental Health providers. Or any Evidence Based providers. I am not sure how like mentoring programs or dental programs I don't know how that works. You don't need a lot of providers, maybe just two or three representatives.

Unknown Commissioner: I think we can come to a conclusion about who we could bring in.

Dr. Gina Vincent: And it may make more sense to bring them on later, but if you have them made up of who you will have will be easier. They are key to having the implementation run smoothly.

Unknown Commissioner: The Implementation Committee can come to that conclusion.

Unknown Commissioner: In terms of going through the risk factors on previous slides, part of the Evidence Based practice is to develop interventions. Starting with things that are easier and make changes as needed.

Dr. Gina Vincent: The Risk Assessment is much bigger than just a tool, you're implementing a new case plan approach. And finding other gaps in your system. Develop a matrix, identify certain providers that meet certain needs. Find the gaps and go from there. It will help shape the advocacy for getting more resources

Kelly Clement: One of the big things is it will help when you start developing the matrix. Start listening to the actual services available. Explains, in Louisiana, we should where they had an abundance of services, we were able to allocate additional funding to where we needed it. This helped us identify what other programs we need too, ex- anger management classes. It is great to get to that point and present to legislation what services we need. The matrix helps counties identify what they need, by location, population, specific to their area, office and case load.

Dr. Gina Vincent: (Asking Commissioners) Do you have people on the committee now, or would you consider putting people on. Your assessment people in the correctional system and some actual PO's would be doing assessments sounds like are mostly chiefs? People who can actually do the work and comment on the feasibility.

Commissioner Judge Walker: We can add to the subcommittee easily, meaning the co-chairs.

Dr. Gina Vincent: Great, asks, do you (commissioners) have a person of contact that we will be able to go to over the course of the year? This is really the person making sure the Implementation Committee is moving forward everything is getting done, helping to work on documents, and that would be Katie?

Katie Brubaker: Okay

Dr. Gina Vincent: (Switching topics) There are differences between the YLS implementation and the MAYSI implementation. The MAYSI implementation will be done in the detention facilities. It seems most of you already do. The detention facilities, correctional facilities and Probation. The MAYSI is much quicker and involves many more parties than YLS. Have you talked about how to handle that? Is this handled by the same committee? My suggestion is to out that off for a little or to develop a subcommittee. Thoughts?

Unknown Commissioner: Are you recommending that the MAYSI be used in probation?

Dr. Gina Vincent: I thought that was in the legislation, I could be wrong.

Unknown Commissioner: I know that we were, I believe the first to use it in our detention facility on a regular basis, it works well so far for my detention center.

Unknown Commissioner: From a judicial perspective, the MAYSI clearly will be used on those kids who are adjudicated and on probation, so yes used by PO.

Unknown Commissioner: So, after they are adjudicated they would apply the MAYSI and incorporate that into their file?

Dr. Gina Vincent: Yes, that was my understanding and most of probation in your counties don't use it right now. But your detention facilities do. So, there will be some implementation there, involved setting up the practice. What is going to be administered, who will do it, and how the info will be used to make what referrals. Fairly easy policy to put together and then there is training. Done online by our colleagues. There is still a few meetings to have about how this will be set up, organizing the training and how finding Detention centers and what version they are using, because things have changed over the years. Do you want a separate group of people working on that? Or just separate meetings for just that?

Unknown Commissioner: What they have found is the same 25 people across the state end up on every committee related to CRJ issues. We are very geographically diverse and small populated state. With the MAYSI topic let's have a separate meeting on that with this group. There are a lot of questions on the MAYSI. How will that steer our decisions on adjudicated youth the info from MAYSI and the YLS do they interchange? Does one overlap the other?

Dr. Gina Vincent: The information goes together in deciding what referrals are needed. You will probably want the MAYSI and YLS done at the same time in that pre-deposition group. The work for getting the MAYSI done is different, a separate meeting. You will want your detention people there to help with that. (Switching topics) What other trainings are going on?

Commissioner Wooldridge: I don't know of any other group in JJOC, do we have any other group coming in. We are doing a CPC.

Dr. Gina Vincent: Are you getting ethics trainings or trainings from the University of Cincinnati? The CPC was developed at the University of Cincinnati, designed for evaluating your service providers. Not an Evidence Based service but if it will be an effective service.

Kelly Clement: In the law, we have to use it for our pre-correctional institutions or our county camps, are also placement institutions we want to extend to service providers in future years. Correctional officers and camps.

