

NEVADA COALITION TO PREVENT THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

July 26, 2017, 9:30 am

MEETING MINUTES

In person: McCarran Airport, Terminal 1, 5th floor
 Commissioners meeting room
 5757 Wayne Newton Blvd, Las Vegas, NV 89119
 GoToMeeting:
<https://global.gotomeeting.com/join/492423725>
 Phone Line: +1 (786) 535-3211
 Access Code: 492-423-725

- 1. Call to Order at 9:47 a.m., Roll Call, Introductions.** Justice Saitta, Chair, and Kelly Wooldridge, Co-Chair, welcomed and thanked Coalition members for their attendance.

Members Present	Members Absent
<p>Chair: Justice Nancy Saitta (Ret.), Nevada Supreme Court Co-Chair: Kelly Wooldridge, NV Div. of Child & Family Svcs. Linda Anderson, Office of Nevada Attorney General Ross Armstrong, Nevada DCFS Juvenile Services Amy Ayoub, The Zen Speaker Victoria Blakeney, Nevada Department of Education Peter Craanen, FBI Elynn Greene, Las Vegas Metropolitan Police Department Paula Hammack, Clark County Dept. of Family Services Lawrence Howell, Rite of Passage – <i>via phone</i> Derek Jones, Reno Police Department, Street Enforcement Dr. Alexis Kennedy, UNLV Katherine Malzahn-Bass, Court Improvement – <i>via phone</i> Jack Martin, Clark County Juvenile Justice Services Reesha Powell, DCFS Arlene Rivera, Domestic Violence Ombudsman, AG’s Office Paula Smith, Washoe Tribe of Nevada and California Gianna Verness, Washoe County Public Defender Judge William Voy, Clark County District Court A Judge Egan Walker, Washoe County Court Department 2 Janice Wolf, Legal Aid Center of Southern Nevada Kim Yaeger, Nevada Trucking Association</p>	<p>Assemblywoman Teresa Benitez-Thompson, NV Assembly Sharon Benson, Office of Nevada Attorney General Frank Cervantes, Washoe County Juvenile Justice Services Brigid Duffy, Clark County District Attorney’s Office Senator Patricia Farley, Nevada Senate Amber Howell, Washoe County Dept. of Social Services Jeff Martin, Washoe County Chief Deputy District Attorney Susan Roske, Clark County Public Defender’s office Kathleen Sandoval, Children’s Cabinet Jim Wright, Nevada Department of Public Safety Judge Nathan Tod Young, Douglas County, Department 1</p>
<p>Public Angie Cronin, Washoe County Juvenile Justice Services Lenore Jean-Baptiste, NPHY Patrick Becker, McCarran International Airport Brian Joseph, Las Vegas Review Journal Charlotte Watkins – <i>via phone</i></p> <p>Staff Theresa Anderson, Sierra Mountain Behavior Consulting Christina Vela, SMBC Dr. Joy Salmon, SMBC</p>	<p>Guests Dr. Megan Freeman, DCFS Tina Frias, McCarran International Airport Abigail Frierson, Clark County DFS Melissa Holland, Awaken Hayley Jarolimek, DCFS Saana Khan, Clark County DFS – <i>via phone</i> Dr. Lisa Linning, Clark County DFS Shannon McCoy, Washoe County DSS Angela Quinn, FirstMed Health & Wellness Center Jen Robinson, Awaken Ruth Urban, The Urban Group Rosemary Vassiliadis, McCarran International Airport</p>

2. **Initial Public Comment.** *(Discussion only: Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for action at a later meeting.)*

No public comment.

