



**STATE OF NEVADA  
DEPARTMENT OF SENTENCING POLICY**

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**NEVADA LOCAL JUSTICE REINVESTMENT**

**COORDINATING COUNCIL**

**MINUTES DRAFT**

**Date and Time:**

**May 4, 2022**

**Location:**

**VIRTUAL ONLY**

**MEMBERS PRESENT**

Jeff Clark  
Dylan Frehner  
McKinzie Hilton  
Brenda Ingram  
Julia Murray  
Dorothy Rowley  
Elliott Sattler  
Tick Segerblom  
Clinton Zens  
Denni Byrd -- Vice Chair  
Garrit Pruyt -- Chair

**MEMBERS EXCUSED**

Art Clark  
Demar Dahl  
Ken Gray  
Tim Hipp  
Erik Levin  
Curtis Schlepp  
Bryce Shields

**STAFF**

Executive Director Victoria Gonzalez  
Monica Chiazza, Business Professional Trainee  
Jorja Powers, Manager of Policy Analysis  
Lisa Arellano, Administrative Assistant

## 1. Call to Order / Roll Call

**Chair Garrit Pruyt:** Good afternoon. Today is May 4<sup>th</sup>, 2022, and I will now call this May meeting to order. I'm happy to see all of you who made it. It looks like we have a better start this time than even last time. So that's good. Hopefully, more will join us soon. But also like to welcome those who are viewing online at the Department of Sentencing Policy's YouTube channel. This is officially our third meeting of the 2021-23 meeting cycle, and I will now ask Director Gonzalez to take roll.

**Director Victoria Gonzalez:** Thank you Chair.

(ROLL CALL IS CONDUCTED BY DIRECTOR GONZALEZ; QUORUM IS MET)

## 2. Public Comment

**Chair Pruyt:** We will move to item number two. This is our first period of public comment. There are two periods of public comment associated with each meeting we conduct, one at the beginning and one at the conclusion of the meeting.

Members of the public have two options for submitting public comment. First, the public may do so in an email or in writing by emailing the Department of Sentencing Policy at [sentencingpolicy@ndsp.nv.gov](mailto:sentencingpolicy@ndsp.nv.gov). Public comment received in writing will be provided to the Commission and be included by reference in the minutes of the meeting. Members of the public who wish to testify may do so by telephone. Due to time constraints, public comment will be limited to two minutes per person. Any members of the public that exceed the two-minute limit may submit your additional comments in writing to the Department of Sentencing Policy.

At this time, I will ask staff to manage and direct those who wish to testify by telephone.

**Monica Chiazza:** Thank you, Chair Pruyt. Members of the public who wish to testify by phone, press star nine to raise your hand. When it is your turn to speak, please slowly state and spell your first and last name.

Chair, we have no callers that wish to testify at this time.

**Chair Pruyt:** All right, thank you. That will then conclude our first period of public comment.

## 3. Approval of the Minutes of the Meeting of the Nevada Local Justice Reinvestment Coordinating Council held on March 9, 2022

**Chair Pruyt:** This will move us to item number three in our agenda, which is our approval of minutes. All of you should have been provided with copies of the minutes from the March 9<sup>th</sup>, 2022, meeting. At this time, I would like to solicit if there are any edits, comments, or corrections that anyone would like to make to those minutes. All right, I am seeing no requests for any alterations or changes to the minutes. At this time, I will now entertain a motion and a second to approve the minutes as they're set forth for the March 9<sup>th</sup>, 2022, meeting.

DENNI BYRD MOVED TO APPROVE THE MINUTES OF THE MARCH 9<sup>TH</sup>, MEETING

CLINTON ZENS SECONDED THE MOTION

MOTION PASSED UNANIMOUSLY

## 4. Presentation from the Mobile Outreach Safety Team (MOST) in Carson City

**Chair Pruyt:** This moves us to item number four, which will be a fantastic part of our meeting today. Today we're going to have a meeting or, excuse me, a presentation from the Mobile Outreach Safety Team, the MOST Team from here in Carson City. Some of our statutory duties as part of the Coordinating Council are related to identifying treatment and programs and opportunities for collaboration with the Department of Health and Human Services for the treatment, services, and funding. To ensure that we are well informed about programs, now and in the future, we will invite different providers and stakeholders to make presentations to

our group to ensure that we are best informed. I'm currently familiar with this Team. I work with them on a fairly regular basis, who reach out and help people in our community. So now I will pass the time over to our presenters, the Carson City MOST Team.

**Deputy Don Gibson:** Thank you, Garrit. My name is Don Gibson for your guys' record, and behind me is Bekah Bock; she's our licensed Clinical Social Worker, and behind me is going to be my replacement because I'm retiring in about 13 more days; that's my twin brother Mike in the back. Back to MOST. Actually, first of all, thank you all for allowing us to come present in front of you. I think it's vitally important that the co-responder model that we represent here in Carson City gets promoted in the community statewide because we're huge advocates of this model and the success that we're having here in Carson City.

As Garrit said, we work very closely also with the District Attorney's office and a lot of jail diversion-type cases with folks who suffer from mental illness in the community.

I'll just go over a quick brief on what MOST does and then go over some of our historical data. We've been doing this for four years full-time now. Just to give you an idea of the impact that we're having in our community. It looks like some folks on here; the only person I know is Garrit. I'm sure folks on here represent various portions of various locations here in Nevada. Just a big thank you for expressing interest in what it is our team does, and maybe you folks can advocate after our presentation for your local law enforcement to start standing up some of these co-responder models because we're seeing a lot of good success, at least here in Carson City.

I'll start with MOST helps Carson City residents and visitors experiencing mental health crisis, substance abuse, or suicidal crisis. MOST specializes in connecting individuals in crisis with available community resources. We are a co-responder team consisting of a licensed clinical social worker and a behavioral health peace officer, which is what I am and what Mike's getting ready to come into. Who's on the team? There's two deputy sheriffs trained in crisis intervention training, which is CIT, that might be an acronym some folks are familiar with. We have two licensed clinical social workers that specialize in mental health and numerous support agencies. We say it takes a village to be able to support folks in the community that suffer from mental illness specifically or even folks that maybe don't suffer mental illness but find themselves having a crisis. We often tell folks that we don't get to define the crisis. That crisis is defined by that individual. We're here to help them, be cheerleaders in their life, and support them and get the quality of their life back up where they can function appropriately in the community.

Some of the things that we do; we respond to mental health emergencies. So as calls come out, throughout the day, and we're on duty, if patrol responds to an in-progress crisis call, we're available to respond, we're going to jump that call from the patrol deputies. We're going to assess clients for immediate and long-range needs. We work very closely and collaborate very closely with Mallory Crisis Center here in Carson City; they got a couple of sort of community treatment teams that work out of there that are staffed with nurses and clinical folks and therapists and whatnot. Then we assess threat-to-self or others in the community. We're experts in crisis de-escalation. We identify available resources and assist in assessing the resources to reduce the risk of harm to the client and or the community. One of our primary focuses is jail diversion. So, folks in the community that suffer from mental illness often-times find themselves commit more of the low-end crimes, discretionary type crimes will work with our patrol partners. And rather than go criminal charges on them, we'll actually get those folks connected to the resources in the community in hopes of stabilizing the individual's illness so that they stop committing those low-end crimes.

