

Pediatric Child Abuse Specialist Subcommittee DRAFT meeting minutes 11.04.2024

Attendees:

- **April Stahl:** Division of Child and Family Services, Child Fatality Specialist
- **Melinda Rhoades:** Clinical Director Saffy Treatment Foster Care Agency
- **Orjola Merkaj:** NICRP, Facilitator of Clark County's Child Death Review Team
- **Amber Hurtado:** Supervisor Child Advocacy Center in Reno, lead for the Child Death Review team in Washoe County
- **Yaron Ivan:** Pediatric Emergency Doctor at Sunrise Trans Hospital, Medical Director for child Abuse for Sunrise Hospital
- **Andrew Eisen:** Las Vegas Pediatrician, former legislator, former chair of Clark County's CDR
- **Dylan Nall:** Social Service Programs Specialist with the State of Nevada
- **Terence McAllister:** Vice President of the Nevada chapter of the American Academy of Pediatrics and Primary Care Pediatrician in Las Vegas
- **Cheryl Cooley:** Executive Director for the Southern Nevada Children's Advocacy Center
- **Nikki Mead:** Vital Records with the state of Nevada
- **Stacie Dastrup:** Deputy Director Clark County Family Services
- **Sheri McPartlin:** Clark County School district Chief Nurse
- **Jorge Montano-Figueroa:** Renown Pediatric Injury Prevention Specialist

Meeting to order It's November 4th at 2:00 PM.

Initial public comment and discussion, so to provide public comment, please unmute your microphone before speaking or you can call into this meeting by using 775-321-6111. Pass code is 440882889 person's ask persons making comment will be asked to begin by stating their name for the record. And to spell their last name. Are there any public comments at this time?

April Stahl: Review the Executive Committee to review the death of children purpose. The executive Committee to review the death of children as a partnership of professionals, organizations and agencies. With the primary goal of preventing child maltreatment and child death by improving upon recommendations of law, policy and practice change, the intent is to bring together Community level organizations and agencies which can shed light on the factors that lead to child death as well as recommendations to prevent. Similar deaths in the future. The Executive Committee reviews the findings and recommendations to determine what action to take to prevent other fatalities as well to as well. As to improve the well-being and safety of children and families through prevention, campaign messages and education.

The regional CDR Team structure and make recommendations to the Executive Committee towards prevention efforts. Clark County had made a recommendation to identify, recruit, and retain a pediatric child abuse specialist in Nevada. The executive committee heard that recommendation and on September 25th, 2024, the executive committee agreed to start the subcommittee. Which is what brought us here to consideration, discussion, and possible action to find a solution to obtaining a pediatric child abuse specialist for Nevada. In general, to give you an idea what the

issues are, this is multi-layered and we really need to break it down and make sure that we have the important people in the room.

There's a national shortage of individuals that are interested in going into this line of work for several reasons. The fellowships are long and can be expensive, and it's not attractive really when you consider the amount of work that this individual would have to put in what would be required of them. Report writing, testifying in court and the subject matter. I wanted to make sure that I preface this conversation with that we really need this in Nevada, and I think that we would all agree. I really have found since taking this position over is that we're often operating in silos and having very similar conversations and need to come together to talk about where we go from here. Who's already working on this? Can we all come together and have these discussions and come up with a plan. If you are already having this conversation, can you all let us know with whom and when these conversations occur?