3. **For Possible Action: Guiding Principles.** *(Refer to the PowerPoint and Guiding Principles handouts)*

Kelly Wooldridge introduced Ruth Urban (Ruth) of The Urban Group, the facilitator for the Coalition's selection of guiding principles (GP).

a. At Ruth's suggestion, there was agreement that the Member Agreements in the Coalition's Bylaws would serve as the ground rules for discussion and selection of the GP.

b. Ruth asked Coalition members to share the first word that came to their mind when they first reviewed the GP survey. Some of the words people gave were: Comprehensive; needed; thorough; long; confusing; critical; interesting; trauma-informed; victim-centered; lengthy; collaboration; contemplate; expected; alignment; good; optimistic; important.

c. Ruth facilitated a discussion of the GP Survey results, suggesting that the Coalition begin by adopting those GP that had 80% or more support in the Survey. Amy Ayoub asked who the GP would apply to, ie Coalition members or the represented agencies. Kelly indicated that it would apply to both. Theresa Anderson explained that the GP would be incorporated into the Statewide Model Coordinated Response Protocol as a foundation guiding service provision; i.e. the GP will define the ideal way the Coalition wants jurisdictions to respond to commercially sexually exploited child (CSEC) victims. Kathy Malzahn-Bass expressed surprise that the percentages on some of the items represented in the Executive Order were not higher. She agreed with Ruth's proposal that GP with 80% or higher agreement be accepted, with others to be reviewed. Kelly Wooldridge and Justice Saitta suggested that GP be included if they were referenced in the Executive Order creating the Coalition. Christina Vela provided clarification that the GP referenced in the Executive Order do not reflect a word for word duplication of the Executive Order, but rather the concept of each is presented in whole or part in the Executive Order.

MOTION: To approve the GP that had over 80% agreement in the GP Survey. Motion by Paula Hammack. Second by Linda Anderson. All in favor, with no discussion or opposition. Motion carried.

d. Coalition members and guests were assigned to multidisciplinary workgroups to review the nine GP with less than 80% agreement on the GP Survey. Workgroups addressed the following questions. *(GP numbers are based on the GP handout.)*

- What do you like about the principle?
- What do you not like about the principle?
- What you don't understand about the principle?
- What you would like to see changed in the principle?

GP #6: *We respond flexibly and with timeliness to meet each CSEC's unique needs.*

Workgroup members viewed this as child-specific, yet broad and vague. They also viewed it as redundant with the Governor's Executive Order, therefore not necessary, and suggested that it be eliminated.

MOTION: To eliminate GP #6. Motion by Ross Armstrong. Second by Individual not discernable on the recording. All in favor, with no discussion or opposition. Motion carried.

GP #7: *We address the physical, emotional and psychological safety needs of the CSEC, taking into consideration their point of view when developing a safety plan.*

The words *sought* and *consider* from the paragraph describing the GP show the response is victim-centered, that responders are seeking the best option and letting the CSEC know they are heard. However, it does not

mandate this. The recommendation was to bold the words *sought* and *consider* to ensure that responders are taking the CSEC's viewpoint into consideration when developing the safety plan. It was also suggested that the explanations accompanying the GP be included with all GP.

MOTION: To approve GP #7, along with the explanation of the GP; and to include the explanations with all the GP. Motion by Linda Anderson. Second by Amy Ayoub. All in favor, with no discussion or opposition. Motion carried.

GP #9: We include family members and/or caregivers, making their needs a part of the service plan.

This GP broadens the response beyond the survivor and encompasses influential members in the survivor's life. The recommendation is to add a qualifier that indicates that the family/caregiver is engaged only when the family member and/or caregiver will have a positive impact on the CSEC. GP #9 was tabled until the workgroup with GP #10 had spoken.

GP #10: We partner with CSEC and their family to identify their strengths, needs, and solutions; and leverage their strengths and solutions to meet their needs.

Concern was voiced regarding the reference to the family in this GP, as well as the lack of clarity of the meaning of this GP. There was discussion regarding eliminating this GP and including the concept of strength-based services in either GP #5 or GP #7.

GP #5: We affirm and bolster the CSEC's central role in the development and implementation of their service plan.

MOTION: To approve GP #9, with the revision of adding "*when appropriate*" after the word "*caregivers*." Motion by Kelly Wooldridge. Second by Linda Anderson. All in favor, with no discussion or opposition. Motion carried.