We have a heavy focus on emergency room and hospital diversion. Folks that find themselves having a mental health crisis, rather than going and jamming up the emergency rooms with mental illness or crisis issues, we'll get those folks directed to lower level of services. We trained our personnel here internally, and other law enforcement agencies and community providers and crisis intervention team training, which is CIT. We're currently running two academies a year here in Carson City. Those academies are 40 hours per week, and we

usually have, I think, the most students with that in the class of 45. And I think the least I think about 25 before. A little hard to manage the logistics that we have with 45 people, but what else do we do?

We provide clinical consultation for other professionals and serve as clinical experts on multidisciplinary review teams. So that would look like maybe in the schools, if they have students in the schools that are you know, maybe they have a note says I'm going to shoot to school up, or they're doing a threat assessment. We'll be on those boards as well. We'll assist community providers with the client discharge planning and case management, which we spend a lot of time doing helping our community partners with getting folks out of their house, fed, you name the resource in the community, and we're going to assist in that. We have represent the Sheriff's office and community mental health activities as members of boards and committees. We report to the Sheriff's administration as subject matter experts and conduct public and private workplace threat assessments. We've done many of those, oftentimes at the schools, public employers, they call us in to be able to do those threat assessments when they have employees that maybe aren't just acting right.

In one specific incident at the county level, an individual, after a heated argument with their boss, ended up bringing a gun into the office and decided that it was a good idea to start cleaning a rifle in the office. So that was, I guess, an example of that assessment, but they're pretty in-depth and go back from a very deep historical stance. We're also members of the Sheriff's office crisis negotiations team, and we collaborate with diversionary courts, which is in Carson City, our mental health court misdemeanor treatment court. To summarize or sum all that up, the way we like to explain it is, our outreach team, if you think of a bicycle wheel, the MOST team is like the hub in the middle, and then all of our community partners are those spokes This is not a Don and Bekah show, well, Mike and Bekah show or Izzy and Brittany show, which is the other team. I mentioned it earlier; it really is a village. It's all these community providers; if they provide a service in the community that helps folks in the community, we know that service, we know when to reach out for allocation of that service; really, the overarching goal is really to just get folks stabilized in the community. We found out this team started in 2014; here locally in Carson, it was a pilot program. Bekah used to be the Director of Carson Mental Health or Carson Rural Clinics for the State. She was a clinical director over there, and in 2014, she came over to the Sheriff's office and was working one day a week to pilot this co-responder model, the MOST team, the concept. Washoe County, the North counties had a couple of teams already stood up, and Carson City wanted a pilot. Bekah was gracious enough to take a huge pay cut. Sorry, Bekah, to come over here and work with the cops. You know, it's funny, I don't know how familiar folks are on this call, familiar with clinical staff, but they're always kind of afraid of cops. It's like it was just a weird relationship or weird mix. In 2014, Bekah comes over, working one day a week, we're seeing a lot of success. Then we moved into doing a four days a week, and those four days a week, Bekah would ride with seven different deputies, depending on who was available at that particular time, those seven deputies were vetted through the agency as being experts in their field as it relates to crisis de-escalation. The downfall for that model running part-time was that Deputy, whoever she would have been with, was also responsible for the coverage of a patrol beat, meaning they had to respond to whatever calls dispatch threw their way; they had to go. Oftentimes, we found ourselves tied up, say, on a traffic accident, and a suicidal crisis would come out. We were not able to actually deploy Bekah's professional expertise as far as the clinical side of response that we like to see. We really struggled with it, and then in 2018, the Sheriff's office secured a federal grant to hire our own Behavioral Health Peace Officer, BHPO and went out for folks that could apply for it. They selected myself to be the full-time cop as the Behavioral Health Peace Officer. Since then, Bekah and I, so we're going on year four, I have been running this team full time and stood this team-up. What we recognized after about year two and a half that we were only really able to get to 47 percent of our referrals. I'll explain where referral sources come from. Throughout that process, the Sheriff and administration here, and then with our advocacy, recognized that the need for a second team was crucial in our community because we're having such success. So just last year, the county actually hired their own clinical social worker, and the Sheriff allocated another deputy position to the team. So that's why we have two officers and two clinicians running two full-time MOST teams. Bekah and I run Monday through Thursday, and the other team runs Tuesday through Friday, so we have five-day coverage.

Some questions we get is, you guys don't cover the night shifts? What about the weekends? This model honestly is most effective when we're able to collaborate and work with our community partners, whether it's HHS, the crisis center providers, or health care providers in the community; they're all business hours Monday through Friday, and that's really the success of this team is building those relationships in the community and being able to have access to those resources when we find folks in crisis. We'll get folks that call us and say, you know, this is John, I'm having a crisis, I called my therapist, can't get it in for three weeks. Can you guys help me? Our question to John is, who's your therapist? We'll call the therapist up, and therapists say, "Don and Bekah, bring him in right now; we've got time." This is what we're finding out in the community is folks are moving mountains for this team to ensure the success of not only this team but ensure the success of the boosting of the quality of life of the individual who finds themselves in crisis, and that really only happens by collaborating with community partners. You know, in law enforcement, doing this 25 years now, we're very secretive about what we do, we don't oftentimes tell the public what we're doing, because it's all investigative techniques, all this stuff, then you take the medical community, the clinical community, and it's all HIPAA this HIPAA that so nobody's really talking to anybody. What we found out the success of this team with the co-responder model is Bekah has access to the law enforcement records, I have access to clinical aspect records of things. We're communicating, we're talking, and folks in the medical community, there are carve-outs for law enforcement exceptions, there's also carve-outs for a continuum of care for people, we're really serving all the same clients. Once we figured that out, we started talking to community providers and partners in the community. We all realize that if we all work together and we share the information on the clients and the status of where the certain individual is in recovery, whether it be substance abuse, mental illness, whatever it may be, that success of getting those individuals stabilized in the community is tremendously increased. That really is, that's the village coming together to really support folks in the community.

I don't want to take too much of you guys' time; I think we have had about 20 minutes, but kind of go over some of the stats. I'll highlight a couple of them. We record various different kinds of data sets just to measure the success of this team, and one of the ones we record is our calls for service. These are calls that were in progress calls that the MOST team responded to. When we first started full-time in 2018, we responded to 132 crisis calls. That was that year. Keep in mind that this team is responsible for so many other things that we only work four days a week. What is that, 16 days a month, so it's 132 calls for service in 2018. In year two, calls for service were at 321. You can see that big increase, and then for our year to date here, we're at 190. We're on track to really be on par with the year two data as well.

Another category that we record is consumer contacts. In year one, we met with 656 individuals in the community. In year two, we met with 942. You can see that increase as well; keep in mind, this is only one team working at this particular time. Another one that's interesting that we record is calls to our phone. This is, in my opinion, a vitally important stat or measurement that our team does is because the calls to our phone, I don't know, throughout the State, the counties, and the police chiefs and sheriffs throughout the county, if they're like our Sheriff, but our Sheriff is like if somebody calls in the community and they're asking for a deputy, a deputy will be going. There's no ifs, ands, or buts about it. Sheriff Furlong is very proactive in that regard; a deputy will go. In year one, we received 588 calls to that phone. So that's 588 calls that a deputy didn't have to respond to, and a dispatcher didn't have to answer the phone. If we go into year two, there were 1,359 calls that we answered on that phone. That's 1,359 calls that a patrol deputy didn't respond to, a dispatcher didn't have to answer. So why is that important? That's vitally important, especially from police administration; that it's a resource allocation. We're able to take phone calls in and deescalate crisis in the community using a simple telephone. And on that phone, typically it's on speakerphone, sometimes we have three phones going at one time it's so chaotic, but we have the clinical attachment to it, the law enforcement attachment to it. So, whatever that crisis is, it typically falls in those bailiwicks, and we're able to de-escalate whether it be myself doing it or Bekah doing it, or in this case, the other team doing it as well. Hope that helps illustrate what the importance of this co-responder model does.