Andrew Eisen: I've been having these conversations with a lot of people for more than 25 years now. About our need for a sustainable resource here. We had a child abuse specialist here in Southern Nevada many years ago. That was before there was a board certification, but she had done some fellowship training in that. Then we had another person who practiced exclusively in the child abuse arena, but she was not fellowship trained. She had done a general pediatric residency here, and now it's. It is sort of pieced together. We've got general pediatricians who are doing their best here. I mean, I'm the one who ends up getting called often by the DA's office for expert testimony. I'm not fellowship trained. There was no fellowship in child abuse Pediatrics back when I trained, so you know this is still a developing field and clearly the long-term solution to us having folks in town who can support this is for us to develop a fellowship program here in the state. That is a very heavy lift, but it can be done and. Even with that best case scenario it's 4 1/2 years from now before we graduate a fellow because it would take at least a year and a half to get the first fellow in, and then it's a three-year program. There are two places. In the state where that conceivably could be done, and that's UNLV or UNR because it has to be done in collaboration with an accredited pediatric residency, and those are the only two. That being said, the resources to create that fellowship are daunting, and they include having a few people actually who are board certified in child abuse Pediatrics here.

So we would have to recruit from outside people who are board certified in this specialty in order then later to develop the fellowship. So realistically, we're adding a couple more years on that timeline so that the long term plan is you know is the way to make this work sustainable. But we need to recognize it will take a long time to get there. That said, every year that we delay in starting is another year later that we finish. And in terms of recruiting folks, I mean, and the reason I bring that up is that as we look to recruit people to come here and practice and provide the services that we need, and you know we're going to need a minimum of two people. Probably more than that, to provide the services that we need, I don't think we can have one person who's trying to flip back and forth between Southern Nevada and Northern Nevada, not to mention how we get these services to the rural. But one of the things that we should be thinking about as we're looking at that kind of recruitment is recruiting people who have an interest in developing a fellowship over the long haul. That means collaborating with one or both state schools in that recruitment, since that's where the fellowships will need to develop. And the last thing I'll say on this, that's a that is a big deal, and I think about this with the legislative session coming up is that while money is not always the solution, a lack of money is always a problem. So, there's going to be money [needed] to support. These folks to do the work to develop the program and to identify what additional resources we

need, I mean, there's a lot of other stuff you got to have around and other pediatric sub specialists who have to be around, there's. There's a lot of other support services like, you know, social workers and child life specialists, you know, and on and on. But there's going to have to be some dollars to support that happening or getting us off the ground is going to be a challenge.

April Stahl: I appreciate it very much as I was doing some research about this. You just reinforced everything that I was going to bring up. I want to let the group know that I had reached out and invited the Chief Medical Officer for Nevada and he was not able to attend today, and I also reached out to the department heads of Pediatrics at UNR, UNLV, and neither one of them were able to participate today but will. And I am glad that you brought up having no money as an issue. As you know, the executive committee tasked the state with paying for this. The reality is we get [approximately] \$100,000 a year for every death certificate that I mean, it's really a dollar for every death certificate that is purchased in Nevada, goes to fund this executive committee's prevention efforts. If we used all that money to support this initiative, then there would be no other preventative funds that we could offer, that there are a lot of providers that really rely on that. So I figured we would need to get kind of the big hitters in the room and that includes the hospitals.

Terence McAllister: If I could just add on to that a little bit, but just to reinforce what the doctor McAllister and Peter's been here in Las Vegas, what doctor said is correct that we have people here who are interested, who want to help and who just get overwhelmed to get burnt out and DCF can tell you that's a problem. There'll be people for a while and then it's just too much, so we need a more sustaining system than just relying on the goodwill of a couple of different providers. I have been talking with Chris Deeter, she's the head of the pediatric department up in Reno. Every now and I know she's looking to get a grant to start a child protective team up there, which is kind of a first step in getting the child abuse specialist to get, and I think it's an important first step because I think her idea behind getting the team is that there'll be a group of specialists, pediatricians. She's an intensivist radiologist to get people together in order to review cases and be able to make an assessment as a team. Trying to, you know, putting the burden on one individual, especially somebody that's not trained and to say this is child abuse is a big is a big burden to put on anyone individual. But to put it on a team of people who are working together to come to that conclusion is more attainable. So, looking at some sort of a Child Protective Team bringing these specialists together is an initial first step. Recruiting a child to be specialist, like Doctor Eisen said, is pretty much impossible. There just aren't that many in the country. Into getting somebody out here right now, we use Doctor Lasky. Doctor Lasky out of Utah Center there in Utah is tasked with providing child abuse care for the Mountain West, so it's a huge area and he is available for consultation. Clark County CPS calls on her frequently, as does the DA's office, and she'll consult with any pediatrician or physician in the State. One thing to consider is that you know we're not the only state facing similar problems. There are child abuse specialists everywhere and I've been working actually with the AAP out of Kansas, and they have a system that they call it Kansas cares. They do have a child abuse specialist, but because of the size of the state similar to ours, they can't see everything. They