MOTION: To eliminate GP #10; and to approve GP #5, with the revision of adding the word "*strength-based*" before "*service plan*." Motion by Arlene Rivera. Second by Linda Anderson. All in favor, with no discussion or opposition. Motion carried.

GP #12: We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes.

This reflects a victim-centered approach. A concern was raised whether wording should be changed to take into consideration the lack of services in rural areas. Discussion highlighted the need for a GP to reflect best practices, an ethical response ("to assess is to treat"), and the Court's response in such circumstances ("find the services").

MOTION: To approve #12, keeping the language as is. Motion by Linda Anderson. Second by Jack Martin. All in favor, with no discussion or opposition. Motion carried.

GP #13: We value and incorporate the survivor's role and voice in providing support to individual CSECs, and in the development of policy and practice.

This was viewed as an important GP, though perhaps wording could be stronger to suggest that they have more than simply a voice. It was determined that the explanation accompanying this GP provides the needed clarification.

MOTION: To approve GP #13 as is. Motion by Judge Voy. Second by Jack Martin. All in favor, with no discussion or opposition. Motion carried.

GP #16: We safeguard the physical, psychological and emotional safety of CSEC service providers, and recognize the impact of vicarious trauma.

This GP explicitly recognizes the existence and reality of vicarious trauma, and the need do no harm to both CSEC victims and those who help CSEC. Recommendation that the wording be expanded beyond service providers to include all who work with this population, e.g. judges. Examples were given of how this principle may be applied, e.g. the ethical obligation to ensure not doing harm to personnel by recognizing burnout and supporting referral to Employee Assistance program, time off etc.

MOTION: To approve GP #16, with amendment to the language by changing the words “service providers” to “all persons who work with CSEC.” Motion by individual not discernable on the recording. Second by individual not discernable on the recording. All in favor, with no discussion or opposition. Motion carried.

GP #18: We base decisions on experience, data and research, and measure the effectiveness of services by the attainment of desired outcomes.

The focus on effectiveness is desirable to identify which interventions work, with data removing bias. Data-driven examples are helpful substantiating funding needs, e.g. for grant applications. However, data can be difficult to capture, with disagreements on basic definitions and terms; and data can be misleading, if it is not captured carefully. There are few long-term studies for comparison purposes. A recommendation was made to add a reference to benchmarking against progressive national standards.

MOTION: To approve GP #18, with added language, “and by benchmarking against progressive national standards,” after “desired outcomes.” Motion by Jack Martin. Second by Amy Ayoub. All in favor, with no discussion or opposition. Motion carried.

GP #19: We pursue prosecution of offenders, while taking into consideration the CSEC’s input, safety, circumstances and well-being.

This GP calls for offender accountability, while also considering the impact that prosecution may have on the CSEC. Discussion regarding begrudging witnesses, holds on material witnesses, whether prosecution is paramount despite the impact that it may have on the CSEC’s life, and whether this calls for balancing these competing interests and needs. This is a hot button issue throughout the U.S.

MOTION: To approve GP #19, with removal of the word “input.” Motion by Judge Voy. Second by Paula Hammack. All in favor, with no discussion or opposition. Motion carried.

4. For Discussion: Communication Strategies and Commitments.

Kelly Wooldridge asked for ideas on how to engage others working with CSEC that are not yet on the Coalition; and how to better share information about efforts related to child sex trafficking and develop mutually reinforcing efforts. Members discussed the possibility of using technology to post updates on the CSEC work of Coalition members. Dr. Kennedy and Kelly offered to research resources through the University and State; Linda Anderson reminded the Coalition that communication could not occur due to Open Meeting Law requirements.

The Care Coordination Subcommittee is researching and will make recommendations regarding CSEC resources in Nevada and how to make this information readily available.

There will be a review of Coalition membership and strategic assignment of members to subcommittees.

DCFS has released an RFP for services at Desert Willow Treatment Center.