One of the other ones we measure is our jail diversions. Year two, we had 42 jail diversions, and I don't know if everyone on here's attorneys or whatnot, but you guys can see how much money it takes to get somebody through do the judicial system. I don't know the dollar amount on 42 individuals that didn't make it through the judicial system; you guys would probably know that better than I would, and then so far for this year, our jail diversion, we're at 23 this year. We're pretty much on target to meet year two's data point on that as well.

Is there anything else you want to, oh, crisis holds? The State used to argue with us that no, you guys put too many crisis holds on folks and whatnot, We spent three years with the state bureaucrats trying to figure out, and this is why I'm half bald, by the way, I'm trying to figure out different types of data points that we could capture, and three years in the process, we finally had to tell the State to go pound sand because you guys are really bogging down what this team is designed to do, and this team is not going to be effective if we're in a community in a non-sterile environment, guy with a knife to his throat saying, "Hey, what's your name? What kind of insurance do you have?' That's not what this team does, so we've pushed back really hard. We tried to play ball, ultimately ended up not working, so, we're catching your data points. I don't even know where we're going with that, Bekah; what do you think?

**Bekah Bock:** Crisis holds.

**Deputy Gibson:** Oh, crisis holds.

**Ms. Bock:** Well, he only has 13 more days, and I am employed by the State. So, we want to shut that down.

**Deputy Gibson:** Bekah, be nice. So anyhow, so the State used to always say, oh, you guys put too many legal holds on folks. Our data, we're very rich in data. It tells a lot of different stories; it paints a lot of different pictures, our data does. When researching some of that data to be able to push back on the State a little bit, I did the numbers on it; I realized that our team, we only put crisis hold on 7 percent of the people that we contact. That, to me, doesn't seem like a lot. That tells us that we're extremely effective at de-escalating crisis and getting folks to appropriate levels of service, with a high focus on not going to ER, the hospital, or even the crisis center. We even divert from the crisis center as well. In Carson City, we have two CCBHCs, Certified Community Behavioral Health Centers. We'll send folks over there that find themselves in a crisis as well. We work with getting folks housed, we work with flying folks to different states to reunite with family members. I mean, you name it. Our motto is, if there's a crisis in the community, the buck stops with us. And no matter how small a crisis, no matter how big the crisis, we're going to do it. I put ignition tumblers in a schizophrenic guy's car to keep him out of crisis. We bought; I don't know how many cartons of cigarettes for folks in the community to keep them out of crisis. And also, we use cigarettes as leverage sometimes, too, especially with the psychosis illness. There's a lot of our clients that we work with, the treatment teams out of the hospital, we'll find them on the street, they're due for their shot, but they don't want to go, but we're like, hey, we'll buy your pack of smokes if you go get your shot, they're like, let's do it, Don, let's go. So, a simple four or \$5 pack, well, they're expensive now, I guess, about eight bucks, but so simple pack of smokes and they voluntarily go get their shot. So, in that shadow, keep them stable typically for about 30 days, you know, so we're not dealing with them in the communities. It really is this co-responder model; in addition to the clinical aspect, I'm Bekah's bodyguard. When she's doing her thing, I'm the guy there, and if all heck breaks loose, then I'm calling my friends out, and we're able to, you know, handle the situation. I'm super passionate about this model. This model is not new; like I said, Washoe County set it up many, many years ago. It's new to Carson City full-time as of 2018. We can't thank you enough for allowing us to present in front of you guys. And I'll open it for any questions y'all might have.

**Chair Pruyt:** Thank you to both of you. Does anyone have any questions for Carson City's MOST team? All right, I don't see any questions. Well, that works.

I'm going to add one more point to their thing that I don't know that they had hit as well. One of the things that I have noticed that they help us with is that they keep very good tabs on people, like they said, that do have

issues within our community. Whether they're on supervision or not, which has kept a lot of people from ever running afoul of continued trespasses on business or other things that are very common crimes, or individuals that we found that are otherwise I can think of one off the top of my head, who, otherwise, most people said, was completely unsuperviseable due to mixes of medical reasons and mental health reasons, and all sorts of other things. It's largely due to MOST's work with these people and to continue to work with them that they have avoided any type of incarceration at all. It's gone a long way and certainly gone to reduce a lot of what's considered some quality-of-life crimes for residents here in town and made life a lot better for those who do suffer with mental illness.

**Deputy Gibson:** Garrit, if I can add only one more thing because this concept is so successful, our Sheriff, anyhow, his vision ultimately, it's going to be having a full-time homeless deputy attached to this team as well. And then he's going to have an actual Sergeant attached to this team. We're gonna go from the team aspect, we're not only going to be a team, it's actually his vision is to be able to stand up a whole behavioral health unit out of the law enforcement facility, just so folks know that as well.

**Ms. Bock:** Just to let you guys know that the Team overall isn't that expensive; we're not paid that much. If you do, anybody in accounting that wants to do the math on how much it costs to go to the ER, our Mallory Crisis Center, inpatient hospitalization, or jail, or let's add prison, that's a lot of money. So, we have a lot of people that we're working with that we call the highest utilizers, so our million-dollar Murray's. We have many of them in our town, and people look at MOST for us to kind of get them to squash that spin cycle. So really, if you look at the cost of team versus the cost of all those people spinning in your communities, it's really dollars and cents.

**Deputy Gibson:** Yeah, I only make like 12 bucks an hour, guys, so I'm pretty cheap. We did some rough math; I would never suggest a brand-new cop come into this role because it's probably not going to be effective, so maybe seven, eight-year cop, at least with our pay rates, and then with the clinician that we just hired. It's likely probably with paying benefits anywhere between 210 to \$220,000 a year to actually run a team. Like Bekah indicated, that's peanuts compared to what some of these folks on a resource aspect are using. I'm testifying in District Court today on an individual that's probably cost our community, and this is no joke, probably \$5 million in resources, the many years that she's been here in and out of jail, in and out of the ER, or the psych hospital, ambulance service. I mean, you go on and on and on, and on and on.

**Ms. Bock:** It's not just money; it's a quality of life as well. Bottom line is, we're looking at people's quality of life, and that includes the people in our community; increasing their quality of life as well.

**Deputy Gibson:** That's it, Garrit.

**Chair Pruyt:** Thank you so much. Does anyone else have any questions? Mr. Segerblom.

**Tick Segerblom:** Yes, I may have missed it, but did you model this after something?

**Deputy Gibson:** The MOST concept came from the guys up north in Washoe County. They were the agency that had the first stand-up or co-responder model. It was a mixture of, I believe, some of the Sparks, Washoe, or Reno PD were kind of involved in that. They've kind of broken away currently, and they are all starting to do their own internal teams now, so Washoe County is staffing up their own MOST teams now. Sparks is staffing theirs now, and the Reno PD is also staffing theirs. Carson's obviously, we have two teams, Douglas County, they've been running a part-time team for some time. Lyon County has been running a full-time team for a couple of years as well, one clinician, one cop; at least for the northern portion of the State, we're very well covered and very, very grateful to have these co-responder models in the north counties. We did do a presentation in southern Nevada; I guess it was two or three years ago and I was absolutely shocked to see that this model wasn't being done in the Clark County area. We've since heard, I don't know if it was just rumor, that they're in the process of trying to start some of these co-responder models down there in southern Nevada as well.

