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**Nevada State Juvenile Justice Oversight Commission  
Grants and Quality Assurance  
Committee Meeting  
November 24<sup>th</sup>, 2020 at 2:00pm**

**Meeting Minutes - DRAFT**

**Called to Order at 2:02 pm.**

**Roll Call:**

**Voting Members**

**Via Phone:** Jo Lee Wickes (Chair), Eve Hanan

**Absent:** Alexis Waddell-Upton

**Non-Voting Members**

**Via Phone:** Eboni Washington, Sara Velasquez

**Absent:** none

**Public via Phone:** none

**DCFS Staff Present:** Leslie Bittleston, Kayla Dunn

Leslie Bittleston took roll and confirmed there was quorum.

**Jo Lee Wickes:** Great. Welcome, everybody. It's actually nice to see faces. I think the last time I was at a meeting, I was doing it by phone. So it is nice to see everybody looking healthy and present. Do we have any public comment? Hearing nobody wanting to make a public comment, item number 4 is to review the 8/24/20 meeting minutes. I don't know that there are any minutes because I had missed that meeting and so I don't know that anyone else prepared minutes. If I missed them in the documents I've been looking at, my apologies, but I don't remember seeing any.

**Leslie Bittleston:** Kayla, when was our last meeting minutes that we need to approve, do you remember?

**Kayla Dunn:** Let me take a quick look. If there's -- if -- I mean, if you weren't able to come to the meeting, we wouldn't have had a meeting, correct, Leslie?

**Leslie Bittleston:** Yes, but we would have had whatever our last meeting minutes to approve and we can move that item to the next meeting. Whenever our last full minute meeting was, we would have those meeting -- those minutes to approve, but we --

**Kayla Dunn:** Yes, it was 8/24 and those were put in the Google Drive.

**Jo Lee Wickes:** So I'm -- Jo Lee Wickes for the record. So the last meeting was 8/24, and I actually was just thumbing through and found my written notes about those. Maybe what we should do, cause I don't want to take up people's time while we read through the minutes, A, locate them and B, read through them, is table that for the next meeting. Anybody have an objection to us tabling that to the next meeting?

**Eve Hanan:** No objection.

**Leslie Bittleston**: We will just have two different sets of meetings. So we'll have the previous and the one from this meeting on the next agenda.

**Jo Lee Wickes**: Okay. Item number 5 is the updated COVID statewide facility numbers.

**Leslie Bittleston**: Yes. The JJOC Chairs, Judge Walker and Ms. Hastings, asked me to a COVID update at every single JJOC meeting and subcommittee meeting. What I do is at the end of every month, I send out a request to the facilities, the state correctional facilities and the juvenile detention facilities and the youth camps, to provide me a monthly update. There is a document in your meeting materials called COVID testing document. This is the latest data for facility testing as of October 30th. So far, 579 youth have been given tests. Out of those tests, 16 were positive for a positivity rate of 2.67, 568 staff tests for a positive for -- 568 tests. Out of those, 35 positive with a 6.16 positivity rate. The box below that is the 51 total people, total individuals, staff, and youth, that have tested positive, the month they tested, and where they were. So the first positive was in July and at NYTC and as you can see, the date for each test -- or each positive, and that's what we have to date, but I will update this number at every meeting until further notice.

**Jo Lee Wickes**: And so my -- Jo Lee Wickes for the record. My memory is that Clark County had had some youth test positive early on, but for JJOC purposes, this started in the summer.

**Leslie Bittleston**: Yes, I started collecting this data in about May, June timeframe. So every month I just add onto those numbers.

**Jo Lee Wickes**: Well, at least in terms of the positivity rate, every jurisdiction in the United States and probably the world would love rates that low.

**Leslie Bittleston**: Right. I think we're doing good and Sara is working at the facility, so, yup. So anyway, I think we're being safe, but yeah, so that's what we've got. I will probably have some updated numbers for the JJOC next month because I will have November numbers in there.

**Jo Lee Wickes**: Does -- Jo Lee Wickes for the record. Do all of the judicial districts respond to your request?

**Leslie Bittleston**: No, just the ones with detention facilities.

**Jo Lee Wickes**: Okay.

**Leslie Bittleston**: So, yes.

**Jo Lee Wickes**: But they all respond?

**Leslie Bittleston**: Yes.

**Jo Lee Wickes**: Okay. So you're getting answers from everybody who is being asked.

**Leslie Bittleston**: Yes, I am.

**Eve Hanan**: I have to say that it's really impressive how low the numbers are for COVID positivity in the facilities compared to outside and it seems like they are doing testing, 500-and-some-odd tests.

**Leslie Bittleston**: My understanding is what is happening, and Sara can correct me if I'm wrong, but youth are going on a 14-day quarantine when they arrive, and then they will be tested if there are symptoms and separated while they're waiting for tests. Another thing I've heard on the staff, if staff are exhibiting symptoms, they get tested and they go home until they get their test results back. So it seems to me we're being more proactive, you know, by saying oh, you might have some symptoms go wait until you have a negative test.

**Eve Hanan**: That's great.

**Leslie Bittleston**: Yeah.

**Jo Lee Wickes**: Yeah.

**Sara Velasquez**: In our facility, we've got our thing worked out with Clark County that they quarantine 14 days before they come to the facility and then they quarantine seven days in the facility --

**Leslie Bittleston**: Oh.

**Sara Velasquez**: -- away from everybody else. So that's what we're doing currently at Summit View.

**Eve Hanan**: That's good. Do you mind me asking what that quarantine is like for them? I think it's important. They have to do it with COVID, but I just wonder are they totally isolated during that period or are they with others?

**Sara Velasquez**: Well, they're on the -- so I don't know if you're familiar with Summit View, but our -- our Summit View wings have they're two units. Our intake go to our Everest unit, Everest side -- half of Everest is the honors kids and the other half is the intake so if we have -- like, last week we had three or four intakes, so they're all with each other so they're not isolated in a room by themselves.

**Eve Hanan**: That's good.

**Sara Velasquez**: If only one kid comes in then it's one-on-one with staff. So there's staff always on the side with the youth but if there's only one, there's only one. Right.

**Eboni Washington**: And that's essentially the same process that we have here in Clark County. The only addition would be we have a medical quarantine unit. So if we do have kids that come in positive or that test positive, we are able to isolate them from that group of kids that's quarantining.

**Jo Lee Wickes**: Jo Lee Wickes for the record. So, Ms. Washington, are they -- are the new admits into Clark County detention quarantine for a period of time, just automatically?

**Eboni Washington**: Yes. And we go through the same process. If they exhibit symptoms, then we issue them a test. It's the same process that was described.

**Jo Lee Wickes**: Well, I know that Washoe County, Jan Evans, any new admit, they're quarantined. I probably don't want to say on the record how many days it is because that may have changed over time, but they are quarantined for a period of time before they're moved into the general population.