5. Presentation: McCarran International Airport’s Airline Ambassadors Efforts. (Taken out of order.)

Rosemary Vassiliadis, Director of Aviation at McCarran International Airport, gave a brief introduction to the presentation given by Tina Frias, Community Affairs Manager, regarding McCarran International Airport’s efforts

to prevent sex trafficking. They implemented specialized training for executives and all staff; incorporated human trafficking as a key initiative in McCarran culture; installed the national sex-trafficking hotline number in their public restrooms; and recognized an employee-of-the-month for getting help for a sex-trafficking victim. Will be incorporating Blue Campaign training and a brief human trafficking training video into their employee badging process. Discussion and Q&A followed.

6. Presentation: FirstMed. *(Taken out of order.)*

Angela Quinn, Chief Executive Officer of FirstMed, provided a presentation on First Med's services for the CSEC population. These federally qualified health centers (three locations by end of 2017; have made application to develop one in Henderson; considering one in Reno) provide comprehensive primary and behavioral health care to adolescent and adult populations in Southern Nevada, including supportive direct and case management services for those impacted by trauma. Therapeutic and case management services for trauma-affected children and youth, and their nonoffending caregivers are provided through FirstMed's *Nevada Center for Children and Youth*. No captivation for Medicaid; higher Medicaid reimbursement rate. Sixty percent of funds are through a federal grant. Sliding scale begins at zero; use self-attestation. Partner with other organizations. Flexible in where therapy is provided, e.g. can provide at client's home, school, agency. Children begin therapy within 72 hours of referral, excluding weekends. Q&A followed the presentation.

Kelly Wooldridge shared that DCFS would soon release an RFP for an FQHC to provide services (including hospitalization, partial hospitalization and a clinic site) at Desert Willow Treatment Center. This will also include a designated CSEC wing.

7. For possible action: Subcommittee Reports/Recommendations.

a. Engagement Subcommittee. Co-Chair Shannon McCoy provided an overview of the following two recommended screening tools and the process the Subcommittee used to create/identify them. *(See document: Engagement Subcommittee Recommendations to the Coalition.)*

- i. The *Nevada Rapid Indicator Tool* (NRIT), based on New York and Connecticut tools, as a first-level screening tool for inclusion in the Nevada Model Coordinated Response Protocol to meet the requirement of the Charter Objective and Strategy #2 (screening tool). It is a one-page screening tool with 12 questions which indicate whether a youth is confirmed to be, or at risk of being, a CSEC.
- ii. The West Coast Children's Clinic's *Commercial Sexual Exploitation-Identification Tool* (CSE-IT – pronounced "see-it"), an evidence-based tool, as a second-level screening tool to be included in an overall assessment protocol, and for inclusion in the Nevada Model Coordinated Response Protocol to meet the requirement of the Charter Objective and Strategy #3 (assessment protocol). The CSE-IT is organized into 8 Key Indicators with 46 questions.

These recommendations were discussed by the members of the Coalition, and minor wording edits were suggested for the NRIT. There is a desire that tools be evidence-based.

At a future meeting, the Engagement Subcommittee will propose an implementation plan for these tools. The Subcommittee was asked to take into consideration the AB 472 requirement that juvenile justice identify and implement an evidence-based risk assessment tool and mental health screening tool.

MOTION: To approve the Nevada Rapid Indicator Tool and the CSE-IT, with the following revised wording to the NRIT, "Has the child had a sexual relationship with an older person and/or with someone who is controlling and/or whom the child appears to be afraid of?" Motion by Vickie Blakeney. Second by Arlene Rivera. All in favor, with no discussion or opposition. Motion carried.

- b. Training Subcommittee.** Co-Chair Abbie Frierson explained that the Subcommittee conducted research on trainings in different states. This research helped the Subcommittee develop the following recommendations for Core-Competencies and Learning Objectives for CSEC Introductory Awareness Trainings, as well as possible stakeholders in need of such training. (*See document: Training Subcommittee Recommendations to the Coalition.*)
- i. *CSEC Introductory Awareness Training: Training Competencies & Learning Objectives* be used to guide and vet introductory trainings on commercial sexual exploitation of children provided to Coalition partners and agencies providing services to child sex trafficking victims/survivors.
 - ii. The list of *CSEC Stakeholders Potentially Needing CSEC Introductory Training* be considered when identifying those in need of introductory CSEC training. Further, in addition to providing training to those doing direct services, targeted training also be provided to those in indirect service roles, e.g. supervisors, managers, planners and trainers.