**Ms. Bock:** Nye County definitely is; they rode with us last week. They have funding now to start MOST.

**Deputy Gibson:** I know we talk and talk, but the last international conference we went to last year, in Arizona, this is where about 2,500 folks, law enforcement, and clinical staff show up, and we get expert training and whatnot, and talking to my counterparts there, even across the whole country, there's very few folks across the country that are running these models, but they're starting to learn about them, and they're starting to see the success. In fact, when we did a presentation in Las Vegas, it was a symposium the State put on; there was an individual in the audience that was from the federal government at the Federal Health Human Services side of things. On his travels back to DC, he stopped by and personally told Sheriff Furlong that his program that Carson City has right now is lightspeed ahead of any other state in the country right now. He wanted to give Sheriff Furlong that compliment; he saw the value in it as well.

We're hopeful that we're going to start seeing this co-responder model take off like wildfire across the country. If we get rid of that national narrative that says cops shouldn't be involved in crisis response. You have to tame that down a little bit, and folks need to understand that law enforcement, whether you like it or not, is always going to be involved in crisis response; they always will be; they have been since the inception of law enforcement.

**Chief Deputy Jeff Clark:** Hi all, it's Jeff Clark with Washoe County. I'll just add, just to be fair to the southern partners, they have had MOST for quite some time, but they have a different model. Their MOST works predominantly with fire. And they have been trying some different things. They're trying to base it on data. The thing that we have that Vegas doesn't is not the two million, three million people. The bigger the scale, obviously, it's a lot harder to get some of these things going, and they understand the benefit of MOST, but they have been working with fire, and they are trying some different things. Thanks.

**Deputy Gibson:** Jeff, that's a good point. As far as the southern folks, I think that we oftentimes say, even for you guys in Washoe, you guys are big up there as well, in the sense that we're very fortunate in Carson City that we're just big enough to where we can keep track of the resources that we have and build those relationships. But we're not too big to where we can't keep track. So, I totally understand what you're saying. And it makes sense.

**Vice Chair Denni Byrd:** I have a couple of questions. One, remind me of the population size of Carson City real quick.

**Deputy Gibson:** Well, depends on who you believe. The census says about 55, but we're probably right around 75, would be my guess. As you know, we're the Capital, so I'd say in the daytime hours, we're probably around 100,000 with the work that come in.

**Vice Chair Byrd:** And the only reason I asked that is when I first moved, I'm in Winnemucca, and when I first moved here, I did CIT with Craig and Bekah, and I loved it. I keep asking for it here. Some of the resistance I get is that we don't have enough calls for 24/7 coverage. I myself don't know that I agree with that, but I'm also not the law enforcement responding to calls. But listening to you talk today, I believe that you're responding to a bigger situation of calls, too, than just those that are committing a crime. I believe that that could be woven into what we assess in our community as needs at some point. So that's why I asked that. Two: I know you said that you kind of started your program with a grant, correct? In 2018 was grant funded?

**Vice Chair Byrd:** I'm trying to follow all the timelines of how are you currently funded? And does the Department of Health and Human Services Fund you at all? Or is it all grant, or how are you funded?

**Deputy Gibson:** I am funded by the grant still, a portion of my salary. So, I think the JAG grant, so a portion of I think we're down to 50 percent of my salary is covered by that grant, the Sheriff picks up the rest. The other officer that is assigned full time, that's Sheriff's full responsibility. Bekah is funded by; she's a state employee, so she's on loan from the State, so that's free to us for the county, and then our other clinician, Health and



Human Services funds her salary. However, she's an employee of the Sheriff's office. So, the Sheriff has direct operational control over that clinician; HHS just pays the bill on that. And so, it's county paid. And to go back from the law enforcement side of things, even in Winnemucca, is that administrators when they start seeing and learning about what we do, they'll see the value in it. Because we're not just dealing with the criminal aspect of things we're dealing with, Deputy Joe goes out to the same call 15 times a week, and Deputy Joe does get a little pissed off because he's having to deal with this person, nothing's being done for her right. So, as a result of that, a team such as ours, even in the most rural counties, could go out and spend time with the individual, see what the needs are, get those resources or the needs to the individual in the community, and then there's no more police calls, no more Sheriff's office calls. And ultimately, the quality of life of that person goes up, right. So that's where you get the buy-in that arena. We don't do a lot of the criminal aspect of things as far as responding and doing them. Those are very few and far between, based on our data.

**Ms. Bock:** If you look at the calls for service, almost every call has a behavioral health component to it. So, to say we don't have enough of those calls, I've questioned that. And then hopefully, you're still doing CIT because that's a huge component of having all your deputies trained to recognize that this call is actually a behavior health call. Most of our deputies are so well trained, they're able to recognize I'm going to have MOST follow up with this.

**Deputy Gibson:** Denni, I forgot to tell you guys about this, this measurement. So, in year two, we had 821 sheriff's office referrals. So that's 824 police reports that were made of individuals in the community that deputies thought maybe needed to be met by the MOST team to go out and get some services provided to them. And then, that same year, we also measured a community referral, so in addition to the 603, we had 187 community referrals. Those are referrals from doctor's offices, the crisis center, the hospital, discharge planners, and case managers in our community. So, all those folks, those are how we allocate community referrals. So, you can see the value. And then if you talk to folks in our community, our community partners at the various places, and we're heavily relied on to not only for the Sheriff's Office but for stakeholders in the community as well.

**Vice Chair Byrd:** I would love one. I called our chief one day and said, can I have a MOST team now? And he said, no, but I'll send an officer with you. and I couldn't get with the officer quick enough to deflate the situation, they had already cuffed her. But I truly believe a MOST team would have interrupted that arrest. She had been trying to get to me. She couldn't get to me. She wanted me to go to her. But I needed a law enforcement backman to go.

**Deputy Gibson:** For sure. Tell the chief that there's federal money out there; he has to apply for it.

**Vice Chair Byrd:** Well, I've been working on it.

**Chair Pruyt:** Ms. Murray.

**Julia Murray:** I just had another funding question. I understand where the funding for people that are brought into a community partner that's another government agency, when you're bringing someone to a hospital when you're bringing them to get their shots through a mental health center, whatever, who's picking up the bill when you're dealing with a community partner that's a nonprofit or other agency privately funded agency, are they spending that money? Is that grant-funded, as well, is the state getting involved?

**Deputy Gibson:** I'm not sure I am following that. Are you following that question?

**Ms. Bock:** As far as our collaborations with others?

**Ms. Murray:** Right, every time you're taking someone in for resources, someone is expending that money. And it's getting paid for in some capacity. I mean, if you're taking someone in, I'm in Las Vegas. So, if you're taking someone into Ross and Neil, that's getting paid for by the State, but if you're taking someone into, say, a

Catholic Charities that's coming out of budgeting and funding that's coming through them or through WestCare. You know, what other agency?

We're looking a lot at who has a need for additional funds right now in each of these communities. So, when you're looking at your partners, where's the money coming for to actually pay for the service they're receiving? Like you're finding the service.

**Ms. Bock:** Our biggest partner actually is Carson Tahoe Hospital.

**Ms. Murray:** Okay.

**Ms. Bock:** They get a lot of grant funds through the State for their assertive community treatment teams. They have two, and they have a first episode program that's funded by the State as well. And they're looking at opening an IOP for kids that would be funded through the State. So, a lot of state funding is going into Carson Tahoe Hospital. I would say they are probably our most successful partner except for Health and Human Services.