**Leslie Bittleston:** Which is probably why our positivity rate's low. I don't know if you've all heard in the news, but Warm Springs Correctional Facilities at 85 percent positivity and the Carson City jail here in Carson City's at about 90 percent. So we're doing something right and let's rejoice.

**Jo Lee Wickes:** Well, it's great news, honestly, that the rates have been kept down.

**Leslie Bittleston:** Yeah.

**Jo Lee Wickes:** I think part of that from my perspective is attributable to law enforcement being a lot more thoughtful about who they bring to the facilities.

**Leslie Bittleston:** Right. And another thing that I heard that -- this was several months ago is we are not holding status offenders anymore. So in the past we would just lock up a status offender for a couple hours and we're not even bringing them in. So that's good. Is that happening in Clark, Eboni?

**Eboni Washington:** I don't want to go on the record and say yes because we've seen an uptick in our population over the last couple of weeks so something's happening. I don't have an exact handle on what it is yet, but we've had a significant uptick in our population. The other thing that we do here is a daily staff wellness screenings, so all of our staff have to answer a set of questions and also get their temperature checked at the beginning of each shift.

**Leslie Bittleston:** Oh, cool.

**Jo Lee Wickes:** Jo Lee Wickes for the record. Anything else on item number 5, the COVID numbers? Thank you, Ms. Bittleston, for giving us that information. That's reassuring for -- to be certain, and it's nice to know kind of what's going on. Moving on to item number 6, an overview of the CPC process. And I believe that Sara volunteered or voluntold --

**Sara Velasquez:** I'll go with the latter, but I'm not going to say that on the record.

**Jo Lee Wickes:** Okay.

**Leslie Bittleston:** Leslie voluntold her.

**Sara Velasquez:** Yes. Something like that. Okay. I don't know how much you guys know about the CPC. I know that I think it might've been this committee who chose the CPC for us to utilize, but the CPC is a tool. So CPC is Correctional Programs Checklist. It was a tool developed by the University of Cincinnati Corrections Institute to assess correctional intervention programs and it's designed to evaluate the extent to which facilities are utilizing evidence-based programs and practices to reduce recidivism in their populations. The research was conducted on both youth and juvenile for this tool. To be trained in the tool, it's a five-day training process, four days -- three days in the classroom and two days at a facility doing an actual assessment and working with UCCI to be trained in how to conduct interviews and what to look for. So and I think it's a fairly expensive training as well and currently we've got five or six -- five, Leslie?

**Leslie Bittleston:** Five. Yes.

**Sara Velasquez:** Yeah. So I think we started with eight. We're down to five active auditors or reviewers for the camps and the facility statewide and I believe we're looking for funds -- or I think we were supposed to have a training scheduled in May, which got postponed due to the COVID, for Clark County staff and

maybe some DCFS programs office staff as well. Part of the issue is -- so it's a -- it's a very time intensive process to do a CPC review at a facility, determining on the travel and the paperwork that goes with it. It's a two-to-three-day process in a facility and that's interviewing about ten staff, four youth, at least four depending on if it's a female and male facility, you can do less, and we also observe groups. So programming groups, boys circle or forward-thinking. So we try to get at least two group observations into the review as well. The CPC is divided into about two basic categories. One is capacity, one is content. The capacity measures whether a correctional program has a capability to deliver evidence-based practice interventions and services and there are three domains in the capacity area, including program leadership, staff characteristics, and quality assurance. The other area, content, has the areas of offender assessment and treatment characteristics. The process is six weeks before we do a review. So actually, Leslie, the first thing we do is we schedule them, try to get them done a year to two in advance when we're planning on doing the reviews. This year, you know, for example, China Spring wasn't able to do the review when had proposed so we cut that length of time shorter, so we gave them a date, they said they couldn't do it, so we worked it into our schedule to reschedule, which impacted our number of staff who could help with the review, but we got it done. We -- so about six weeks before the review, we let them know that we're coming. We have a pre-conference call with the facility and whatever staff they want to be on the call, like, a week or two before the review talk about what's going to happen, the process. All of the facilities that have been involved in the process. Most of the staff that are directing or leading these facilities are aware and know what the process is so those calls don't generally go very long anymore. Then we go to the facility for two to three days, do our review, then the team who reviews scores the next day so we have a scoring sheet meeting, and then it takes about a month for the review team to put a report together. We write the report, send it off, a draft version, to the facility, see if we had any errors or ask them to provide any additional information if they believe that we didn't score appropriately, take a couple of weeks, and then we send back a final draft along with a facility improvement plan about six weeks after our visit. And now our new JJ DCFS policy has them doing facility improvement plans with only five to ten recommendations based on the final report, which is a change from last year. So we just revised our policy. They used to have to do a facility improvement plan for all recommendations that were in the report but I -- you know, sometimes - - there are 79 indicators possible and, you know, if you're not doing -- meeting all standards, that could be 79 recommendations that you have to work on, but we kind of as a group thought it's -- that's just a little bit too much. So at five to ten to focus on in a year would be a sufficient number. In the new policy, we also said if you have a 65 percent or above on the report -- so it's not -- it's not a grading scale of A B C D E F, like school, but they have a grading scale of very high adherence, which is 65 percent to 100 percent; high adherence, which is 55 to 64; moderate, which is 46 to 54; and low adherence, which is 45 or less. In the policy they wrote in that if you have a 65 percent or above, which is very high adherence, then we don't have to do a facility improvement plan, but if one of the five domains is in the low adherence, I do believe that we have to do a facility improvement plan to try to get those numbers up. I think that's kind of in a short scale what we're doing other than when we do a facility improvement plan now, our new policy states that we do 90-day status checks so we have to provide the program's office with a status report every three months after we submit our facility improvement plan until the next year until we start over the process.

**Leslie Bittleston:** Thank you, Sara, and just to add to the very back end of that, the reviewer's portion of the review ends when they give the facility the final -- the final report. The program's office, which is my staff and I, are the ones that will follow up with the facility improvement plans. So that's not the reviewer's responsibility, that's my responsibility and I will bring all facility improvement plans to this committee for review. So just to kind of let you know where the reviewer's portion ends and where our portion starts.

**Jo Lee Wickes:** Jo Lee Wickes for the record. So the facility improvement plans go to both the reviewers and your office, Ms. Bittleston, but then -- or do the reviewers get the facility improvement plan?

**Leslie Bittleston**:: No, the reviewers provide a draft, a blank template, of the facility improvement plan with the final draft -- the final report to the facility, and then it's upon me to obtain the facility improvement plan from the facilities, you know, with the five to ten areas that they're going to address.

**Sara Velasquez**: And those directions are given to the facility when the final draft is -- or when the final report is sent. They're given the facility improvement plan with directions on who to send it to within 30 days.