Concern was expressed regarding the competency of trainers to ensure information presented in trainings is up-to-date and trauma-informed, and provided by those with experience with the CSEC population. Discussion included the following: The need to vet trainers and set standards for trainers. The possibility of developing a training institute and/or using a train-the-trainer model. Offering mentoring for new trainers by having them co-present with experienced trainers. Using multidisciplinary training teams. Having survivors sit in on and provide feedback on the training. Revising and updating training regularly. Identifying multidisciplinary co-trainers based on the target audience. Considering certification or a seal of approval. Ensuring training modalities create the greatest impact, e.g. audiovisual aids, content of PowerPoints.

Online training could be considered for an introductory CSEC course to ensure standardization and availability across the State. DCFS has funding for online training for child welfare.

It was suggested that the Subcommittee consider recommending that information about CSEC and their needs be included at the university level, e.g. in social work courses.

MOTION: To approve the Training Competencies and Learning Objectives, with the addition of wording at the bottom of the document: “All training should adhere to the Guiding Principles of the Coalition.” Motion by Elyne Greene. Second by Amy Ayoub. All in favor, with no discussion or opposition. Motion carried.

MOTION: To approve the list of stakeholders identifying those in need of introductory CSEC training, with the deletion of the example under the item, Advocates. Motion by Ross Armstrong. Second by Linda Anderson. All in favor, with no discussion or opposition. Motion carried.

Abbie also provided information on the newly-formed *At-Risk Youth Support Team* at Clark County Department of Family Services (DFS). The goal of this new team is to identify and address the needs of the CSEC children within the agency’s current population and protective custody. Abbie also described how the *Southern Nevada Children’s Assessment Center* conducts forensic interviews in a child-friendly setting which helps reduce bias, allows the child to tell their story in their own way, and thus increases the amount of accurate information gained in an interview. Multi-disciplinary teams include Las Vegas Metropolitan Police Department and DFS Child Protective Services personnel. The SNCAC also offers therapy and medical exams.

Kim Yaeger shared that Truckers Against Trafficking asks their members to share information on their sex trafficking initiative with their drivers. Drivers can sign a pledge after viewing a nineteen-minute video and online information. They have partnered with DMV to add this information/video to the DMV website for commercial drivers, and the documentation provided when commercial drivers renew their license.

- c. **Data Subcommittee.** Dr. Alexis Kennedy, Co-Chair, shared that while Nevada may have more CSEC data than other states, a more permanent strategy is needed that addresses how, where and by whom data is collected, used, and kept. She requested that members send her any MOUs from the last 15-20 years that provide examples of how agencies shared and merged data. Kelly Wooldridge will provide a copy of DCFS's data-sharing agreement.
 - d. **Care Coordination Subcommittee.** Co-Chair Elyne Greene shared that the Care Coordination Subcommittee developed and deployed a comprehensive survey to identify existing CSEC resources in the State from a holistic perspective, including Physical Health, Mental Health, Sexual/Reproductive Health, Substance Abuse, Residential Housing and Placement, Legal Advocacy, Skill Development, and Agency Capacity. The response indicated that resources are limited. Subcommittee members will follow up with survey respondents to obtain more in-depth information, conduct a gaps analysis, and reach out to non-CSEC providers to see if services could be expanded to the CSEC population. The Subcommittee will also identify possible funding resources, requesting assistance from the Executive Committee.
 - e. **Prevention Subcommittee.** Co-Chair Jen Robinson shared that the Subcommittee's focus is broad and encompasses school prevention, at-risk youth, foster care, community awareness, and demand. To establish a common ground for its members and given that prostitution is legal in some areas of the State, the Subcommittee began by defining CSEC. One strategy addresses prevention in schools and with at-risk youth. A work group is developing a curriculum and assembly-based materials. They have a youth advisory group that will provide input so prevention materials are co-created. The Subcommittee has identified existing public awareness campaigns, and is developing a marketing plan to raise awareness. They will soon address demand.
8. **For discussion: Subcommittee Coordination Meeting Update.** Dr. Alexis Kennedy provided an overview of the July 25, 2017 meeting of subcommittee co-chairs. Participants addressed the overlap between subcommittees and, at some point, may recommend the merger of some subcommittees. Subcommittee work plans were reviewed. There was agreement that subcommittees' recommendations would be aspirational, leaving funding solutions to the Executive Committee. The next two months, subcommittees will prioritize identifying ways to have genuine input by survivors and youth, and not simply the "illusion of inclusion." For example, there was discussion of using focus groups for youth. There was an expressed need to develop agreement on the definition of "trauma-informed," which is now part of the Coalition's approved guiding principles. Subcommittees continue to review their memberships as they want to have partnerships with related endeavors (e.g. domestic violence), versus a CSEC silo.