Dr. Gina Vincent: And are they just starting?

Katie Brubaker: We are finalizing that, we are looking to train 8 people with 2 trainers the last week of June.

Commissioner Shick: Is that for the camps or the state facilities?

Commissioner Wooldridge: The camps and the State facilities.

Dr. Gina Vincent: That is great, those are our initiatives right now. What they help you do will help you determine your service matrix that you will be using for the YLS. We want to be consistent with what we are doing, there are a lot of people within Juvenile Justice. Moving to Step 2, which is about obtaining and maintaining stakeholder buy in. Stakeholders are judges, which are most important especially for dispositional decision making, attorneys, PO's, Parole, and the providers. All of them play a role in making sure these changes happen and to make sure

the case plan is working. It is a constant feedback loop. It makes or breaks the situation. You have good legislation, but there will be pushback from some parties. Having everyone on the same page of RNR and the goals will be important.

Kelly Clement: The buy in, if you get initial buy in somewhere down the road you get new people in there, or people leave, so it is a continual process. We want to match the right services to the right needs. Most POs want to be sure this is happening and benefitting the youth. The Evidence Based practices are proven so they should be using those. Determine if there are any forms or documents in your system that you may be able to eliminate, and this will replace. This will replace quite a few tools. The key to buy in is getting the right players. Make sure you get the right P.O.s and judges to give forward and speak. We carefully selected who we want involved in the roll out of the tool. We knew which judges would promote positive change for the system, so carefully pick your representatives. Make sure new players feel and know they have input, especially if they are doing the work too.

Dr. Gina Vincent: Most important at county level is how implementation will go and how it will be done. Screening tools or not, intake unit or not, these are where getting input from each county and the POs will be most useful. Judges can make or break these decisions. We learned to communicate with Judges first on what they want or input they have. If they are not interested or have buy in it won't work. Do you think there will be push back from Judges?

Unknown Commissioner: I think we need time talking to judges in Clark County.

Dr. Gina Vincent: In Clark you have been using a tool? A "Homegrown tool"

Unknown Commissioner: It was developed by UNLV as a screening tool.

Commissioner Shick: Two avenues, judicial, and meeting with our own judges. They want to know they have their own discretion at the end of the day.

Commissioner Judge Walker: We need some work across the state, not just Clark county. I am a transition judge. In NV we do a good job diverting kids on the front end CSG showed that. The problem is when the DA and POs come and say we have a low needs kid charged with a serious crime. We look at public safety and the needs and safety of that kid. The implementation is going to come when judges feel their discretion is lost because a tool is saying to do one thing, "let this kid go". I don't think we need more on the front end.

Dr. Gina Vincent: I agree. The question of discretion is going to come up. We want them to like and recognize the scientific validity of the tool. But period, the judge has ultimate decision.

Unknown Commissioner: (Asking Judge Walker) Is it feasible to bring Dr. Gina Vincent and Kelly Clement to the judges when they meet?

Commissioner Judge Walker: It is feasible, there is a statewide NV District Judges Association that all the judges are members of. There is also a Family Court annual training where we could go to begin the process.

Unknown Commissioner: Maybe part of the training would be what are reasonable overrides to the YLS. Talking about exceptions, an example we saw, some kids, that our evaluators saw on the SAVRY one common offense, say a school shooting. There YLS risk assessment is low, they haven't been in trouble before. Violent offenses supply the severity indicator somewhat, if we can get ahead of that so that those don't become challenges.

Dr. Gina Vincent: Those are terrific examples and we will include those in our trainings. Kelly (Clement) and I love the SAVRY. That is great it is being used. The SAVRY was designed for those situations you mentioned. The YLS really wasn't although it has the over-ride option. Here is where we want to talk about where Risk Assessment may not work as well. Everything I am hearing is the type of training we also feel is needed. It is part of our contract that we do some sort of orientation training. We certainly can come down and do those trainings.

Kelly Clement: Question, typically do you (Nevada) have only District Court Judges that handle juvenile cases, or do you have counties that have actual Juvenile Court Judges?

Commissioner Judge Walker: It is always a District Court Judge that is responsible, the "Heavy lifting" is done by those called "Court Masters" they only make recommendations. All signatures happen under the District Court Judges. The policy makers are the District Judges the "Worker Bees" are the Court Masters.

Kelly Clement: Do the Court Masters handle all cases or are some Court Masters assigned to only juvenile matters?