can't see everybody and so they have a system where they train doctors, nurse practitioners, and family practice doctors to do some of these initial evaluations to be able, then provide a medical report back to the child abuse specialist, this is a way to kind of diffuse the ability to see more kids across, especially across the rural areas in our state. It's one thing to talk about Las Vegas and

Reno, we are short on resources, but we are nothing compared to the shortage of resources that those in the rurals have, so finding some way to get these resources, not just here in the city, but spread out throughout the state and in EU right money is not always an issue.

Kansas City, KS, has a population roughly the same size as Nevada, and their program has a \$700,000 a year budget. They pay providers to get the training to become to be able to do these initial evaluations, as well as paying them. Do the evaluation to keep them kind of on the roster and to give them compensation for doing evaluations and for being available for the court. I know that's a problem too, here in Clark County, at least, getting doctors to show up a court, the DA's office has said frequently, that that's just a problem. There's no way to compensate the doctors for that. It's a huge stress and sometimes they just don't show up or refuse to show up. So that follow through not only doing the initial evaluations, but then being available. To follow the case through as important as well. I think looking at other systems that have already been established outside of the state is important because we don't have to create this from the ground up. There are other states that have found solutions, and we can take best practices from them. Thank you.

Stacie Dastrup: We have been in Clark County. We have been meeting with Commissioner Naft and with deputy county manager Abby Frierson. Looking to at least contract with some additional providers such as we have with Doctor Lasky. We know that long-term it would be great to have a whole team, but looking more at what Doctor McAllister was kind of looking at the interim and seeing if we can get some, some doctors trained locally, some pediatricians to you know. I know Doctor Lasky was out at Sunrise when she was out here last seeing if we can get some training with you. MC as well for the doctor there. Intermountain Healthcare will be building a standalone Children's Hospital here. It's anticipated to open in six years. That's still quite a ways away, but it will be mandatory that they have a child abuse specialist at the hospital as well. But so that's kind of what we have been talking about and trying to get something and play that way.

April Stahl: I do think this is important to talk about is we would love to build this infrastructure for years down the road, but then also what are we doing in the meantime? What will we do until then? I review every fatality and near fatality that happens in the state of Nevada to make sure that the state or the agencies have followed policy to try to look and see if there's a way that this could have been prevented [the fatality or near fatality], and then make recommendations for change. I'm looking at cases and saying, there is absolutely abuse and neglect there. There are some things that have been missed, so one of the questions that I did have for everybody, particularly the medical folks that are on, is there any informal network that the hospitals have with one another? Where if a child comes in that has some sort of injuries or they're unable to determine, or not sure?

Andrew Eisen: The Emergency Medical Services for Children Advisory Board has spent a lot of time working on some guidelines that have been distributed throughout the state on, red flags, questions asked, and tests to get in resources to direct you. That was obviously a multi-disciplinary group that put that stuff together and we had representatives from north-south and rural from for EMSC. And actually, I think that's been a start, but I can tell you with absolute confidence that all of the pediatric emergency departments in the state are very receptive to hearing from whether it's another emergency department or a physician out in the community or a non-physician provider out in the community calling up and asking either for guidance or to refer. I've never heard of one of the ED'S saying no, we don't think you should send them over because we don't think this is much of anything. They'll take them even if it doesn't sound particularly concerning. They'll take them to be sure.