**Jo Lee Wickes**: Jo Lee Wickes works for the record. So, Sara, can you give us an idea based on your experience in the reviews that you've done how engaged the facilities are between getting the draft plan and responding to you about possible errors or concerns about scoring? Like, how interactive has that been?

**Sara Velasquez**: It's generally not -- so for the most part they're not -- they're engaged and to the point where they say we acknowledged this. The -- I don't -- it's kind of hard to explain what I want to say. I've actually participated in all of the reviews this year except for some of you and most of them last year so I have a pretty -- I'm very, you know, versed in these. Generally, we're not going to -- we don't get much pushback from our scores. They -- some of the facilities don't quite understand the criteria that it takes to meet -- to actually get a point for an area. So just because they think that they've gone over and above what they needed to do to get a certain point, they might've gotten three out of the five things that they needed to do so they thought that they could get the point, but they don't because they didn't meet all five for an example, and then when we have to go back and say well, yeah, we acknowledged that you did X, Y, and Z, you didn't do A and B, and then it's kind of a well, whatever, fine, and then we move on.

**Jo Lee Wickes**: Jo Lee Wickes for the record. So part of that interaction is really the facility and staff at facilities learning the CPC process and how to -- and how the scoring is done?

**Sara Velasquez**: Yeah. I mean, and I -- in a lot of our cases, there are things that cannot be improved based on the structure of -- so for example, the DCFS facilities, our structure is that our mental health do not directly report to superintendents of the facility and they're in their own little silo kind of per se and so they don't supervise line staff who provide programming. So all three of our facilities will never get program -- or will never get points for some of our -- for some of the indicators because there's no direct supervision from mental-health staff to staff who provide programming to youth. And that's just it is what it is in the fact that we're -- as -- with our current structure, the -- all three facilities will never get the points due to just the layout of DCFS and supervision.

**Eve Hanan**: Hi, this is Eve Hanan for the record. Thank you so much, Sara, for this. This is really great to hear, and I wondered if you could say -- so I'm looking at -- like you said, there could -- there's 79 indicators, but the improvement plan is sort of picking five to ten recommendations. Is there, like, a hierarchy for recommendations? Like, how does the facility know if they have a lot of low scores, which areas they should prioritize for improvement?

**Sara Velasquez**: So we -- in our final reports, we tell them what areas -- so the reports that I write, I give them the -- where they ranked in each of the five domains. So if they got very -- a low adherence in quality assurance, we would want -- they would want to focus one on lower adherence. If they got low in treatment characteristics or low in staffing, cause sometimes like for example, China Springs this year, last year they rated high in staff characteristics, but they had a lot of turnover and so they're lacking experience and staff with higher education in juvenile justice. So just -- so last year they got the point, this year they didn't get the point, and there's really nothing that they can do about that because they have to, you know, hire who

they can hire. We just have to let them know, like, you know, when you do the hiring process, try to get these people and then next year, the people who they hired last year might meet the requirement of being in the in the field for two years now. So it's ever-changing. So just cause you get a point this year doesn't mean that you won't get it or doesn't mean that you will get it next year. The CPC is based on just the time of review so if there's things in place to -- like, if one of the indicators is pilot programming, so you would want -- every time you change programming or, or develop a new process, you would want to pilot that for 30 days to 90 days depending on what the pilot process is and so if you don't have a pilot going on right now, or you haven't been doing it but you have a plan, the next time you change your programming to put a pilot in place, we cannot give you that point because you haven't done it up to this point, but next year we could give it to you because you've -- if you've done it and you can show that you've done it so.

**Eve Hanan:** So to make sure I understand, this is Eve Hanan again for the record, I think they would look at what is possible. Maybe some things are already in the work, but their facility improvement plan would look at what's possible and also look at the area, the domains of the scores?

**Sara Velasquez:** Well, I didn't -- was that a question? Sorry.

**Eve Hanan:** Sorry. I just wanted to check and make sure I was understanding what you said. Yeah.

**Sara Velasquez:** Yeah. It's -- so they're given -- they're given a recommendation for every indicator that they did not meet and they can then -- like, so that they know where they're -- where they are high adherence or where they are low adherence and so we asked -- I mean, we -- they are given five -- it's five to ten because five, there's five domains. If they're low in any of the five, they would all -- you know, they would -- and I think it's written into the policy to concentrate on the lower -- low adherence ones and then work your way up. But again, some people might want to concentrate more on treatment characteristics versus quality assurance or, you know, vice versa, depending on what -- if -- whatever the needs of the facility are.

**Eve Hanan:** Great. Thank you.

**Leslie Bittleston:** Thank you, Sara. And we're going to go over the policy in a later -- one of my agenda items. So the policy is attached so we'll go over that in just a second.

**Jo Lee Wickes:** Eboni, did you have any questions about the CPC process? And, Sara, can you help -- Jo Lee Wickes for the record. Can you help me understand -- you provide a recommendation for every indicator, but it is solely up to the facility to decide what they're going to focus on in their improvement plan, true?

**Sara Velasquez:** We provide a recommendation if they did not get a point for an indicator.

**Jo Lee Wickes:** I see. But then it's up to the facility to decide what they're going to work on for their improvement plan?

**Sara Velasquez:** Yeah, for 2020, for the one -- for the facility reviews that happened after seven -- after September this year because previously the facility improvement plan was to address every single indicator.

**Leslie Bittleston:** Right. And addressing every single indicator was very cumbersome and we would get, like, 20 pages of a facility improvement plan and it was overwhelming to the facilities. So we've now created a method for the facilities to pick those areas that they think that they can address over the next

year, you know, of course from the areas, they didn't get a point on instead of having them say and figure out what they're going to do for every single thing. Because as Sara said, some things they can't even address. So they need to select the things they have control over and things that they can put in place to make those better. They're never going to get the point, as Sara said, for the mental health supervising the program staff, we just have different arcs of supervision at DCFS. That's not going to change until the leadership decides to change that so the facility, no matter what they say about that, they're not going to be able to do anything. So they're still not going to get a point, and the recommendation may be change your supervision, but the facility doesn't have that -- that's not within their authority I guess you could say. Did that help or completely clear as mud?

**Jo Lee Wickes:** No, that helps. That helps. Any other questions about Sara's presentation, which I am so grateful to have, help us understand the process a little bit better. Any other questions before we move on? Okay. Item number 7, I believe is going to be presented by Ms. Bittleston and includes NYTC's final report, some of these draft reports, Spring Mountain Youth Camp's draft report, and China Springs draft report.