Commissioner Judge Walker: There are Court Masters in two of the larger counties specifically assigned to some parts of juvenile matters. For example, in a smaller county, Carson City there is a full-time court master that does most of the juvenile cases.

Unknown Commissioner: I just want to add, it does vary a little county by county.

Kelly Clement: When we talk about meeting with the judges. Gina talked about severity doesn't dictate the youth's risk we do want you to know the severity of the offense could affect the placement and concerns public safety. So maybe they don't score high on the assessment, but the severity of the crime is huge, and the judge has the ultimate decision in disposition.

Dr. Gina Vincent: PO's are another one where we had put in a focus group in the pilot counties. So that they can give input of the procedures and which are going to be most feasible. And what they do now and engage their understanding on the R&R. We should start with pilot counties first besides the whole state at once. They can do the work and roll out the bumps for other counties to begin the practice. Have you decided the pilot counties? We want about three, unless Clark is one of them.

Commissioner Wooldridge: Douglas, Carson, and Washoe, because they are close.

Dr. Gina Vincent: Is there anyone on the committee from Carson?

Commissioner Wooldridge: No

Dr. Gina Vincent: That can be done then. We noticed that Carson is already using the YLS. Are any other Pilots using the YLS?

Commissioner Shick: No. We have a standardized one we have used for years, that needs to go away.

Dr. Gina Vincent: So, we won't have an issue with people letting go?

Commissioner Shick: No

Dr. Gina Vincent: Washoe?

Commissioner Cervantes: Washoe is using another assessment tool, that seems to be pretty similar to the YLS.

Dr. Gina Vincent: This will be a little bit of a difficult transition. Are you all using a screening tool as well?

Commissioner Cervantes: No, our kids come in with misdemeanors we handle them informally. There is a standardized questionnaire that we use for them. We are pretty effective at that and matching services to kids.

Dr. Gina Vincent: We suggest as a work plan, to come meet with the judges and POs in those counties to begin to train people. We want to do face to face focus groups and training with them. The service providers, talk about needs differently than we do. They look at level of need and define that different than we do. You don't see a lot that are in tune with the concept of risk needs responsivity and that risks in our world of kids should be driving the level of intensity. And we have a difference in how we identify criminogenic needs. Having orientation training with those people and learning of their services that meet the needs. That kind of buy in and feedback with be helpful later. Does anyone disagree?

Commissioner Judge Walker: Gina, can you help us get more (service providers).

Dr. Gina Vincent: Kelly [Clement] didn't you get more when you got the SAVRY? You guys (NV) have had the biggest increase of EB Practices than any other state.

Kelly Clement: The point of that is to get it out to our providers.

Commissioner Judge Walker: Speaking for Washoe, we have a Medical School with a Forensic Psychology and Psychiatry program in it. We have a dearth of treatment providers for unknown reasons to me. Of course, we should have treatment providers at the table for this conversation, like you said, but if you go to Fernley, there are no treatment providers. That is the picture of our state.

Unknown Commissioner: It is difficult in the rural areas because of this to access providers to stay consistently with the kid and the services they need.

Kelly Clement: In the rural areas sometimes, there are not even enough kids to make it profitable to providers, that is a nationwide issue we have seen. If you can get providers that provide multiple services to these areas that would be the best option.

Dr. Gina Vincent: Do you all get to decide who the service providers are? And is that contract directly with the Probation departments or the State?

Unknown Commissioner: In my case yes, we incorporate these folks and make sure they have buy-in to our system and what we are looking for on behalf of our kids through demonstrated behavior change, by methods of their intervention, and counseling, we incorporate them into that.

Commissioner Judge Walker: And specifically, on NV. Unless the counties are willing to pay for a provider to engage in a private services contract for example through the juvenile services agency in each county, we are talking Medicaid. That is not a choice, because would have to find someone that takes Medicaid reimbursement.

Dr. Gina Vincent: Okay so you have only so much of a choice.

Commissioner Dr. Joe Haas: In the substance abuse area we have providers that do Cognitive Behavioral Therapy, Motivational interviewing, and Multidirectional Family Therapy. In our Mental Health community, we usually try to match kids with their insurance coverage or their type of Medicaid. What we found that is with our Mental Health providers that are using strict protocols is when we link kids through our service coordinators with therapy from that service coordination program the recidivism was very low. And the entry to Probation or later residential treatment centers was very low. And that was when we identified high risk kids and went the extra mile for low risk offenders that high needs, to get them hooked up. Our system of care is working on EB Practices in our Mental Health sector. In substance abuse we do well. We are interested in the "Thinking for a Change" programs, which our based on the modules you have. It is not so much a financial issue it is more of keeping a stable work force because providers tend to leave agencies. We do have a need and desire to have reasonable Evidence Based practices available to families.