Sheri McPartlin: I just wanted to mention at least down here in Clark County we have a Clark County school district. We have an electronic medical record, so every single time kids come into the health office for any type of ailment, it's all documented on their things, like where their significant incidents or we are, you know, contacting CPS, filing a report. Those are all input as well. So, the school district, at least here down in Clark, is a good resource for. You know, emergency rooms and those types of things.

Just to see that history, I'm not sure how that could be incorporated in, but we do have a lot of information regarding the students' well-being over the course, no matter what school they're in. That record follows them in Clark County.

Yaron Ivan: So, two things with regard to what Andrew was saying is part of my role for the child Abuse Medical Directorship at Sunrise. I now started going into Quote UN quote Adult ERS, which is general ER's and give pediatric emergency medicine education on child abuse. I'm going to Summerlin next month, I've been to UNLV, I'm going to give a lecture to Kingman in Arizona, which often sends sunrise a lot of patients. I did start some education for the emergency medicine community. For child abuse, that's number one. And if any, if any of you know of any other emergency rooms or any contacts in any emergency room, want to have that education? I'm happy to drive anywhere in the area. That's number one. Number 2 with regards to recruitment, like Andrew was saying, I don't see a child abuse fellowship happening in Vegas anytime soon. It's a huge undertake and you really have a full faculty. In order to have a fellowship program to educate a fellow, you need to have a complete infrastructure as far as the fellowship, you know faculty and curriculum and all that. I don't see that happening soon, but. One of the things that I have seen as a resident is in the fellow. So fellows are, you know, people in advanced training, often a little older. Often you know with kids already and one of the things that I've seen people do or companies do during fellowship recruiting the fellow to make a commitment to come and work in a specific place when they, he or she graduates and during fellowship while this person is making 40 or 50,000 with two kids starting to pay some kind of stipend, and ask for commitment after that. So, for example, one of my Co fellows, when I was a fellow, halfway through after a year and a half signed the contract that she will come to work in this specific ER that was in a very attractive part of the country.

And during the second half of fellowship, she already started getting a stipend of \$2000 a month, which for a fellow is a lot of money. Something like going to those fellowship training program and recruiting people who are fellows starting to pay them some kind of stipend while getting them to commit to fellowship, you come here for three years. I think that's much more likely to happen much more feasible. And the list of fellowship training programs is a public list. You can get that anywhere like in reaching out to them. But again, getting a budget and all that stuff.

April Sthal: I have started a list that I was going to distribute after this meeting to everyone. And again, this was just a quick search, but also resources for the agencies. It includes existing fellowships and just additional resources and information and part of with Cheryl and Amber here in talking about what other states have been doing. They have really been providing a lot of training for their forensic nurses at child advocacy centers. Where law enforcement, SART nurses, everybody is housed, and so then CPS developed the policies of anyone who is, let's say, if it was a children that was 3 year old, or younger that had like an injury to the head, face, neck, multiple

planes of the body had to be taken to the Child Advocacy Center and seen by the forensic nurse. So, there's other states that are implementing that as well and really bolstering the training of their forensic nurses and using the forensic nurses and testifying in court. I also found Godoy forensics. I'm not sure if anyone's familiar with them, but she was a forensic nurse from the Bay Area in California, and I believe she lives in Oregon now, but you contract them if you need an expert. One of the complaints that I heard was that we can't prosecute cases because we don't have anyone that's willing to testify. So, I wanted to make sure that I had put that out there, that there are resources and then another thing I wanted to tell folks about that'll be on that handout as well is the Child Protector App. Have you all heard of that? Oh, before I talk about that then also the Kemp center, but they are expensive. As Doctor McAllister was talking about there, a lot developed in Kansas City and one of the things they developed was the Child Protector APP, it's really great, It was developed by Children's Mercy, through the University of Texas Health Science Center, Through the Children's Justice Act funding team. You can download it on your phone for free. It's great for new and unexperienced physicians, pediatricians, it just guides you through. You can look up. OK, well, they have this injury, this injury and it would say now this child should receive this sort of testing. It has realistic animations about how things could happen and decision trees. But anyway, it's a good thing to go ahead and try out so definitely check that out.