**Leslie Bittleston:** Sorry, I was muted. Hello. So we have five facilities on our review schedule, the three correctional facilities for the state and the two youth camps. All facilities with exception of Caliente Youth Center have been reviewed -- Caliente, right, Sara -- yeah, Caliente Youth Center have been reviewed. Based on a recent COVID outbreak at Caliente with several staff and some youth going down in the later part of October, early part of November, Caliente Youth Center has requested that we put off their CPC review until January. So four out of the five facilities have been reviewed and CYC, Caliente Youth Center, will be reviewed in January. So that is a change to the schedule and, again, that was due to a very large COVID outbreak at that facility. So we won't be talking about Caliente until next year. So going back to the facilities that have been reviewed, NYTC was reviewed first and it -- what happened with NYTC is -- let me get up -- I have a document titled, what is it, CPC info. That's the name of the document. That gives you the dates and what is going on. So NYTC was reviewed on August 25th and 26th. The draft report was -- or excuse me, the final report has been submitted. On October 27th, they received an overall score of 50 -- 50, which is moderate adherence to evidence-based programs. Their facility improvement plan is due December 1st. So what you have in your packet of materials is you have NYTC's final report that you may read at your leisure, so it is there. It goes everything that the reviewers found along with their recommendations and again, waiting for the facility improvement plan, which was due -- or which will be due December the 1st. Summit View Youth Center was also reviewed at the same time NYTC was reviewed, August 25th and 26th, 2020. They had some scoring issues so they are a little bit behind on their reports. They submitted their draft report on November 19th to the facilities so that is in your packet of materials to read, but that is not a finalized report yet. Spring Mountain Youth Camp was reviewed September 1st. A draft report was provided to Spring Mountain on October 12th. Again, draft report that is also in your packet of materials to review. The reason we don't have a due date for the facility improvement plan for those two is because we don't have the final report yet. The facility improvement plan is based on the final report, but we only have drafts for Summit View and Spring Mountain Youth Camp. China Spring, Sara sent that report out yesterday so it did not get included in your packet of materials. That is the draft report, so that will be on the next meeting and by the next meeting we should have at least one facility improvement plan for your review. So we are kind of in the middle of getting reports out, getting final reports, and then the facility has about 30 days. I pushed it out to December 1st because it was due the end of this week, which is a holiday week so. I don't want to kill the facilities so I went ahead and pushed that out to December 1st. So that's where we are with the facilities. And again, Caliente Youth Center will not be reviewed until January of 2021. So that's the update and overview of the CPC as it stands today.



**Jo Lee Wickes:** Jo Lee Wickes for the record. Is there anybody that has the ability at DCFS to just see if there's some common threads between -- obviously Sara has mentioned one of the common threads is that in the state structure, clinical staff don't provide direct supervision to staff who are providing direct services to the youth. When I was reviewing the draft reports and final reports, it seemed like there was one other common thread that I saw that the state facilities shared, I think was Spring Mountain, and I'm not suggesting that you guys should do it cause I'm sure you have plenty of other things to do, but is there anybody that kind of looks at those common threads?

**Leslie Bittleston:** No, we don't have the staff to really do that, but I can tell you what I saw as I read through them. I saw two things: quality assurance is a common, problematic area, and the second thing that kind of jumped out at me is the clinical -- the supervision piece that Sara kind of alluded to but to me that is a bigger issue than the -- than just the supervision of the programmatic staff. I write policy in the state as well, and I find that clinical supervision is lacking across a lot of things. Like, we should be reviewing our clinical staff's work and we're not seeing our clinical supervisory staff doing that. So I think that's a larger issue. But of course Sara's point is accurate that we still have that missing link of clinical staff supervising program staff. So those are the two things that really stood out to me as I read the reports.

**Sara Velasquez:** I just -- I also want to say that it is a county issue too, because, like, just for instance, substance abuse is being taken over by a contractor for Spring Mountain and currently, and I haven't talked to Wendy or Andrea at China Spring, but they also are having a problem with their substance abuse or -- and their clinical programming as well. So it is not a -- not just a DCFS problem, the supervision, the clinical supervision, it is all facilities.

**Leslie Bittleston:** Right. Yeah. Those are the two things that stick out to me, the clinical supervision and the quality-assurance piece. It seems that all of the facilities, county and state do not have good quality-assurance processes in place.

**Sara Velasquez:** And in reality, it is a -- it's really hard to get -- and I'm pretty positive that we're -- not any facility is going to get 100 percent in that area. There are I think, six or seven indicators but, I mean, I can tell this group that -- actually, let me just pull it up real quick. One is, you know, do you have a dedicated person to do quality assurance in your facility and there -- you know, given the lack of staffing in the facilities for, you know, enough program stuff, nobody's going to be able to hire an evaluator or a -- someone specifically to do quality assurance 24-7. One of the other indicators is if you've done a -- like, a paper, like, a research paper on your program and did a comparison group, and that's specifically to meet the indicator, you have to do a comparison group and so that's just not something that we're set up to do here in the facilities or in the camps. Another would be to have done not just the paper but one of the points is on that paper was it positive results? So there's two points that are really hard to get and so just because we're all low on quality assurance, it's just going to be -- it's not something that our facilities are set up to be able to get those points for.

**Leslie Bittleston:** And I even want to take that a step further. I have asked for more staff in my own unit because if we had more staff, we could -- my unit could do quality assurance. So, you know, because we could be doing quality assurance over the facilities, and I'm talking to the DCFS facilities, since it's our agency, you know, but we are just severely understaffed and, you know, I've got me and a staff of three under me doing PREA, PBS, so many other things. You know, just to put it into perspective, the state of Washington has a staff of five. What Kayla and I -- Kayla Dunn and I do together. So we are just severely understaffed and that's in my office too as well as the facilities. So yes, we would love to do more analysis, but that's just not possible. I can't believe I said that on the record. So anyway, but it's true.

**Eve Hanan:** This is Eve Hanan for the record. I actually, that's really helpful for me because one of my questions is always what can we as a committee do to help. You know, we're not doing the work, we're hearing about the work that's getting done, so that's an area to really think about our report back to the Commission and what we really need to fulfill this mandate. But my other question is around the supervision and I apologize, I haven't read through the draft yet, but in terms of the supervision structure, it sounds like there might be at least two different issues. One is when private providers contract and come in and give services, and then is there another issue around mental health, which is different than that, mental-health treatment and supervision?