Dr. Gina Vincent: And is that for the state? When you are referring to what you have.

Commissioner Dr. Joe Haas: I am taking for Washoe County.

Commissioner Smith: I am one of the only tribes out of 27 tribes in NV, so we use in house services they do all the Mental Health, Drug/ Alcohol and Anger Management. We don't have a Psychiatrist, so we have to refer out and usually they go to Carson City. If my grant goes through by October 1st we will know by the end of Sept. I requested all of this to be implemented within the grant to be on board with the state.

Unknown Commissioner: Each one of the rural jurisdictions would have a different scenario where they can access the general health. Each story is different, the population is different, the amount of funding they receive, they are all different. However, we want to do what works, and they want to be a part of this.

Dr. Gina Vincent: This is an important conversation to have and I know you have all worked with CSG already and in fact are any of the CSG people on this committee? (Asking Commissioners)

Commissioner Wooldridge: I did not hear from them if they were going to attend, we invite them to all meetings.

Dr. Gina Vincent: They know so much more about services and funding and to get services, so they will be very helpful. Next question, is do you all have a say in the quality of services? So, you can hold them directly accountable? You have a mix then?

Unknown Commissioner: Sometimes you must settle for what you have, there is good intention on the provider, but your outcomes may not be what you want them to be based on your jurisdiction.

Dr. Gina Vincent: One of the parts of this is it allows you to see what your needs are for the kids/ population and see who is getting better who isn't, the data capacity to track the providers they are going to, and then the outcomes for the providers. It will be somewhat indirectly, but you will have the data to do so. You know where you are having a lot of needs but not enough services. It will help you advocate to that. Moving to Step 3, you have the YLS, which has the most validation behind it out of all the Risk Assessment tools. You need the software as well, so you will have YLS with your case plan as well. We will assist you with customization and prep. I would speak to those counties you know are already using the YLS, like Carson. Some steps that are typically involved are to develop a standardized script or list of questions that whoever is completing the assessment will ask the youth. Ideally, we want that to fit in with whatever we are already doing. We want to work with PO's, assuming they do the interviews. The YLS does come with an interview script, if you purchase it. You will have to talk and find out if you want to purchase it, if not we would help in designing that script.

Commissioner Wooldridge: We are out of funds.

Dr. Gina Vincent: Okay, so that would be us. Another piece is there is some customization on how to score the first domain. Which is about the youth's juvenile history, all about official records. Every state has its own way of defining what the disposition is or isn't. We want to work with smaller groups to define what that is and how they will be scored. So, the customization is improving reliability. This is a step involved. Have you (Commissioners) discussed for the YLS, having some reassessment every six months?

Commissioner Wooldridge: I will double check if it is in legislation. I think it is every six months or when a significant event occurs.

Dr. Gina Vincent: Great if it is already in there you won't need a new policy on it. It is just a semi-structured interview to help guide the PO's forward with the interview. It should be an actual conversation not a robotic questionnaire, but actual questions they will need to get use to asking. There may be some customizations for the software too. Like maybe supervisory sign off for the YLS or customization around the Case Plan module or whatever. Customizations of getting it ready obviously need to come before training. You want the Case Plan system to match with the YLS. If Caseload Pro is doing the Case Plan you will want to be sure the actual need areas from the YLS are being met.

Commissioner Wooldridge: We contacted them to customize Caseload Pro with the YLS, I got the proposal for that we can talk about that in another meeting.

Commissioner Judge Walker: It would be important for Caseload Pro to interface with Dr. Gina Vincent, and Kelly in respect to that.

Commissioner Wooldridge: Agrees, explains it is not in there yet. The proposal that MHS gave to Caseload Pro about what costs would be associated with doing that.

Dr. Gina Vincent: We are working closely with MHS we have not had any communication with Caseload Pro. I agree we want to have that communication to be sure everything is set up.

Commissioner Wooldridge: Dominic was working with people on Caseload Pro.