One of the things I wanted to ask is, have there been any discussions in the state that any of you all are aware of and utilizing the child advocacy Centers for those felony level physical abuse cases and working with the forensic nurses to really beef up their training to also assist on that end.

Cheryl Cooley: So I will say that we do the forensic interviews for the witness, statements of the children who witnessed their siblings being abused or killed, so that's where we work. The abuse, neglect detectives do come down here and we do the whole multidisciplinary approach based off what information we have from the medical information or the medical diagnosis that have been provided.

Definitely we want to build that. We are SANE nurses on site, do sexual abuse exams and then we have done the physical abuse out in the community, which is thus the need to have more doctors that are willing to make the appropriate diagnosis.

Andrew Eisen: I mean, a lot of those for the physical exams get referred over to Yaron, he takes you know, even if they don't present there, you know, or to some of the other ED's around town. But it's mostly his staff at sunrise. One thing I do want to mention is that I want to make sure nobody is hesitant about getting in the midst of this because they're concerned about being called to testify. I'll testify, that's not an issue. I will take the medical records and review them, and I will go testify. And so, whether you know, I was directly involved in the exam or not doesn't matter. I can still go. And if somebody's cautious about what they're going to document because they're afraid of getting called. That shouldn't be a barrier for anybody.

April Stahl: That's great to know. You know, when it does take years, you know, I'm not afraid of testifying. And it took a really long time. I still remember doing my first sex abuse interview, I still remember the first time I saw a dead child, I still remember all of that, right. It seems like it was just yesterday, but the reality is was 24 almost 25 years ago. So it does take time to get comfortable. I think that is really an important message to make sure that folks know that there are people that are willing to review records and testify.?

Amber Hurtado: So, April, just a sorry, just a comment on what Cheryl had mentioned. Our advocacy center operates the same way. Our nurses that are here are more specialized in the sexual abuse cases, but we have Doctor McAllister mentioned Doctor Dieter's team that she's working on. We just recently connected with them and have worked on one case with their child protection team. So, we're hoping to coordinate and collaborate with them more regarding the child abuse cases in which there isn't per, say, a witness or the child isn't old enough to really tell us what happened. And so, we were able to work on one of those cases with them recently and they're willing to kind of review the records. Like Doctor Eisen, he is reporting and working with the district attorneys and our local law enforcement around. Hopefully prosecuting if possible.

April Stahl: I've been reviewing the cases here again for a short amount of time relative to the amount of time that you all have spent here. But if it's, if it's a fatality, I see the DA's office really moving forward and prosecuting. But on near fatalities, I'm not seeing that unless it's egregious. Basically, what I mean by the outward physical injuries that you can see, other than that I'm not [seeing prosecution]. I don't understand why. So, I wanted to ask that question as to why? What is the barrier to prosecuting the near fatalities?

Andrew Eisen: I think it's honestly; it's gotten less bad over the years. Again, my experience here in town goes back to the last century, and I can tell you that, you know, 25 years ago it was nearly impossible to

get the DA's office, to prosecute child abuse unless there was basically a confession and there was a dead child. The current DA and the DA team here in Clark County at least, as far as I know, things have gotten a little bit better. Washoe as well and you know Amber can certainly speak to that, but they are, I think, doing a better job of that. It's difficult though and we have to make sure that we're separating out the two sides of this for the DA's office. I think that the criminal DA's as are understandably hesitant. They need to have a solid case in order to take it forward and sometimes. You know, you're just not there. The most challenging thing always for the criminal DA's is being able to prove to a jury beyond a reasonable doubt that this specific person is the culprit. Because there's often a question as to whether it was a different person or several people and that will sometimes muck up the works. Certainly, you know, the civil DA will move. I see Stacy nodding in her head. The civil DA will certainly move, you know, in dependency court, whether they need to, to you know, place the child somewhere else. But again, it is not an ideal situation, far from it. I think a lot of it just has to do with the fact that CPS is under resourced, and the DA's office is under resourced just like the medical side is under resourced. But it's less bad than it was in the not-too-distant past.