**Ms. Murray:** Okay, that makes sense. Thank you.

**Chief Deputy Clark:** Also, understand that through the 988 initiative, the State is standing up for crisis drop-off centers; two down in Vegas, one up north in Reno, and one in Carson City. And that is, they're already budgeted millions of dollars for it. It'll be some time before we see those centers open, but they're actively working on that right now.

**Deputy Gibson:** Well, hopefully, they monitor them because our CCBHCs are; we have one that's performing at almost par. The other one's not performing at all, and there's no oversight; all those millions of dollars is going to this center to provide these programs via the State. Nobody at the State is monitoring this in this facility, and they're just running amok. Hopefully, there's more monitoring of that going on.

**Ms. Bock:** Thirteen days left.

**Deputy Gibson:** Yeah, I'm just saying it. You guys all look like very important people. I think that in your realms when people allocate funds to things, you know, I don't beat around the bush. I'm just going to tell it like it is.

**Ms. Murray:** And then I can just respond. I really appreciate your candor. I think oftentimes, we do get more of the sales pitch, the cleaned-up cover, and quite frankly, that's not that helpful.

**Deputy Gibson:** That's not helpful at all, absolutely not.

**Ms. Murray:** Especially in an audience where we do want the actual information, so to say this model works and this model is failing is very helpful, at least to me when I want to think something through, so I appreciate it.

**Chair Pruyt:** Does anyone have any other questions or comments? Does not appear so, so thank you again, Carson City MOST team; we appreciate you all.

**Deputy Gibson:** Thank you all. Everyone stay safe, and we'll see you next time.

**Ms. Bock:** Thank you.

**Chair Pruyt:** That will close out Agenda Item number four.

## 5. Presentation of the Outcomes of the Second Inventory of Jail Data from Each County in Nevada

**Chair Pruyt:** And that will bring us to agenda item number five, which is our presentation of outcomes of the second inventory of jail data from each county in Nevada. After our last meeting, staff from the Department of Sentencing Policy sent out a second inventory to learn more about the data capabilities of each of the jails within our State. Our Coordinating Council, consistent with the mandates of the Sentencing Commission, is focused on making sure our criminal justice system is data-driven. So first, we're seeking to evaluate the data collection and the sharing capabilities to do that. The second inventory is our first step in that part of the evaluation.

With the information from this inventory, we will be able to make appropriate requests for data going forward. We will also be able to make recommendations on how to improve our data collection and sharing. Staff will now present a summary of the submitted responses and preliminary findings regarding the second inventory information.

Now I will turn the time over to staff for this presentation.

**Ms. Chiazza:** Thank you, Chair—greetings members of the Coordinating Council. My name is Monica Chiazza, and I'm a management analyst with the Sentencing Policy. Today I'll be presenting some of the findings from the second inventory that was sent out after our February meeting to either representatives or to the point of contacts that was listed on the first inventory. Just to recap, a second inventory was sent out regarding the jail data in every county. The questions that were sent out were to give the Department and the Council a better understanding of any limitations each county faces when it comes to data and data collection. We were also looking to get a better understanding of what jail management systems were being used in each county. The questions are preliminary, and we would go into further detail with each jail when we do a virtual or an on-site meeting. We intend to contact each jail and hopefully schedule something with them to get a better understanding. The counties we received a response from so far were Carson City, Churchill, Clark, Esmeralda, Eureka, Nye, and Washoe. As soon as we get other county responses, the following information would be updated.

We are still looking forward to seeing all the other responses that we will be getting. The first information that stood out to us was the jail management system in each county. We can see here that Spillman is used by Churchill, Esmeralda, and Nye. RIMS is used by Eureka. Elite is used by Clark, and Tiburon is used by Carson City and Washoe.

Knowing the different systems being used gives us a better understanding of how each county works and what some of their capabilities and limitations are. It was nice to see the responses that we got because then we could have a better understanding of what was happening in each county when it comes to the data and how it's being collected.

Here's the slide is county data capabilities. The questions that were asked in the survey there was a range of them. One of the questions being asked was reporting arrest information to NCJIS. All counties informed us that they report the information required of them to NCJIS. The next question was, do you store offender level data, and all counties informed us that they do store offender level data.

The other two questions was, can you retrieve offender level data from a past date and over a past timeframe? And also, do you track the offender demographics? The question regarding, can you retrieve offender level data, we did receive Yes; however, we were informed through the inventory that some systems collect data and only collect data, and some are able to track it.

And so that was really informative for us to know so that we are aware of how to talk about it in the future. We can see that when we talk about data and data collection, it's easy to say, Oh, they collect that data, but being able to track it is also something that's very important. Knowing who's collecting data and who's able to also track data helps us talk about it in the future when it comes to what we're asking each county to do. If we have a data request or are looking at trends, we want to be able to ask them for the correct thing so that they aren't

frustrated with us, or we want to know what it is that we can be asking for. The same thing with, Do you track offender demographics. We see that Churchill and Esmeralda noted that they don't track offender demographic data. That's something that we plan on reaching in further because reporting yes to everyone else gives us an idea. So then reporting No, those counties reporting No, helps us have a starting point on where we want to see what it is that they are tracking when it comes to demographics and data so that we can move forward with that.

Then the question that went into further detail was offense-related data tracked by jails; this slide goes into what offense-related data is being collected and tracked for each offender that is admitted into a jail. The general examples given in the inventory were offense descriptions, data, NRS code, pending court dates, conviction results, and clearances. The data examples referenced, are either being collected and tracked or just collected. And so, it goes back to understanding the limitations of each system. We now know that this information is being collected, but not every county can track it when it comes to data request. Once again, that information is most helpful for us to understand everyone's limitations to move forward with them and to work better with the counties and the jails in those counties.

And then, as I mentioned before, the Department has plans to set up meetings with every county, with every jail to introduce ourselves and to get more information on the capabilities of each system.

That's it for now.

Does anyone have any questions?

**Ms. Murray:** What are you referring to when you use the term clearances?

**Ms. Chiazza:** That's a great question. My understanding would be, I know a little bit more about prisons, and I know the terminology is different. It would be like the custody level. Like the medium maximum, and so we were putting this together, the jail, we had clearances, and I've learned actually throughout talking with the different representatives that some of the terminologies don't always cross over. So that's what we referenced was clearances would be more like custody levels.

**Ms. Murray:** Were you looking to see if, for example, Clark County had a No on that, which shocks me? Were you looking to see whether or not the detention center, for example itself, tracks what level they've classified each offender that they've housed or if they maintain a tracking on them once they've been released?

**Ms. Chiazza:** If they maintain a tracking, I can look up what Clark County said because it was a lot of great information. I will go through and see again if I've misrepresented that.

**Ms. Murray:** I'm not sure that I understood what you were looking for there. So, no, and it doesn't need to happen now. I was just curious.

**Chair Pruyt:** Do we have any other questions or comments? If we don't have any other questions or comments on this agenda item, thank you very much for your presentation on that. We will close out this agenda item.

## **6. Discuss and Specify Scope for Request for Appropriation to Fund Grants Overseen by the Nevada Local Justice Reinvestment Coordinating Council**

**Chair Pruyt:** We will move on to agenda item number six, which is the discussing the specificity of the scope of the request for appropriation of funds and grants as to be overseen by the Council if received. Some of our statutory duties require this body to oversee grants to counties for the purposes of funding programs and treatment that would reduce recidivism. As everyone in here knows, we don't currently have any funding related to those grants. So, this is why we're talking about those. At our last meeting, Director Gonzalez

informed the Council that we would be able to submit a request for appropriation for fund grants for the 2024-25 budget cycle. The agency has until September 1 to submit this request. Director Gonzales and her staff have been diligently researching funding in our State and other states to better inform us on what kind of requests we could and should be able to make. The information presented today should assist us in finalizing our request for our August meeting. Our finalized request would ultimately just be submitted to the Sentencing Commission for final approval to be included in the agency's budget request. I will now turn the time over to Director Gonzalez to present the information they have gathered.