Dr. Gina Vincent: Yes, now step four. This is the most crucial step next to buy in. Some decisions to be made on policy/ practice and procedure. Legislation dictates the policy if you want local entities to have their own practice/procedures. If it is in writing and they are trained, and it is consistent with the statewide policies, it works. The first goal is to determine which state and local policies and procedures are going to be affected by these changes. Written documents will require revision. Carson City has very detailed documents about what needs to be in the Pre- disposition Report. They have detailed policy around levels of supervision and how those decisions are made. The YLS will consider all those decisions.

Commissioner Wooldridge: I want to clarify; the bill says about policies around the Risk Assessment tool is that each department of Juvenile Services should comply with the policy and the quality assurance protocols of the qualified vendor selected. I believe this is one of the policies that will come from the JJOC itself.

Dr. Gina Vincent: The whole policy will come from the JJOC?

Commissioner Wooldridge: The way I looked at it, the law allows the commission to set forth policies regarding the use of the tool. We would write policies that are statewide. Counties can adopt their own separate policy, but the minimum would have to follow what is in the law what is in the commissions policies.

Dr. Gina Vincent: So, you want to set a state policy the counties can adopt but there would be some areas where they have some discretion. So, a state policy and local.

Commissioner Judge Walker: Just like the Federal Model. If you want discretion from the state, you must do it the state or JJOC way. You can do it whatever way you want, but you'll have to pay for it yourself.

Dr. Gina Vincent: On this step should we be working on the JJOC for part of it?
(Asking Commissioner Wooldridge.)

Commissioner Wooldridge: Yes, or just Katie Brubaker and I, and we will take it to the commission. Or even a subcommittee could do that.

Dr. Gina Vincent: How many policies are needed? The way the Risk Assessment tool is used may be different for your state agencies like corrections, than probation.

Commissioner Wooldridge: Yes, it will be different for probation, parole, and facilities.

Dr. Gina Vincent: Explains, two different state level policies, and then some individual county policies.

Commissioner Wooldridge: Agrees

Dr. Gina Vincent: We recommend your policy documents explain the use of Risk Assessment in decision making. The legislation said it is going to be used in placement decisions and in disposition.

Commissioner Wooldridge: Agrees

Dr. Gina Vincent: How it will be used in case planning, would also be important, we would be happy to advise about. And finally, level of supervision.

Commissioner Wooldridge: Both of those are in the law that we have to consider the results of the Risk Assessment in both case planning and level of supervision.

Dr. Gina Vincent: Once you made your policy decisions there are generally forms to follow, which is time consuming. The forms are to be sure the practices are occurring correctly. And there will be decisions on what these forms are, which ones you use already and just need modification, and which need a new draft. Carson City's example was showing what needs to go in a Pre-disposition Report, the narrative. (Asking Commissioners) Is that common? Is that the same for everyone?

Commissioner Judge Walker: It is common that each district has it, it is not the same.

Dr. Gina Vincent: Okay, what Carson City had was very detailed. Where the Risk Assessment comes in, we have suggestions about how Risk Assessment info is shared to the court in the most helpful way. I don't know if Caseload Pro will have a section for a Pre-Disposition Report. I don't recommend that because individualism will need to occur. We want need and risks levels communicated. Is everyone use to an electronic Case Plan? And do the facilities have their own version of a Case Plan right now?

Unknown Commissioner: In China Springs (facility) they have a good database with case planning in it.

Dr. Gina Vincent: Are there documents Kelly (Clement) and I can get for the pilot counties and correctional facilities plans that they are using now?

Commissioner Wooldridge: Yes, for the state side.

Kelly Clement: I know it is county by county but, is it always the case that the adjudication will take place and then a sperate disposition takes place? Or, are there cases where the adjudication and disposition will take place at the same time without a pre-disposition?

Unknown Commissioner: In Clark County they are at the same time.

Commissioner Shick: That could happen either way in Douglas County.

Dr. Gina Vincent: Let's work with this committee on what the best-Case Plan will look like. Are we agreeing it will be a single case plan across the system? Same format whether on probation or in the state facilities, or parole? I think your legislation dictates that?

Commissioner Judge Walker: It dictates it but we may not all agree, yet. I agree, it would be very beneficial if we accomplish this.

Dr. Gina Vincent: Lets strive for that with the pilot counties.

Commissioners: Agree

Dr. Gina Vincent: Next, at what point should the YLS be completed? This should really be on the pilot counties, I know they aren't all present in the meeting though. We know it needs to be Pre-disposition, there are options. One is post adjudication, Pre- disposition in order to do it in that phase the judge would need to agree to bifurcate those hearings. Another option is intake units. Do any of the pilot counties have intake units where the YLS can be done pre-adjudication? Is that feasible?