April Stahl: It just seems to be this sort of this cycle, right? We need to do these investigations; we have to gather all this information and then we present it to a medical provider that's going to tell us this is non-accidental trauma. Without that, it's hard for us to remove and then kids are being left in dangerous situations and that's kind of what prompted me to really look at this and see what we can do. Then when the recommendation came from Clark County, this is a perfect opportunity to discuss the issue. So, like I said, there's a lot of layers to this and trying to peel it back. I wanted to reach out to you all invite you because I know that you're passionate about this work. And I don't want anyone to get burned out but looking for some level of commitment to get the state on the right track and pulling the right people in the room and having these discussions about doing a team lift about this fellowship. In the meantime, what do we do? Where are we going? And I would love that to be a collective vision and not mine.

Cheryl Cooley: You're not alone in that vision. You're not alone in that desire to see that happen, for sure, so. I'm glad that we're talking about it and that there are groups doing things, and yeah, I look forward to the future and what we can put together.

Terence McAllister: Yeah, I would agree too. The biggest thing is just tearing down these silos, right? And we were all trying to do the right thing, but there's that lack of communication. I've been working with Yaron [Doctor Ivan] on this for about a year now, trying to just improve communication, even within the medical community, between primary care doctors and the emergency rooms, and it's tough. Because everybody has kind of these blinders on, but certainly we do need to go beyond that, even as you're talking about, you know, prosecuting these fatalities. I'm a primary care doctor, my incentive is always saying, well, let's catch them before they get there. What is seen in my office is very different than what Doctor Ivan is seeing in the emergency room, or what somebody's seeing in the ICU, and I want to be able to do something to intervene with that stressed out parent who is disciplining incorrectly before it becomes that much worse. You need those other supports; you need education and community resources. And I know we're trying to kind of narrow this down and I'm making a broader but, but yeah, but that's why we need we need kind of everybody on board with this because you have to tackle the whole problem from beginning to end.

April Stahl: Thank you. I did want to share, I think that you all were probably able to see in the invite, but I want to let you know who else was invited. Oh, go ahead. Yes, Nicky, go ahead.

Nikki Mead: I don't know if this really relates and just it. It's more of my past life. How much are we consider communicating with schools and childcare centers in regards to this? They often have children; they know the history and my experience; we had been reporting to CPS for quite a while. We knew a lot before these children ended up in the hospitals. I don't know how much we could include them, but it's an aspect to maybe consider.

April Stahl: Dylan and I talked about this in terms of the mandatory reporter training and I've never, I mean, granted my lifetime was spent in a in one state. But I used to go do mandatory reporter training in person. We would have people identified and that was in Alaska, and I managed that whole team, and we would go do them for that staff and have those conversations.

Nikki Mead: And that is happening in Nevada. All childcare workers, all teachers are mandated reporters, and we go through the training and I'm sitting here thinking out loud a little bit, maybe childcare licensing, a representative from them might be a good person to have on this committee as well.

April Stahl: Right. And to kind of go back to what I and I know Dylan has raised her hand, but there weren't multi versions of this mandatory reporter training and that's also mind blowing to me that that happens here in Nevada. The state is the one that should be doing this, and I don't understand how that happened. The state really needs to be the ones regulating the information, making sure it's consistent, and I'm going to let Dylan talk, but that's another piece. Nicki, building that relationship is hugely important and not just doing it online, asynchronous. Go ahead, Dylan.