**Leslie Bittleston:** Do you want me to answer that, Sara?

**Sara Velasquez:** Yes.

**Leslie Bittleston:** So under -- under the current administrator here at DCFS, he -- which is Mr. Armstrong, he has changed the way that we supervise our staff and he changed it in a way that -- and let me see if I can try to put this into perspective. So any staff that is -- and please eliminate the facility staff, we're just talking staff who performs duties. So in one part you've got a set of staff that does administrative oversight, quality assurance, policy writing, and that unit is made up of -- and it's called the quality and oversight unit. So that's made up of your more administrative folks across DCFS. And let me just say this: in DCFS, we have three main areas of services; we do the juvenile offenders; we do the abuse and neglect, so the child welfare; and we also do children's mental health. So the quality assurance and the administrative folks for all three of those areas falls under one piece of supervision. Moving on to a second piece of supervision is just facilities. So there is one direct supervisory role for just facilities and that includes our three correctional facilities and our -- we have two or three mental-health facilities. So it's just facilities. So there's one overarching leader over just facility functions. And then another piece is direct services. So direct services are any of those things that have to do with the social workers in the field doing child-welfare duties, the mental-health staff doing mental-health services. So as you can see, the facilities in one piece, direct services in one piece. They are not together. So they have a different supervisory structure, and I believe that was done so we could keep like services together and that we could have more specialized staff in those areas. However, having been under this structure for a couple of years, it's not always the most beneficial, but it's what we are working under. So that clinical piece, their level of supervisory is under direct services, facilities is under facilities, and they have different leaders. I hope that explains it.

**Sara Velasquez:** I'm going to add to that and to say that even though the mental health is in the other part and not in the facility, the mental-health staff for each facility are in the facility. So they're not contracted providers per se, they're actually -- they come to work at Summit View or at Caliente or at Elko, but their direct supervisor isn't at Elko or Caliente.

**Leslie Bittleston:** Right. So it's just a -- it's just a structure. It's just a supervisory structure, and that is how we are operating now. In the past, when I first took over this role, and just to give you a little bit of something to compare it to, when I took over the role that I am now, that I'm in now, it was -- the way that the structure was is juvenile services were here, anything juvenile services was here, anything mental health was here, anything child welfare was here. So in the past, Sara and I were under the same structure because I'm the juvenile services support. You know, I write their policies, do all of that thing so we reported to the same higher-level person. That has now changed. So even Sara and I are separated and then -- because I fall under the quality and oversight area of supervision, Sara falls under facilities, and then the mental-health staff falls under direct services. So that is the structure we are working under and that's -- and I think that that's kind of why that clinical piece is a little difficult because we need clinical staff, clinical supervisory staff, that are not in the facilities to review their work. You know, they need to review

their assessments and they're just not there, and I think they try, but I don't think that they do nearly enough, and that's just from what I'm seeing as the policy writer and the -- the -- you know, doing the work that I do. So those are -- so that -- hopefully that helps explain our structure.

**Eve Hanan**: That's very helpful. Thank you. You've really simplified something that sounds like it's quite complicated.

**Leslie Bittleston**: Thank you.

**Jo Lee Wickes**: Jo Lee Wickes for the record. So I just want to make sure I understand. Under the current DCFS structure, there's three basic units: quality and oversight unit --

**Leslie Bittleston**: Which have --

**Jo Lee Wickes**: -- which have administrators across the three areas, which are juvenile justice, abuse and neglected, mental-health services?

**Leslie Bittleston**: Yes.

**Jo Lee Wickes**: And then you also have the facilities, which include again juvenile justice and the mental-health facilities like PRTF?

**Leslie Bittleston**: Yes.

**Jo Lee Wickes**: And can I just say for the record, it was a lot easier for all of us in court when you didn't have all those names that had so many initials.

**Leslie Bittleston**: Yeah.

**Jo Lee Wickes**: Just saying. And then the third one is direct services, which would include for instance, like, social workers in the field, but clinical staff who are either in the field or at the facilities?

**Leslie Bittleston**: Right. Because those are your direct-service practitioners.

**Jo Lee Wickes**: And then --

**Leslie Bittleston**: Oh, and it also -- and that also includes youth parole. They are direct-service practitioners as well.

**Jo Lee Wickes**: So the entire youth-parole structure is under direct services?

**Leslie Bittleston**: Yes.

**Jo Lee Wickes**: Okay.

**Leslie Bittleston**: So that kind of lets you know that what used to be together was youth parole, the JJ programs office, myself, and facilities used to be all together. Now, each one of those is farmed out in a different area. So I'm under quality and oversight, Sara's under facilities, youth parole is under direct services. I know it's -- it's a nightmare.

**Jo Lee Wickes:** And then I think Eve had a question about one of the other challenges being when contractors are brought in to provide service and you mentioned substance abuse. I'm assuming -- well, maybe I shouldn't assume. Is it true that you think that might be happening where facilities are losing certified people to do substance abuse so they're bringing in certified substance-abuse counselors from outside the facility because that's based on availability of people to do the work, that's the best way to provide that kind of programming?

**Sara Velasquez:** We actually don't have a specialized substance-abuse position. We have mental-health clinicians, but I think Elko may have a substance-abuse position or maybe it's one of their MHCs who specializes in substance abuse, but it's not a requirement to be a MHC at a facility.

**Leslie Bittleston:** Right. So we technically bring in practitioners from the outside to provide services, group services or individual services, whether that be a substance-abuse counselor or something like that. What, Sara? You're --

**Sara Velasquez:** I was trying to do it without talking, but I -- juvenile sex-offender counseling --

**Leslie Bittleston:** Juvenile -- thank you.

**Sara Velasquez:** -- is one of our other main contracted provider --

**Leslie Bittleston:** Yes.

**Sara Velasquez:** -- for mental health.

**Leslie Bittleston:** And the other contracted providers that we have, of course our physicians. You know, we bring in -- we do not have physicians at our facilities, we don't have psychiatrists. Those are all contractors that come in from time to time, so they just -- they're just not present there. Most of the time we have nurses, registered nurses, there because they have to oversee, you know, medication management and things like that. So nurses are pretty common, but anything outside of nurses and a basic mental-health counselor, we have to bring in.

**Eve Hanan:** This is Eve Hanan for the record. So are all those folks supervised? I mean, they are contractors, but do they report to someone in the facility who would be their onsite supervisor for the purposes of that contract or do they report really to direct services, someone in that?

**Sara Velasquez:** Honestly, I'm going to say that there's really no reporting. Like, the physician doesn't report to anybody, the substance-abuse provider and JSO provider would be reporting to the superintendent, but, like, licensed physicians, generally they just come in and do their thing and get out and they're not really required to give the superintendent any information whereas the program providers, we do have to get information to -- back and forth.

**Leslie Bittleston:** And any time we don't bring a person in, like a physician, we have to transport a kid to a medical appointment. So if we're not bringing a particular medical practitioner in, you know, we're transporting them offsite, so we try to limit that as much as possible because it takes staff to do that, you know, and however long the appointment takes but, you know, of course we do. We do transport kids when they need to be transported to wherever they need to go, but we try to provide as much in the facility as we can.

**Sara Velasquez:** So just an example, Caliente doesn't have a dentist, but we do have a dentist who comes into Summit View, and Caliente will transport their youth at times to Summit View so that they can get dental services, but our -- but the dentist doesn't report to the superintendent, the dentist just comes in and out and does what they need to do.