Commissioner Cervantes: Washoe does, and it is feasible.

Dr. Gina Vincent: Perfect, how many staff do you have at the intake units?

Commissioner Cervantes: Intake is our low-end diversion, they don't give full effect. We call it Probation Assessment. We have an assessment unit and an intake unit. So, kids that commit misdemeanors don't go to court they leave with a Case Plan and the family agrees with it.

Commissioner Shick: I am not sure if Carson City has an intake PO, Douglas, it would be the PO assigned to the case.

Dr. Gina Vincent: And is that only if they are adjudicated or is that Pre-adjudicated?

Commissioner Shick: Pre- adjudicated, or Misdemeanor, diversion, or any level.

Dr. Gina Vincent: You already have an Intake Unit/Assessment Unit. Do your judges typically/ever bifurcate the hearings?

Commissioner Judge Walker: If they have a formal report written for disposition, yes, for critical evaluation.

Commissioner Shick: That can happen in Douglas county as well.

Dr. Gina Vincent: Now legislation is asking that an assessment be done on every kid Adjudicated.

Commissioner Wooldridge: (Asking Dr. Gina Vincent) I am confused why we need to bifurcate if it needs to be done prior to disposition? So, wouldn't they have it done and then go into court?

Dr. Gina Vincent: Yes, but many courts do Adjudication and disposition at the same time. Rarely do they get time between the hearings to get an assessment. It is better Pre- adjudicated, so it is ready to go and it is used to decide disposition immediately after adjudicated, or they try to convince the court to change procedures so there is time between those to do the assessment.

Unknown Commissioner: When they do that the kid is detained longer right?

Dr. Gina Vincent: That is one of the concerns. They don't all have to be detained during that time period, they could be at home. Explains, she has seen states that have a handful of kids that do get detained at that point, is they will mandate that those kids be assessed within a week or two. That is why some states do that Pre-Adjudication. A third option is, to adopt a screening tool. It will tell you who needs a full assessment and who doesn't.

Unknown Commissioner: Asking what the Risk Screening tool is.

Dr. Gina Vincent: Something that is shorter than a full assessment doesn't require as much time or info. The YLS has a built-in screening tool option. It doesn't have software with it, but I am not sure if it would cost money to add it. We will have to check with Dominic.

Commissioner Martin: In Clark County we use one different. Our understanding was the YLS has a screening tool with a cost associated with it.

Commissioner Cervantes: (Asking Dr. Gina Vincent) The law says the YLS will be prior to disposition, are you suggesting we use a screening instrument for to the Disposition?

Dr. Gina Vincent: Yes

Unknown Commissioner: And the validity of that screening is directly associated with the YLS research.

Dr. Gina Vincent: Yes, I like it because it is one of the only tools to give info about needs too. Example, if a kid is Adjudicated and you need to do something with them the screening tool will assist with that. Other systems don't have other criminogenic needs that may need to be addressed. You don't have to use the YLS screening, you can use another tool if it is validated.

Commissioner Judge Walker: We could set it as a policy that we would do a full YLS screening when a petition is filed. You cannot have an Adjudication without a petition, in my jurisdiction. The petition would be a procedural trigger for the screening.

Dr. Gina Vincent: That sounds like a great option. With this program there is no such thing as low risk, high need. For example, Mental Health does not come from the YLS, but instead the MAYSI. Low risk kids may have one or two needs, and if they are on probation you'll want to address those and to the judge as well. My question is, is it enough to just tell the judge this kid is low or high risk.

Commissioner Wooldridge: I think it would be enough, but we can find that out.

Dr. Gina Vincent: (Clarifying) We want the screening Pre-adjudication and then the assessment post Adjudication, might be feasible?

Commissioner Judge Walker: We cannot adjudicate a kid without a petition. It will also put pressure, which it is designed to do, on our prosecutor colleagues. They decide what is to follow. If at the time of the petition there is a miss match of the risks and needs of the child and it is filed, they will call it out right away

Dr. Gina Vincent: Yes, so if they petition you screen and start finding details on "Low Risk", at that stage do you have an option to do anything, other than go to adjudication? (Asking Commissioners). Is there an option to divert them from Adjudication or is it too late?

Commissioner Judge Walker: There is an option, some of it is Judicial, some is at the discretion of the Prosecutor only. If we find that some of the kids are really low risk but high-level health needs, we end up being the gateway to Mental Health treatment for kids. We can use legislation in the future to "carve out" the ability to prosecute those kids, for example.