Dylan Nall: My name is Dylan, and I work for the family programs office with April, and I'm a social service program specialist [CPS]. Beverly [Brown], who's our chief, and I worked on a very large project a couple years ago where we developed statewide mandatory reporter training, and it is on our website. We have tried, tried and tried to get different agencies to use this specific training because it was developed by myself and Beverly, who have worked in the field, who have done intake, who have been in CPS for five plus years and who know the laws, who know the regulations and everything. Our roadblock

is we have the childcare facilities; we have different school districts who are refusing to use this training. They said they have their own training and they're going to use their own training. I personally have reached out to many school districts, and they don't contact me back, we were flat out told by childcare licensing that they won't use ours. We had people from the three agencies, Washoe County, Clark County and the Division of Child and Family Services, to ensure the information we were providing was good, factual, and was what we needed for a state training. I'm more than happy to show you and talk with you guys if you want to e-mail me what the address is, where you can get it. We're changing it, adding some more as we speak. So, it's a work in progress, but we I have no problem talking about it, so.

Melinda Rhoads: I'm Melinda Rhoads, I'm the clinical treatment director at a Southie treatment foster care agency and I just wanted to point out kind of array of hope. In accordance with what Doctor McAllister was saying, the early infant and early intervention Mental Health Association is coming to Nevada. They're getting US accredited and getting us started up there and their training, lots of community providers. On infant mental health, which is really parenting classes, there's a model called CPP Child parent psychotherapy and it's doing exactly what you're talking about. Doctor McAlister is catching it quickly in infancy or even when mothers are pregnant, and so I'm optimistic about that opportunity to catch child abuse before it happens.

Andrew Eisen: I was going to just speak briefly to April. What you were talking about and what Dylan was talking about as well to give a little historical perspective, again being sort of the old guy here. Nevada has had a mandatory reporter law in place for some time. It was a train wreck of a statute and when I was in the legislature in 2013, it was my bill, AB 155, I will never forget that number and have the bill framed. That tried to clean that up and was the first time that we had in statute that mandatory reporters were required to be educated, that they were mandatory reporters. And you know, and doctor, I have Doctor McAllister, will recall every time that they renew their license. There's now a question, you know, do you owe child support that says I am aware that I'm a mandatory reporter has a link to the statute that wasn't there before. So, this is what we're talking about. Not really that far in the past, before we even required people to be informed that they were mandatory reporters. And the way that the law is currently written is that if you are licensed, it's the licensing entity's responsibility to inform you that you're a reporter and. If you're not licensed, it's your employer's job to do that. But we didn't get into the details of how you know. The real education or training about that means, and that was intended to be left to regulation and that's really where we should be talking is that the agencies that regulate these industries, particularly when we talk about childcare and the like, should be defining in regulation what the training must be. They could, with little advocacy on our part, they could require that they use, you know, approved training and then we just make sure that the training that Dylan was describing is

what's on the list. Approved training courses and I think that's the way that you would have to do it. That's what you could do with the schools as well, is to you know, to mandate that of the school districts?

Here's the real challenge, and I want to bring everybody down on this. But in the history of the state of Nevada, which is now, you know, 160 years. There was one pediatrician who served in the legislature. There has been a total of 13 physicians in all and I think we've only had a couple of nurses and to my recollection, one social worker. I mean, we just have not had a lot of people who have dealt with this in their real lives. So, the key is finding a legislator who really is passionate about this. The only reason that we got a safe haven law passed in Nevada was because we had April Masaluka, who was really interested in the subject matter, she pushed for that personally. The only reason we had the child Abuse Reporting law change is because I was there, and it was very personal to me. I don't know exactly what the legislature's going to look like in this coming session, but I think there may be an opportunity to try and find a champion who can focus on some of these things. I think the two big issues that we've talked about here. One is the training for mandatory reporters. So, it's not just, hey, you're a mandatory reporter, but this is what you got to look for and this is what you got to do. The training that Dylan described is exactly what we're talking about. How do we get that done?