**Jo Lee Wickes:** Jo Lee Wickes for the record --

**Leslie Bittleston:** That's a lot of information.

**Jo Lee Wickes:** I'm assuming there's -- aside from staff time, there's also safety concerns with transporting kids from the facilities to appointments. Even pre COVID, there would be safety concerns, right?

**Leslie Bittleston:** Right. And we of course follow all the safety concerns. You know, the facilities all have vans and all have vehicles so it's not like we don't have transportation, it's just more of the staff time and the scheduling and we all know, we all go see doctors and, you know, it's -- we get the appointment, they give us. It's not like we can say hey, we can a kid at 9:00 AM. It's they give us an appointment for that kid, whatever that is, and we take them. So it's not so much the transportation, but yes, making sure they're safe and it's usually a two on one, a two staff on one kid. You have a driver and then you have a staff person watching the kid.

**Sara Velasquez:** I will say Summit View has a really good working relationship with UMC, who's our medical provider for out of the facility and once we get there, they get the kid in. Like, I don't -- they have a special contact and they get them in and get them out. So generally we don't have to wait a long time because it is a police. We have correctional sergeants. So we've got POST personnel who go in and it's kind of like when cops take offenders into the hospitals. Well, they're not out there in the waiting room very long.

**Eve Hanan:** Yeah. It makes sense to try to do all that in the facility. I was thinking more of a situation, say where you have a psychiatrist who kids are making complaints about or you're concerned about them, who -- what's the -- who does that go to? Does it go to somebody in the facility or does it go to somebody in direct services? You know, if there's thought we should get a different psychiatrist or, you know, we need to look into some concerns, you know, where would it go in this supervision structure that you described?

**Sara Velasquez:** I would -- I think that's a good question and honestly, I think it goes to the superintendent because they're ultimately the ones who are writing the contract because that contract is for the facility, not for direct services. But you could have it where you have a provider for all three facilities so it's more -- it goes to the deputy administrator, deputy director, deputy administrator --

**Leslie Bittleston:** And that would --

**Sara Velasquez:** -- and it's over all three.

**Leslie Bittleston:** Yeah. That would be the -- if it could not be handled by the facility superintendent, it would go to the facility deputy administrator. But, yeah, they -- they -- facilities do their own contracts. They -- you know, they contract with whatever they need to contract. So it's not something that, like, me in the quality and oversight, I don't do their contracts. So that's not something I have control over or direct service has control over. They do their own contracts. So they would have to handle any problems that -- that arise. We also have, you know, of course grievances, I mean, kids complain about all kinds of stuff.

And I don't think a kid would hold back if they had a problem with their doctor so -- you know, so we would go through the grievance procedure and if it was egregious enough, it would, you know, go to the administrator. I mean, if the kid -- if they were abusing a kid, I mean, yeah but if it's just I don't like the doctor, he's a jerk, I don't think we're going to do anything about that so.

**Eve Hanan:** Okay, thank you. That helps.

**Leslie Bittleston:** Mm-hmm.

**Eve Hanan:** Starting to get a picture of it.

**Leslie Bittleston:** Very complicated.

**Jo Lee Wickes:** Eboni, did you have any questions or comments?

**Eboni Washinton:** No, I don't. I'm pretty familiar with DCFS's, you know, organizational structure and understand all of that. I guess the question that I have, so for facilities in other states, it's -- I -- what I'm taking away from this it's best practice to have -- specifically in reference to the clinical staff, to have them assigned to and employed by the facility cause it seems like we outsource quite a bit just, you know, in different circles that I'm in, in terms of clinicians. I know for Clark County, they're very difficult positions for us to fill and keep filled. So do other states not have those challenges? Is that something that's just specific to Nevada?

**Leslie Bittleston:** I don't know.

**Sara Velasquez:** Yeah, I don't know if it's a state thing. I just know that it's -- this -- this -- the CPC is based on evidence-based practice and so whether it -- I don't know where they, I mean, you can -- they've got plenty of research articles, what they did, how they got their information, but it's just kind of what they determined was best practices and you can definitely see if you've got a clinical supervisor who's not observing clinical, you know, processes being done in a facility, that's not going to be very good for anybody. So it's just -- it goes beyond, and I don't know that it's -- I just think that we don't have enough clinical supervision in DCFS let alone --

**Leslie Bittleston:** Period.

**Sara Velasquez:** -- in a -- yeah. I don't know that we have enough to go around. We don't have enough mental health, we definitely don't have enough mental-health supervisors.

**Eboni Washinton:** Well, I think it's a -- that's definitely a statewide issue. We don't have enough mental-health services just for the public --

**Sara Velasquez:** Yeah.

**Eboni Washinton:** -- here in Nevada so, you know, definitely out in the rural community, it's a -- it's an even bigger challenge.

**Sara Velasquez:** Mm-hmm.

**Leslie Bittleston:** Yeah.

**Sara Velasquez:** I mean, for example, there -- the mental -- and when you say rural, Caliente and Elko's supervisor is actually housed at Summit View, or he's housed in Clark County. So there's -- just that tells you the lack of supervision right there for that in a facility.

**Leslie Bittleston:** Yeah. So anyway, I don't know how to recommend that to the JJOC, but it's really -- those are common themes are what we're seeing, the clinical piece is lacking and the QA piece is lacking, but that's -- yeah.

**Sara Velasquez:** I was just going to say a recommendation could be that each facility and camp have their own mental-health supervisor. Like that's, you know, four more positions, but that is a recommendation if you wanted to meet this criteria. If it's not a big issue, then nothing needs to be done, but in order to get credit for this, you would have to have one specific supervisor in each facility because they couldn't be able to do it -- what's required to get the point, if there's just one.

**Leslie Bittleston:** Right, which goes back to we all need more staff.

**Jo Lee Wickes:** Which goes back to we all need more staff.

**Leslie Bittleston:** There you go.

**Jo Lee Wickes:** Any other questions or comments related to item 7, the CPC reports? Moving on to item number 8, for discussion and possible action, evaluation of evidence-based programs, policy finalized and county youth camp notification policy.

**Leslie Bittleston:** Okay. Let's see. So in your packet of materials, there is a document titled 100.16, Evaluation of Evidence-Based Programs. So this document is the completed policy for DCFS for the CPC review. It talks about kind of the reviewers going in, doing their reviews, kind of gives an overview of what they're looking for, the process, but what's really important of this policy starts on page 3. It is section number 6, facility-improvement plans, that talks about what we are requiring now for facility improvement plans, and then section number 7 is really my role and this committee's role of looking at those facility-improvement plans. I don't need to read this to you, you can read it yourself, and Sara kind of went over it herself, but basically it says that if you receive an overall CPC score of 65 or greater, you don't need a facility-improvement plan if none of the domains, they individual domains that Sara talked about, are not -- are in the low adherence. So and then facilities may choose between five and ten recommendations, and facilities are advised to concentrate on recommendations in domains of scores in lower, moderate adherence categories. So that's kind of what we did for the policy. Again, this policy is for DCFS. It was shared with the youth camps on November the 10th, and I specifically asked them if they -- because we do not have administrative authority over the youth camps so basically we said, here's our policy, it would be really great if you would have a process or something to -- especially around the facility-improvement planning, so that's why we did that. But again, the reviewer's job ends when that final report goes out and they send out the blank template of the facility-improvement plan and the directions, and then my job begins.