**Director Gonzalez:** Thank you, Chair. I'm going to share my screen for the slides that have been included in your meeting materials. I'm going right to slide two. Again, to remind everybody and hear over and over again is reviewing some of the statutory mandates related to this Coordinating Council. I wanted to review those again before we jump into the information we're trying to gather to build the request for this appropriation.

The Coordinating Council is required to make recommendations to the Sentencing Commission regarding grants to local governments and nonprofit organizations from the State general fund, which means, as the Chair talked about, something that's included in our budget that we submit with our agency budget.

The Coordinating Council is required to oversee the implementation of local grants for programs. The Coordinating Council is required to create performance measures to assess the effectiveness of those grants and then identify opportunities for collaboration with DHHS at the State and local level for treatment services and funding.

On the next slide, I just wanted to connect those duties again to specific duties of the Sentencing Commission as they relate to this Coordinating Council because this is where the source of funding comes related to those grants that the Coordinating Council is required to oversee.

The Sentencing Commission, according to NRS 176.01347, is required to recommend the reinvestment of costs avoided resulting from the enactment of AB 236 to provide financial support to programs and services that address behavioral health needs of persons involved in the criminal justice system in order to reduce recidivism.

The other relevant duty I wanted to highlight related to the Sentencing Commission is to prioritize financial support to certain programs and services, including support to the Coordinating Council for the purpose of making grants to counties for the programs and treatments that reduce recidivism.

The Sentencing Commission is required to make a recommendation after they've identified costs avoided to this Coordinating Council for the funding of those grants.

To revisit what costs avoided are, costs avoided are derived from analyzing changes in the prison population, as they may relate to the enactment of AB 236. The Sentencing Commission has been working on their methodology and formula to identify those costs avoided. Once those costs avoided have been identified, then in a report, the Commission then makes recommendations to various programming and treatment opportunities and agencies to provide funding in order to reduce recidivism and then still maintain public safety.

As this Coordinating Council may or may not be aware, there have been challenges in calculating those costs avoided. In slide four, what we recommend the Coordinating Council recommend to the Commission is requesting what's called an upfront investment on reinvestment. As you can see here on the slide, as a reminder, AB 236 advances the Justice Reinvestment Initiative in Nevada. What that means is, as the reforms from AB 236 are implemented, the vision is that the prison population will be successfully reduced, realizing cost savings for the State that can be reinvested in programs and treatment that will continue to reduce recidivism while maintaining public safety.

The challenges that I've mentioned in calculating the costs avoided are due to impacts in the prison population resulting from COVID. The prison population has significantly decreased over the last couple of years. What's

been difficult to identify is, that decrease, how much of that has been attributed to the changes or to the impacts of the criminal justice system or responding to COVID and what can be attributed to AB 236.

What we want to highlight here is this. Despite that difficulty of being able to distinguish between those two levers or drivers of the prison population, this doesn't change the need for funding, programming, and services that will reduce recidivism, and that doesn't take away from the vision of the Justice Reinvestment Initiative that was enacted in AB 236.

What we are recommending to this Council that then you recommend to the Commission would be requesting an upfront investment that will support this Council in fulfilling its statutory mandate and assist counties in implementing AB 236 at the local level.

Again, this reduced prison population, if we want to continue to see that outcome, it is absolutely worth investing in programs and treatment now to maintain that and reap the long-term benefits of what was intended from AB 236.

What we've been doing since our last meeting is we started talking about this request for an appropriation and looking to gather more information about the idea of requesting an upfront investment is how much we should ask for. That's one of the things we talked about at our previous meeting. We're looking to gather information from other states and from our State that will support the request that we are proposing this Council put forth.

One of the things we looked at was other states where the Justice Reinvestment Initiative was enacted and states that actually did this upfront investment for their reinvestment. This is not an idea we came up with on our own. It actually has been appropriated in other states where they did JRI. So JRI has been around since about 2008 or so. There are many states that have enacted JRI provisions and bills. Between 2010 and 2017, you can see these states made upfront investments when they were enacting their JRI legislation. The funding range is huge. So, some states appropriated \$600,000; because in Utah, you can see they anticipated savings from their JRI bill, and so, they offered that upfront investment when the bill was enacted.

In Oregon, you can see it raised all the way up to \$58 million in their upfront investment. And a lot of what they invested in their upfront investment was in a coordinating council like this one that was looking to administer grants to its counties for programming and treatment.

You can see this range of reinvestment of this upfront reinvestment, and this upfront investment in reinvestment was directed at programs, agencies, and treatment to assist with the implementation of justice reinvestment and, of course, to reduce recidivism while maintaining public safety.

I wanted to show you too this slide shows examples of investments in other states that looked like the type of investments that we think might be invested by this Coordinating Council when you actually have the funds to appropriate grants. We chose states that align with the duties of the Council; we want to see the range of funds that were invested in these types of programs that this Council would be looking to fund in the counties. And this amount of money we believe will inform the request of this Coordinating Council as a foundation for why we recommend the amount that we're recommending. You can see here, it's a range of about two to \$6 million-ish and what that funding was used for and the types of programs that this Coordinating Council might be looking at. It ranges from behavioral health programs, substance use programs, reentry programs, and anything where community treatment and community-based programming could be used to help reduce recidivism and still maintain public safety.

One more slide about programs in other states wanting to get again more specific about not just generally what kinds of programs money was being spent on, but again looking for programs that might be similar to what we're looking to fund here. We're looking for the cost of actually getting these programs up and running, maintaining programs, and expanding programs. Again, we wanted to give some ideas to the Council and

then, when we request the appropriation to the lawmakers in seeing what these types of programs might look like.

You can see in Kentucky; it was about \$2 million to fund police crisis intervention teams, I think is very similar to what we heard about today from MOST. Oregon, again, while they had that big lump of money that they gave, here's an example where they spent specifically on types of programs that I think might be of interest in counties in our State. So again, two million for alternative responder programs, another two million to again, these responder programs, you can see that Texas here used about \$200,000, almost three, to expand their MOST teams to 24-hour coverage in certain areas. Massachusetts used their use of funding to give vocational training to formerly incarcerated persons, so that would help with reentry, which of course, then the intent would be to reduce recidivism and maintain public safety. In Louisiana, there's a big range here in funding, right. It goes from about \$50,000 to \$365,000 to fund all different kinds of programs related to reentry, vocational training; we can see here even family unification and other wraparound services for individuals in the criminal justice system.

What have we done in Nevada, or what are some ideas of what's been intended to be funded? What kind of funding would we look at here in Nevada? One of the things we found that was really interesting was back in the 2019 legislative session; there was AB 191 requested an appropriation of about \$2 million to fund grants to the mobile safety outreach teams in the rural counties. The intent was to expand those programs based on what had already been there. You can see here that the bill did not pass.

During that same legislative session, the Department of Health and Human Services requested \$300,000 to expand MOST in Northern and Southern Nevada. From what I can tell in the analysis of their budget, they got some if not all of that funding to just help support. And again, we learned today about where that funding would go in funding the clinicians and those types of positions. During that legislative session, DHHS also requested another \$400,000 to support MOST.

Then I couldn't verify exactly which part of their request got funded, but I can see that their budget increased after the 2019 legislative session, so they did get some additional funding.