Dr. Gina Vincent: I agree, (Asking commissioners) What do others think about that option? Screening kids post-petition, pre- adjudication.

Commissioner Cervantes: I would love to have the screening in our intake and assessment unit. And use the YLS before the kids go to court.

Commissioner Wooldridge: Can I be clear that there is no more money left in the budget. Keep that in mind when talking about getting a screening.

Commissioner Judge Walker: Right, and we must make sure we do things right, here. I agree with Commissioner Frank, that Washoe county initiates that screening to lower level misdemeanors, it will potentially trigger decisions we might make at that early level.

Dr. Gina Vincent: I think that is ideal because they are getting it early in the process.

Commissioner Judge Walker: This screening tool will be very helpful, I have talked to some POs that want to know how it will be implemented.

Commissioner Martin: I would argue that UNLV will provide the screening tool at no cost, Dominic is well aware of the screening tool and how we want to use it. We plan on doing the screening tool and then the petition during the full assessment. Is that the legal approach Kelly?

Commissioner Wooldridge: I believe so, I will check

Commissioner Martin: Follow up question, if they screen high on Mental Health on the YLS is that when the MAYSI is required, for out of custody kids or only in custody kids?

Dr. Gina Vincent: MAYSI is required pre-disposition. The MAYSI is the screen, it will be administered pre-disposition. They measure completely different things one doesn't help another. You will administer it at the same time you do the YLS.

Kelly Clement: (Clarifying) If they implement a screening tool do they still use the MAYSI?

Dr. Gina Vincent: Yes, we can talk about that in another meeting, as long as the MAYSI is done pre-disposition you can decide to do it with the screening tool or YLS. And that could be at the discretion maybe, of the Probation departments. Either way, it will give them information. We just want the most info to them.

Commissioner Cervantes: What is the usual way you work with the cops on the MAYSI and how they trigger a full assessment? Our experience from detention is if you look across the scale most kids will trigger on at least one.

Dr. Gina Vincent: And that is an area of the policy development that we want to work with you on. On some level it is driven on your resources, our recommendation is if the suicide scale is coming up then you do an assessment and or mark two warnings onto other scales. So, either two warnings or the suicide scale or all three. And all those kids would screen in for an assessment. That is our general recommendation right now. And the UNLV tool, we need a copy of that, so we can help with advising. Sounds like there is a potential plan here, great. One last piece of the policy, the Service Matrix, and you will need one of these for each county, for Probation, each correction facility, and Parole unit. (Showing matrix to commissioners) you will have your criminogenic needs on top (these are the YLS Criminogenic needs), the risk level of the youth on the side, and each cell you would plug in what services you have available to you that meet that need area at that particular risk level. We have examples. We, and your providers will work with you on seeing what other services you have available. Filling this out will show you where the gaps are with respect to criminogenic needs areas and have you and your provider on the same page about how you are referring kids given certain risks and needs and profiles, helps POs, and Parole get on the same page about how they are making referrals on criminogenic needs. This is time consuming we should work on it sooner than later.

Commissioner Wooldridge: One of the things we are working on is doing a survey on what programs we have throughout the state in each county and where they fall on the Evidence Based Matrix, we will be voting on that Friday.

Kelly Clement: That sounds great and sounds like it will be state wide. What this matrix will do is it will be broken down specifically for counties. What we found is you can clutter the boxes, but you need staff to see realistically what they have available for their needs. So, you really should have only the services (on the matrix) that are going to work, and be close, to you in your individual counties.

Commissioner Shick: The matrix you are putting together would be important to see how it interfaces with the matrix that Kelly Clement and Dr. Gina Vincent are talking about.

Commissioner Wooldridge: There is a survey going out to the counties about the programs they are using.

Dr. Gina Vincent: Great, and Kelly Clement and I would like to see those too. Step four, is most time consuming. Need to develop the service matrix, get providers at the table to work with on that. There is making sure the disposition templates everyone is using are the same at least as to how the YLS info is being conveyed to the court, which is important. There are also decisions about where, when and how in terms of screening the assessment and how that will fit with each county, a lot of work to be done in that. We want to figure out how we can help you with the buy in process, and then have meetings about getting the policy hashed out. After the policy is set and you know who is training we will start doing the YLS training. The training is three parts.