**Jo Lee Wickes:** Jo Lee Wickes for the record. So this is the policy for DCFS, which has been shared with the counties, but the counties are free to have no policy or totally different policy or to mirror or plagiarize some or all of this policy?

**Leslie Bittleston:** Basically yes. So and just to kind of give you a little background history, the JJ system and the child welfare system are very different. Here in Nevada, in child welfare, DCFS is the designated state agency. They are required to provide child welfare services and they have oversight or administrative oversight over the two large counties, DFS and Washoe County, that provides those services. On the JJ side, there really is no designated state agency that has administrative oversight. So just because I give them a policy, they do not have to follow it. I can ask that they have something similar and follow what we're doing and they may do it, but there's no -- nothing that I can do to strong arm them like we could on the child welfare side. The child welfare side, they pretty much have statewide policies but, you know, I mean, one policy, the whole state follows it is what I'm saying. So I don't have that authority on the JJ side.

**Jo Lee Wickes:** Have you --

**Leslie Bittleston:** Eboni, did I say that all screwed up? Eboni knows this well.

**Eboni Washington:** No. No, you got it. So in Nevada, child welfare is state-supervised, county-administered, and it's different from state to state. There's very few states that are set up the way that Nevada is on the child welfare side. So most states are, you know, state-administered child welfare. But you're right, on the JJ side, the state doesn't have administrative oversight.

**Leslie Bittleston:** Right. So I can share the policy and say here's what we're doing. What they do with it is up to them.

**Jo Lee Wickes:** And this was recently shared with the counties?

**Leslie Bittleston:** Yes, Douglas County and Clark County, which is where the youth camps are out of. So Spring Mountain's out of Douglas and -- I mean, Spring Mountain's out of Clark and China Spring is out of Douglas.

**Jo Lee Wickes:** Any feedback yet? It looks like it was just shared, like, on the 10th of this month maybe.

**Leslie Bittleston:** I didn't get anything back that said we're going to do this, we're not going to do this, not a thank you, just nothing.

**Jo Lee Wickes:** Well, everybody's busy so that -- I don't know if that means anything honestly. Everybody's --

**Leslie Bittleston:** Right. So --

**Jo Lee Wickes:** -- pretty busy.

**Leslie Bittleston:** But I wanted to let the committee know that the policy you reviewed a while back has now been finalized and is in effect and it is there for you to review and know kind of what we are asking for the facility-improvement plans, which I will be sharing with this committee when they come in.

**Jo Lee Wickes:** Any other discussion on item number 8? Thank you. Moving on to item number 9, and an update on training for new CPC assessors or auditors.

**Leslie Bittleston:** Okay. I think that's me again. So Clark County took the initiative to pay for and train four additional assessors for CPC. This was way back in about May or June of this year. They were going



to train their assessors under Mr. Miramoto, is that his -- Miramoto, is that right? Okay. Thank you, Eboni, who was a trained CPC assessor. He has since retired, but he was going to supervise the new assessors in their training and then they were going to review Summit View as part of their training. So you have to combine a CPC review as part of the training. So that was going to happen. The states -- they reached out to the state, which is me, back in I don't know, about February, March, and I was unable find any funds to partner with them. So this was just going to be Clark County training for folks and reviewing Summit View. Due to COVID, the training did not happen and we ended up pushing reviews back a couple of months. We didn't end up reviewing Summit View until the end of August rather than the beginning of June, which is what was planned. So where we are now today, two things: Clark County still plans on providing -- or Clark County still plans on paying for four new assessors. In the meantime, I have found some funds so I plan on partnering with Clark County to train four state assessors. So that will be eight new trained assessors through the University of Cincinnati. However, the next review that we can realistically work with is Summit View and that's not till September of next year. So we have some time and it doesn't look like any new assessors will be trained until August, September of 2021 and we are looking to train eight folks, four from Clark County and four from DCFS or the state. So the training is quite expensive. It's just 15 to \$20,000 for the training alone for four people, so it's about 35,000 to train eight, and that does not include any travel that a person would have to do if let's say they're from Reno, but they have to go to Vegas for a week for the training. So our hope is in-person training, work -- and then the review will be Summit View, and we will train the eight new assessors. So that's the latest information that I have on new CPC assessors.

**Eve Hanan:** This is Eve Hanan for the record. That is great that you found some funding and that we'll have more and Clark County's doing that. I assume that it's going to be secure even in the next fiscal year. I know we start a new fiscal year in July. Does that impact, or can it be earmarked?

**Leslie Bittleston:** I cannot answer for Clark County, maybe Eboni can answer that, but the money that I'd found was out of a grant that's available for three years. So the -- so the funds to train -- now that -- I've only got funds for the training. We're going to have to find something else for travel if the folks need to travel, but that's out of a three-year grant and we are good so on that. And, Eboni, if you want to answer for Clark?

**Eboni Washington:** Yeah. The money is earmarked, so barring any -- you know, anything significant, that money will still be available for the training when the time comes.

**Leslie Bittleston:** Right. And -- and also I believe Clark County has provided a training room as well? Yes. Okay.

**Eboni Washington:** Yes, that's correct.

**Leslie Bittleston:** Okay. So the training will be in Clark County, they've provided a training room, they will pay for four people and the state will pay for four, and then we will review Summit View collectively.

**Eboni Washington:** Right. I did have a quick question. I thought I recalled at one point, Mark was trying to coordinate doing that training at Caliente. Do you remember that, Leslie, or am I -- am I missing the mark?

**Leslie Bittleston:** You are not missing the mark. It -- we kept trying to push it back, push it back so we could have it last year and Caliente was moved three times. There -- so it was -- yes, that is accurate, but it didn't happen. And with Caliente being reviewed in January, the second week in January, it's too soon to put together a training. So we're going to have to wait until Summit View the beginning of September.

**Eboni Washington:** Thank you. And just to clarify for the folks that don't know, and to make sure I understand, the University of Cincinnati sends trainers out and I think they're looking at some sort of hybrid training model now, but that's the coordination piece that we wouldn't be able to pull together by January, correct, Leslie?

**Leslie Bittleston:** Correct. Yes. They send trainers out so -- and that's what -- and they prefer to do it. I've spoken to them. They prefer to do it onsite. They will do a hybrid model if they -- I mean, a -- like, a virtual if they have to, but I -- we don't have a signed contract with the state yet. Clark County is squared away. It's the state is not squared away so -- cause I just found the money within the last couple of weeks.