How do we have the legislative Commission pressure the agencies to put that into regulation and then also finding some money somewhere to support the kinds of things that we're talking about to get these resources here and whether that is a financial incentive for current fellows to come here? After they complete their fellowship or for currently board-certified child abuse specialist to come here and provide some services. You know that's where the money is. The money is in the legislature and the power to require regulation. The kind of regulation that we need also in the legislature, we have to find the right champion and unfortunately for the past several sessions there hasn't been one.

Sheri McPartlin: I just wanted to bring up the point that, the school district is there's mandatory retraining for everything, Narcan, epinephrine, concussions, child abuse. The whole thing. If we paid other entities to provide the training for us, we would have no money. We are, you know, a public school system. The training for mandatory reporting costs money, we have 42,000 employees. How is that a possibility in a district that we don't charge students to come to school? How are we going to find funds to pay for something else that's mandated by legislation? So, I just caution if you know, I definitely think some, you know, specialized education coming from experts would be great. Number one, time is a huge factor for these teachers who have so many other things that they have to be trained on annually as well as just funding in general. So, I just kind of wanted to throw that out there.

Nikki Mead: Sherry, I hear you 100% and I agree 100% it's it is tough. It's like a necessary thing that needs to happen. And then there's no time, right? They got to figure out how to do so many other things so. That's a really good point.

April Stahl: Well, my team that I developed in Alaska, first, it was free because it was done by the state, and it was a part of our job duties. And then I observed them doing the training. We did them virtually and we did them in person, but we did them on in-service days. We never did anything that would cost someone else money. In that sense, or taking time away, it was included during in

service and training days, and I would do that during the summer. We would do it whenever was needed so. I think that if we

were able to do that in Alaska, we could certainly do something like that here to make sure that the mandatory reporters and the schools have that connection with the agency, and they are getting the updated information. We certainly don't want to make it harder. Absolutely not. OK, so I know we have 3 minutes. How often should we meet and when should the next meeting take place? What are some ideas?

Terence McAllister: I was just thinking about having it relatively soon. The legislative session is coming up if you put it off after the holidays, then we're going to be running into the legislative session as well. And again, it may be too late to do anything really to legislature this year. But I agree, we don't want to kind of lose momentum of this group so I would, be in favor of meeting on a monthly basis even.

April Stahl: Think that would be ideal. And perhaps break out tasks, bring things back to the group. And then also decide what direction we really want to go to, right. I would love for us to be able to dive in a little bit deeper on some of these topics and it is going to take us some time. Is there anyone opposed to monthly, while we kind of get our bearings and then we can look at every other month or something like that? I don't know what you what your thoughts are because I know everyone is incredibly busy.

Andrew Eisen: Monthly's a good idea. Doctor McAllister is right. We want we if we're going to try and get anything in the legislative session and do something obviously, after the elections about tomorrow, and then, you know, but before you know, everybody burns all their bill draft requests with their other stuff, so maybe we can do something in early December would be a good idea.

April Stahl: I can send out a doodle poll. With a deadline on the Doodle poll and then the majority whenever the majority can meet, that would be great. But ideally, what I would like to do is not have to send out a doodle poll every time because I'm also incredibly busy and have no admin staff. Anything that gets done I have to do it all from the smallest detail to these presentations. So. We'll send out a doodle poll and then at the next meeting, I think it really would be good for us to get an idea of the 2nd Wednesday, or first Wednesday of every month at this time, and those who can make it can make it great. If not, then I mean we can still move forward and then update folks as we go. Would you all be OK with that?

Nikki Mead: Yeah, Bry would suggest that. Just pick a day, pick a time, put it on the schedule. Make it routine, and if we can make it, we can make it. If not, we could not. But I agree, there's a big group of people here. So just do what works for you, because you're coordinating everything, and then the rest of us can fall in as we can or cannot make it.

April Stahl: I cannot thank you enough for joining in this discussion. I believe that it's so important for us to leave things better than we found it. And years down the road, some kids are really going to benefit from this work. Even if we're not around to see it.

Meeting adjourned.