- 1) The scoring and administering the YLS, it is a three-day workshop we add how they will be using the YLS, when to do it, if it's in an intake unit or assessment unit, how the info will be conveyed to the judge, and those kinds of procedural issues. Every YLS training is different, and customized to exactly what you (the commission) decides to do.
- 2) We recommend that your folks in the field do practice cases on their own, we make sure they are at a certain level of competency on the YLS.
- 3) Then case plan training. The training on risk needs responsiveness, how the YLS assists with decision making, and details on how you construct a case plan.

(Asking Commissioners) Have your people already had trainings on case plans when it comes to things like smart goals, prioritizing criminogenic needs, or motivational interviewing? What have most of your officers already been trained on?

Commissioner Shick: My officers have not, for Douglas.

Commissioner Cervantes: For Washoe, we have had some motivational interviewing training the case planning and use of risks assessments are done in the orientation process with our training officers to be taught on how to do that for different cases, so on the job training.

Dr. Gina Vincent: We would have a full day dedicated to these trainings. At the state what do they do?

Commissioner Wooldridge: I would have to get more info from Mr. Munoz, I do not believe they (State level) have had as many trainings.

Dr. Gina Vincent: We break these trainings up into these three steps to make it easier and more thorough. We want them to really have the YLS down before they get down how they use it in their decision-making plan training. We don't want them doing the YLS too long before the rest of the training. A couple things to decide (Asking commissioners) is how are these trainings going to occur. Corrections and Parole may have separate ways to do this, would it make sense to do all separate trainings? Also do you want Master Training, training? They will become trainers for people in other counties. It should be a handful of people to go out and do that.

Commissioner Wooldridge: We need a discussion on that. Yes, I would like the Master Training, training.

Dr. Gina Vincent: These people will be very helpful to answer questions, to make sure that the YLS is being administered correctly around, and rolling it out to the next counties, as well as save you money.

Commissioner Wooldridge: That will be a decision and topic for our sub-committee.

Dr. Gina Vincent: Okay, your pilot counties are your local experts. We will work with them to help the next counties in their decisions.

Kelly Clement: What we found is to not rush the pilot counties, but just let them work out the kinks on their own time. Therefor they can come up with ideas. I have seen pilots for nine months, and about one year in is when they begin training other areas (counties). I recommend making sure the pilot counties have that time.

Dr. Gina Vincent: You have your pilot stage and then move to your statewide implementation. You (NV) have seventeen jurisdictions? But eleven Juvenile jurisdictions.

Commissioner Wooldridge: Yes.

Dr. Gina Vincent: We will talk about how your roll out will go, how to select the next set of jurisdictions and maybe all of them, and last, which is ongoing is making sure these are all sustainable. Like quality assurance, data tracking will be done with us working with you and Dominic working with you. We want to be sure we are not duplicating efforts. It is ongoing training. We want to work with you to start making a workplan. We will work with Kelly W. and Katie to get that out to everyone.

Commissioner Wooldridge: How long will lit take us to develop a draft work plan and vote on that?

Dr. Gina Vincent: I would say a few weeks, for the four of us (Commissioner Wooldridge, Commissioner Brubaker, and Kelly Clement).

Commissioner Wooldridge: And then the commission could make comments on the work plan draft and then we would all come together for voting.

Commissioners: Agree

Katie Brubaker: (Asking Commissioner Wooldridge) So, the first week of June we would come back together to get stuff together for the June Commission meeting?

Commissioner Wooldridge: That would be good, the June commission meeting is going to be pretty filled with the Strategic Planning. But yes.

Katie Brubaker: I just want to be mindful of time that stuff needs to get posted so we can put stuff on the agenda and get it out.

Commissioner Wooldridge: We may not make this to the June Commission, we have to vote on SAG stuff and Resource center stuff. We can use July's meeting for it as well.

Dr. Gina Vincent: We will follow up with Katie and Kelly W on developing a timeline and workplan.

Commissioner Wooldridge: Agrees, does anyone have any other questions or comments?

Staff Sarah Bellows: I would just like to make this official open meeting and ask if there is any public comment before we finish, hearing no public comment. Next, do we want to finalize the date for the next meeting?

Commissioner Wooldridge: Should we do a doodle poll?

Staff Sarah Bellows: I can send out a doodle poll for the 11th-15th and you can all decide which is a better day for this group.

Commissioners: Yes

Staff Sarah Bellows: It is tentative for now. We will send off a doodle poll on certain dates for you to pick.

Public Comment: None

Meeting adjourned at 12:22pm by Staff Sarah Bellows