**Sara Velasquez:** And I would just add that when you do that initial training piece of reviewing a facility, it's actually the UCCI people doing the -- doing the review with the trainees, sitting in with them. So it's not actually the trainees doing the review, it's the UCCI people and then they would work together after the fact to do the scoring and the actual UCCI people write the reports. And then the next piece would be the trainees do it on their own and do a virtual meeting with the UCCI people to do the -- to do a scoring and then write the report. And then the UCCI people will review their reports and be able to say yeah, this is -- and then that's their last piece of being able to get certified. So you actually have to be able to sit in with a review, do a review on your own, and pass a written test to become certified in the process.

**Leslie Bittleston:** Very similar to what we did to be certified to do the YLS. You know, we had to do vignettes that our vendor went over and scored for us to make sure that we got it. So it's the same kind of deal so -- to make sure that we are prepared and are doing it correctly.

**Jo Lee Wickes:** Just in terms of COVID, I'm sure it's frustrating to wait till September, but in terms of it actually happening, that seems like a really safe date --

**Leslie Bittleston:** Yes.

**Jo Lee Wickes:** -- (inaudible) to lean on right now.

**Leslie Bittleston:** Yes, it does. I had a vaccine yesterday and being -- I don't know if you are over 50, but get your shingles vaccine. I just got mine, my second dose, and it hurts like, heck. But anyway, I was talking to the person that gave me the vaccine and they are hoping that everybody will be vaccinated with COVID by summer. So, I mean, maybe that's ambitious, but -- so I don't know. And that's those of us that are not in the high risk. I was told that it's healthcare workers, jails and prisons, high-risk, and then everybody else so.

**Sara Velasquez:** I hope so.

**Leslie Bittleston:** Yes, me too. So hopefully that's a really good date and we're all vaccinated and we're all good to go.

**Jo Lee Wickes:** I'm sure it'll be a relief for Sara and other people that they don't have to do as many of these assessments as they've been doing.

**Sara Velasquez:** Well, I mean, I think that we just have to make sure that at least one of your reviewers does one every year just to keep in the loop.

**Jo Lee Wickes:** Mm-hmm.

**Sara Velasquez:** One of the things I did forget to say when I gave my presentation was that we -- in December 2019, UCCI updated the CPC so we now -- we were using the CPC 2.0 for all the reviews previous to NYTC's this year, now we're using the CPC 2.1 and their next review, I think they're going to require a recertification. So hopefully that's in, you know, future, way, way out there.

**Leslie Bittleston:** Yeah.

**Sara Velasquez:** This one didn't review our recert.

**Leslie Bittleston:** So, yes, I have -- I have killed Sara this year. I've made her the lead on three -- three reviews so, and then -- yeah. I'm surprised she's still speaking to me.

**Sara Velasquez:** I don't mind doing 'em.

**Leslie Bittleston:** Thank you.

**Jo Lee Wickes:** Any other questions, comments or statements regarding item number 9, the update -- update on training new CPC assessors? Mostly that sounds like good news. I think we're on to item number 10, for open discussion, assigning tasks and confirming the next meeting date. I certainly don't see any tasks to assign. I do think that we probably need to talk to the oversight commission as a whole about adding some members, not too many, but some members to our group here. Eve and I are wonderful, but we probably shouldn't be the only ones making decisions on these things. Anybody have any items for open discussion? So Ms. Bittleston, if you can remind me, the next full Commission meeting is December -

**Leslie Bittleston:** Eighteenth.

**Jo Lee Wickes:** -- 18.

**Leslie Bittleston:** Yes. And you will have to provide a document, a -- what do you call it? Kayla, what are those things called, a committee report?

**Kayla Dunn:** Yes.

**Leslie Bittleston:** Thank you. Committee report to Ms. Dunn for posting and that can put everything on there you want to tell them. So I recommend we meet again probably around February because by then I hope to have the facility-improvement plans and so we can talk about that. That is my recommendation to Madam Chair.

**Jo Lee Wickes:** Thank you. Eve and Eboni and Sara, are there days of the week that worked better than others, mornings afternoon, anything that we can do to help accommodate your schedules?

**Sara Velasquez:** When are we thinking?

**Jo Lee Wickes:** February of 2021.

**Eboni Washinton:** Afternoons are usually better for me, but I can make myself available if I have enough lead time.

**Eve Hanan:** For me, Tuesday and Thursdays are a little better than Monday and Wednesday when I'll be teaching in the morning and afternoon so.

**Jo Lee Wickes:** Okay. So Tuesday and Thursday afternoon, likely a good time? Based on my schedule at this point, I think I would opt for a Tuesday afternoon. I hope that Ms. Bittleston is actually looking at a 2021 calendar although I can..

**Leslie Bittleston:** I also have one.

**Jo Lee Wickes:** And I would suggest that we avoid the Tuesday after a Monday holiday just cause that shortens up times to get the agenda posting --

**Sara Velasquez:** Right.

**Jo Lee Wickes:** -- get ready for a meeting.

**Leslie Bittleston:** It's -- do we have a holiday on the 22nd of -- that would be Monday the 22nd? Or is it the 15th? I don't know. We have president's day. I just don't know --

**Sara Velasquez:** It's the 15th.

**Leslie Bittleston:** It's the 15th? Okay. How about -- is the 23rd, Tuesday the 23rd, is that okay, in the afternoon?

**Sara Velasquez:** Yes.

**Eve Hanan:** Yep.

**Jo Lee Wickes:** The 23rd. Is 2:00 a good time? We've got a lot of twos going on.

WASHINGTON: That works for me.

**Leslie Bittleston:** Okay. February 23rd, 2:00 PM.

**Jo Lee Wickes:** Any public comment or discussion? Hearing none, first of all, thank you all. It is good to see you. I hope everybody has a wonderful, happy, safe Thanksgiving.

**Leslie Bittleston:** You as well.

**Sara Velasquez:** Thank you, you as well.

**Eboni Washinton:** You as well.

**Eve Hanan:** You as well.

**Jo Lee Wickes:** Thank you very much.

**Sara Velasquez:** Happy Thanksgiving.

**Jo Lee Wickes:** I don't know that I need a vote to adjourn but.

**Leslie Bittleston:** No.

**Jo Lee Wickes:** Good.

**Leslie Bittleston:** Just name the time.

**Jo Lee Wickes:** I think that we will adjourn. I will get these minutes out to you, Kayla, tomorrow so that I can have a fresh memory while I'm typing as fast as I can.

**Leslie Bittleston:** You mean your committee report? Yup.

**Jo Lee Wickes:** Right. Take care, all of you. Thank you.

**Kayla Dunn:** Thank you. Take care.

**Leslie Bittleston:** Bye-bye.

**Sara Velasquez:** Take care.

**Eve Hanan:** Bye-bye.

[end of meeting]