The last thing I thought was interesting is we did reach out to Douglas County to find out where they're at, and these are current requests that they're working on right now. They're looking to support and expand their FAST team, and FAST is Family Assessment, Stabilization Team. And then they're looking to request this \$185,000 to expand their MOST. We thought this information again; it'd be helpful to see what has been going on in our State. We learned today how much it costs to operate the Carson City team. And so, we would also use that amount of money to support; this is what it would cost to get one of these up and running, here's what it looks like, here's the staff that you would need.

On page nine, here's our recommendation for this Council to recommend to the Commission. What we are recommending is specifically directing our agency to include in our budget an appropriation for the Coordinating Council. Specifically, what we are thinking is a good place to start based on our research and our findings, or what has been appropriated in other states and what we can see has been pursued in this State would be \$3 million.

When we look at the different types of programs that can be implemented, when we look at opportunities, and we know the range of what each county is going to need, we know some counties are only going to need, you know, \$50,000, some are going to need \$300,000. I think that range might be a good way to get everybody started. And then, we would put in the request that the areas of focus would be the following, you can see here. I think listing the intent of what some of these grants could fund would help support the appropriation request. As we heard today, it would be a response team like we heard about MOST, any sort of intervention training, mental health or substance use diversion programs, treatment programs, any sort of behavioral health programs, continuity of care programs, access to housing, mentoring and resource programs, and vocational

training. Again, all of this is to continue to advance the policies of AB 236 and that justice reinvestment piece in reducing recidivism and maintaining public safety. I think the range of programs we could be looking at is large. And this is just a great starting point because one of the things we talked about at the previous meeting was where do we start and what are some ideas of things happening in your counties. It might be that you don't even know where to start, and you don't know where some of the gaps are, but the more information we can get, the more we can give ideas to the counties to then look for in that recommendation.

Here are our next steps. At the end of my presentation, I'll be looking for questions and more direction from this Council on other areas you would like us to research and get more information to help shore up this request for this appropriation. And then, ultimately, we'd be looking towards the August 3rd meeting of this Coordinating Council to finalize this recommendation to the Sentencing Commission. We'll put all this together, anything else you would like us to look into, and then add or remove or increase, wherever your appetite might lie for the Coordinating Council. And then, we would take that recommendation, whatever the recommendation is that's approved out of this Coordinating Council, we would take to the Sentencing Commission at their August 15th meeting. And at that meeting, we would hope that that recommendation would be approved. And then what we would do is then submit that request for an appropriation with our budget due September 1st.

I will turn the time back over to the Chair to see what questions we have or discussion or other guidance you have for us in the next steps for this request.

**Chair Pruyt:** All right, do we have any questions about what she has just provided us or clarification anyone would like sought about the proposal for the request to the Sentencing Commission and then on to the State?

I don't see any questions. All right, any disagreement?

We'll go there first. Anyone who is otherwise would like to have more sought or is uncomfortable with the area to first seek or for the justifications to seek the amount of money that we would be requesting?

**Dorothy Rowley:** I have a comment or a question.

**Chair Pruyt:** Yes, please.

**Ms. Rowley:** I guess one question that I had, I've met with a few individuals in Eureka County, and I was just wondering if perhaps the scope could be, well, I don't know, I guess the scope-wise, what we were focusing on was that we're so rural, and we're isolated from like our neighboring county, which would be White Pine County, Elko County, the nearest city is about an hour and 15 minutes away. We were focusing more on the issue of transportation and how we might be able to allow our residents to access what might be available in the neighboring cities. I noticed in the slide, it's more on services provided in the area, but something that would benefit us greatly would be being able to access those resources elsewhere or collaborate with other communities. Because, with our size, we can't get something up and running and sustain it with the size of our population and just how isolated we are to get those individuals here.

**Vice Chair Byrd:** I would second that in the regards of just transportation being, maybe added to that group, because I know that transportation could reduce recidivism if we could get people working, for instance. And I mean, that's an everyday challenge for me. And so, I would concur, I guess.

**McKinzie Hilton:** I also would concur. This is Mackenzie from White Pine. We are like, Judge Rowley was saying, just so remote, the closest Walmart or major hospital is three and a half hours away.

Having that something for transportation, I'm not sure at this point what that would look like, but would be super helpful.



**Chair Pruyt:** I think that absolutely makes perfect sense. It certainly fits within the umbrella of what we're trying to accomplish. Just getting funding for those services without including the transportation would probably be quite an issue for a good majority of the counties in Nevada and even within the larger cities where that becomes an issue as well. So, adding that line item, I think, would work very well to the list that's already there.

**Director Gonzalez:** Ms. Hilton, I just don't know quite what it looks like, but I guess just to throw that out there, what are we thinking? Maybe a shuttle or some sort of rideshare or any ideas about what that might look like?

**Ms. Hilton:** Yeah, I was just personally thinking more of like a shuttle-type service. I don't think we have the population to sustain a full bus, but just if we could have, you know, people that need mental health treatment, just some way to get them there, whether it's a vehicle that people can rent—that kind of stuff.

**Director Gonzalez:** Okay, I think it's a good idea too--go ahead.

**Vice Chair Byrd:** I think it's a variety of things. I think there's going to be people that have no transportation that need the transportation; there's some that have a vehicle that just can't afford the gas to get there. It's kind of a wide variety.

**Director Gonzalez:** So maybe like a reimbursement program too or like a gas card?

**Vice Chair Byrd:** A gas, a gas card. I mean, it's, yeah, a gas card, or in some, it is the vehicle, or it's even more complicated than that. So, and right now, we have very little bit of transportation around Winnemucca. We have no taxi, we have nothing, which I'm sure that those other rurals can appreciate. And so, just even in town, if you have the service, getting them to it can be tricky.

If their "Lambor-footies" are not their favorite.

**Ms. Murray:** Just for some thoughts, Julia Murray, as to ways transportation can be added in there. Things that we do in our office, when we have clients with access problems, we do bus passes, we do reimbursement on things like taxis, Ubers, Lyfts, we do to the extent that we have the ability to access grants to get them, gas cards. There are certain agencies, a lot of them tend to come through like religious organizations, but that have things like vans and other secure livery licensed transport that would allow for certain levels of low level contracting. We don't utilize that down here, but I have seen that in other locations, not in Nevada, outside Nevada, where you can work with someone that's already looking to provide some sort of service as part of what they're doing that you can get some low-level contracts with it. I think it's going to be a matter of getting creative because our rurals are remote. And more so than if you're looking at a lot of expansively land states, I mean, our rurals are really remote, and to get people into really a place that only has two urban hubs is tough. And it's not fair to think that the rurals are going to be able to really create the infrastructure to man any of these types of services on their own. I mean, they have a tough enough time getting the infrastructure that is stable and that they need to make everything else they already have going run. They're not going to be drawing in sustainable professionals on these things that haven't even begun easily.

**Clinton Zens:** If I may, Chair, sorry.

**Chair Pruyt:** No, go ahead.

**Mr. Zens:** Okay. I'm really, really on board with the idea of transportation. I mean, Nye county, obviously, you know, Pahrump, we're pretty close, not only we really rather large, but we're pretty close to Vegas, of course, we're just over the mountain. But what I can say, given that my profession is mental health. One thing when trying to tackle this from a transportation standpoint, I would caution you on how we would present the transportation if it's something simple, like bus passes, or gas reimbursement, things of that nature. The State may then argue that anybody who has Medicaid can call MTM and set up rides in advance to get to appointments. Obviously, this doesn't work for going to the grocery stores and things of that nature or getting a ride to work. I wouldn't want it to conflict with what the State says; well, we already provide this as part of our

service if you have Medicaid, so maybe something a little bit more finite, especially when you're talking about people with mental health problems. If you're going to transport somebody with mental health problems, now you're talking a medical transport because you can't just have them jump in Uber and say, Hey, drive them two hours down the way to the nearest hospital. If this person is suicidal, they may just pop the door open and hop right out. Right? I would just a little bit of caution and how this is written in the way of transportation to prove the necessity beyond what MTM can offer or what Uber could do.