To alleviate confusion, subcommittee co-chairs asked that the Executive Committee provide an opinion on the current status and interpretation of the State's Safe Harbor Law.

9. **For possible action: Approval of April 2017 meeting minutes.**

MOTION: To approve the April 2017 meeting minutes. Motion by Judge Walker. Second by Judge Voy. All in favor, with no discussion or opposition. Motion carried.

10. **For possible action: Approval of Executive Committee Charter. (See Charter document)**

The Executive Committee meets 6 weeks prior to each Coalition meeting. This means that participants will have at least four conference calls each year.

There was a request to clarify who are the members of the Executive Committee. (At a previous meeting, the Coalition left it to the Chair and Co-Chair to identify the members of the Executive Committee.) It was recommended that one or two currently-serving judicial members be added. The Executive Committee will consider this request and report back at the next Coalition meeting.

Linda Anderson suggested that the Coalition Chair and Co-Chair identify representative categories of membership for the Executive Committee (versus individuals). This will assist in establishing a quorum.

In future Coalition meetings, due to retirements, there will be a need to review Coalition membership and potentially identify new members.

MOTION: To approve the Executive Committee Charter, including its objectives and strategies. Motion by Linda Anderson. Second by Paula Hammack. All in favor, with no discussion or opposition. Motion carried.

11. For possible action: Review draft Annual Report.

Per Executive Order, the Annual Report is due to the Governor, Chief Justice of the Supreme Court and Attorney General by October 1. Joy Salmon reviewed the draft Annual Report. Suggested revisions include: Reference to the Juvenile Justice Oversight Commission in the section on coordinating with other initiatives; a list of acronyms; and definitions, particularly for trauma-informed and victim-centered (descriptions of these terms are included in the approved guiding principles; a request to indicate when there is no universally-accepted definition).

No action taken.

12. Announcements.

- a. Elynne Greene: July 27 at 2 p.m. in Las Vegas, the SNHTTF is having quarterly collaboration meeting and a training on labor trafficking.
- b. Melissa Holland: Marketing the Movement event to be held on September 26th in Reno and September 27th in Las Vegas.
- c. Victoria Blakeney: Senate Bill 394 required child safety standards around child sex abuse that can be taught in schools. Passed Academic Standards Council. Going to workshop on Monday and to schoolboard on September 7. Will be sent to LCB to be codified. Grooming behavior, internet safety. Prevention Subcommittee will help develop curriculum to be provided as technical assistance to accompany standards. Due to the workshop, the standards are currently on NV Department of Education website.
- d. Theresa Anderson: For those attending the Human Trafficking Regional Training Forum taking place in Salt Lake City, Utah, on August 2–3, 2017, hosted by the U.S. Department of Justice Office for Victims of Crime, please be prepared to report back at a future meeting.

13. Final Public Comment. *(Discussion only: Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for action at a later meeting.)*

No public comment.

14. Adjourned at 4:43 p.m.