**Ms. Rowley:** I was just going to jump in real quick and piggyback off of what Julia said. I know for Eureka; we would be looking for that, people within the community who could provide that low-level contract transportation. Eureka, we don't have MTM available. We coordinate with transportation; I believe Eureka is one of the, I think the rural counties that's, the distance, if it was in a city would be considered, a long-distance and that's just to get to Elko. It's 120 miles to get to Elko. When people have to coordinate to attend treatment in Elko, they have to do it about a week in advance. I mean, they need a significant amount of lead time for a lot of services just because of the remoteness. Maybe, if we could carve it out or something to recognize that there isn't always that option of Uber, we just don't have the basic services here.

**Vice Chair Byrd:** And I would say that yes, even though we have MTM, we've had our ups and downs here in Humboldt with how MTM can even schedule some of that. For a while, we didn't have anybody, and then others they were wanting to put those with mental health and send them and put them in a motel overnight and transport them just for a dentist appointment, and that was way overwhelming for some people. I take your point very much; we have to be very cautious with it. But I do think that we have some justification in the rurals of why there's challenges with if they do have Medicaid and using Medicaid transportation.

**Mr. Zens:** I completely agree with the challenges. Even here in Pahrump, our MTM challenges have been profound; we get a contractor who says yeah, we can do it, and then a month later, suddenly, they can't do it, so we get a new contractor, and then they can't do it. It's a mess. But I just wanted to enter a word of caution and how it's written because I'd hate for that rebuttal to shoot it down just from a transportation standpoint only because of that piece being missing.

**Ms. Murray:** Absolutely. Another way to maybe secure against that style of an attack might be on emphasizing the fact that we're not just looking at funding for transport to traditional treatment. We're looking for things like assisting in vocational training, assisting in securing stable housing, assisting and being able to participate in other formats of resource-oriented programming that extends beyond medical. So yes, where there is a medical vehicle already available, we would certainly rely upon that, and that would not be something that would get some grant funding. But when we have an exception to that, because of what it is we're trying to give people access to, then that is where we were drawing upon these funds. It might just be strictly in the presentation of how you put that out there like this would be potentially used for some medical transport in the areas such as a Eureka where they don't have this service. However, it could also be used in a Nye, which does have this service for access to other formats. It just might be a style thing.

**Director Gonzalez:** I really appreciate this idea because one of the things I've struggled with is trying to make sure we have a strong position on this is; if we were actually trying to set up services in the counties, how you recruit and how you get someone to stay and actually provide this. And I think that would be another support for a recommendation like this is it's sustainable. We're not looking to try and like create a position that we're trying to constantly trying to fill and get people to come out and live in places that they had never intended to. But by adding this, we can really connect people to services.

I like what you said and what's been discussed as far as where we can expand the services, but if that's just not possible, connecting people in this way, I think, lends us to sustainability rather than coming up with something that might not work in the long term. I appreciate that input, and we'll put that together, and anything else anyone has?

Not that I'm wrapping it up, but I just really appreciate it; I just want to comment on that.

As far as other things I'm thinking of that you just mentioned, Julia, that we could add as well to strengthen the position and being prepared for what the counterargument might be.

**Chair Pruyt:** Any additional questions or comments? All right, I believe Director Gonzalez is going to continue to work on that with her team and get that finalized for our vote at our next meeting.

## **7. Discussion of Potential Topics and Dates for Future Meetings**

**Chair Pruyt:** That's actually going to transition us into our next item, which is item number seven. We have two more meetings scheduled for this year. One is August 3rd. Wait, yeah, August 3rd, 2022, and then we have another meeting on December 7th of this year as well. I know the staff is already working on more topics for those meetings, but if anyone has any other topics they'd like to bring up right now or any other presentations you believe would be beneficial for this group to hear of services that are offered in your community or services you're aware of, perhaps even another state or location that is nearby you think would benefit this Council to know about. If you know of those now, go ahead and please volunteer those; if not, of course, you can always email us; you can email Director Gonzalez at any time. Go ahead, Ms. Murray.

**Ms. Murray:** The Department of Indigent Defense Services, I believe they reached out to Director Gonzalez already, but I work pretty closely with them, and they service all of the rural counties in Nevada from a criminal defense legal perspective. However, something that they've been working on is putting together what's considered to be a holistic resource center that would offer access to social workers, treatment, connections to assist with people who are on probation, parole, and other things of that nature to get assessments for court, to get access to programming. While I know that this is not a defense-oriented necessarily commission ourselves, we are intimately linked in to making sure that the people who are being monitored by the system have some ability to create success. And I think that what that division is attempting to do could be of interest, particularly to those in this group that are from the rurals. In talking to them about what might be a good placement for that, what types of things they might need, and if they're able to secure the grant funding they've already applied for, I know they're looking for significantly more right now; they don't have nearly what they need to get this off the ground. I know that they're open to where it would be placed; they want to create the most access possible as well as the most reach to those who need it. They might be a good presenter, or even if they just submitted written materials, or something else if time didn't permit.

**Chair Pruyt:** Fantastic, thank you.

**Ms. Murray:** You're welcome.

**Vice Chair Byrd:** That is a great idea. The other people I think that might be able to present that would be of help are our rural regional behavioral health coordinators. Because with all of them working together, they have a big picture of all, whether we're rural, or we're Clark County or Washoe, they have the big picture of what's going on.

**Chair Pruyt:** Fantastic. Any other thoughts that anyone would like to add at this time? All right, those are great. I think we definitely need to get those into our meeting for our next ones. Again, if anyone has any other, please send us an email, and we will make sure to get those added to our next set of meetings. So that's going to close up our items for this, well that's going to close up item number seven.

## **8. Public Comment**

**Chair Pruyt:** That takes us to item number eight, which is our final moment of public comment for this meeting. I am now opening the second period of public comment just as we did during the first period of public comment; those who wish to testify may do so by telephone. Due to the time constraints, public comment is

limited to two minutes per person. Any member of the public that exceeds the two-minute limit may submit additional testimony in writing to the Department of Sentencing Policy at [sentencingpolicy@ndsp.nv.gov](mailto:sentencingpolicy@ndsp.nv.gov).

At this time, I will pass the time to Monica to set up our public comment.

**Ms. Chiazza:** Thank you, Chair. Members of the public who would like to testify by phone, press star nine to raise your hand. When it is your turn to speak, please slowly state and spell your first and last name.

Chair, we have no callers that wish to testify at this time.

**Chair Pruyt:** All right, thank you. That will conclude our second period of public comment and moves us on to item number nine.

## 9. Adjournment

**Chair Pruyt:** First, I want to thank everyone for all their work leading up to this meeting, and I want to thank everyone for all their participation in the meeting. I think we're able to get a lot of great discussions out, and I look forward to our next meetings and what we're able to accomplish and the continued research of Director Gonzalez and her team, which I believe will continue to assist us in meeting our statutory goals. So, at this time, that will conclude our meeting for today. Thank you all.

DRAFT