



# **NEVADA LEGISLATURE JOINT INTERIM STANDING COMMITTEE ON JUDICIARY**

***(Nevada Revised Statutes [NRS] 218E.320)***

## **MINUTES**

**July 8, 2022**

The seventh meeting of the Joint Interim Standing Committee on Judiciary for the 2021-2022 Interim was held on Friday, July 8, 2022, at 9 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 4100, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) ([publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us) or 775/684-6835).

### **COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Senator Melanie Scheible, Chair  
Senator Dallas Harris  
Assemblywoman Elaine Marzola

### **COMMITTEE MEMBER PRESENT IN CARSON CITY:**

Assemblyman Philip (P.K.) O'Neill

### **COMMITTEE MEMBERS ATTENDING VIA REMOTELY:**

Assemblywoman Rochelle Nguyen, Vice Chair  
Assemblywoman Lisa Krasner  
Assemblywoman Shondra Summers-Armstrong

### **COMMITTEE MEMBER ABSENT:**

Senator Keith F. Pickard (Excused)

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Patrick Guinan, Senior Principal Policy Analyst, Research Division

Diane C. Thornton, Senior Principal Policy Analyst, Research Division

Julianne King, Assistant Manager of Research Policy Assistants, Research Division

Karly O'Krent, Senior Deputy Legislative Counsel, Legal Division

James Malone, Senior Program Analyst, Fiscal Analysis Division

*Items taken out of sequence during the meeting have been placed in agenda order.  
[Indicate a summary of comments.]*

## **AGENDA ITEM I—CALL TO ORDER AND OPENING REMARKS**

### ***Chair Scheible:***

Thank you all for being here, and welcome to this meeting.

[Chair Scheible reviewed virtual meeting and testimony guidelines and housekeeping announcements.]

Our Return Strong NV members are here in the building today. I have agreed to allow them to present earlier in the agenda. I also maybe taking the LCB Audit Division's presentation before the presentation from Nevada's Department of Corrections (NDOC), if my presenters are available to do that. Basically, we are going to start with public comment, then, skip the Juvenile Justice Oversight Commission today. We did not have time to produce an updated agenda, but they will not be presenting today. We will go from public comment into the discussion on the interim study. After the interim study, we will go to Return Strong NV and then into the rest of our presentations from the NDOC, the Audit Division, the Department of Public Safety (DPS), the American Civil Liberties Union (ACLU), the Department of Sentencing Policy (DSP), and all our fantastic guests today.

## **AGENDA ITEM II—PUBLIC COMMENT**

### ***Chair Scheible:***

Alright, I think I have covered everything. We will go into public comment now. Public comment is three minutes per person.

Is there anybody present in Las Vegas who wants to give public comment in person?

### ***Christie Kovello, Member, Return Strong NV:***

Good morning. My name is Christie Kovello. I am with Return Strong NV, and I would like to give a comment about why Return Strong NV and I feel that we need prison oversight and accountability ([Agenda Item II A](#)). I want to share with you the impact of the repeated price markups of basic necessities in the offender store and the lack of oversight by NDOC and what that has had on my family. The price of the items in the commissary have increased eight times over the last year despite the contract vendor, Keefe, only being allowed to raise prices once a year.

I was sickened to learn that a recent audit of NDOC's fiscal processes outlined that over the course of the year, commissary prices netted the Department over \$5 million dollars in profit. This is the profit that comes off of struggling Nevada families as well as me. I am currently helping to care for my grandchildren who are now part of the statistics of children in the United States with incarcerated parents. Children with one parent incarcerated are more likely to have long-term physical and mental health concerns, lower lifetime earnings, and unstable living than those who do not. The NDOC's increases and commissions they are receiving not only affect me, but they also affect my grandchildren. It is no secret that meals in the NDOC prison system are historically low in nutritional value and in portion sizes. During lockdowns or periods of inadequate staffing, meals are sometimes not even served in certain places.

Food purchased from the commissary is often the only supplemental nutrition that incarcerated individuals have access to. I do not know about you, but it would be rough to go to bed hungry. Have you ever received a letter from one of your children describing hunger pains and what it is like to go to bed hungry? I hear it all the time. Imagine having to choose between supplementing nutrition and basic needs for your child or buying diapers and nutritional items for my grandchildren. Not only are families bearing the financial and emotional burden of supplying food to their loved ones but also the basic necessities that NDOC has deemed to be a luxury. Inmates are given one roll of toilet paper per week. That may have changed, but that is how it was a month ago for my son. Is using more than one roll of toilet paper really a luxury?

Imagine that your only bathing option is a shared shower area, and are not shower sandals a necessity for health reasons? Basic necessities are not luxuries. They are part of the Eighth Amendment that require prison officials to adhere to evolving standards of decency. Nevada has formal regulations since 2010, yet 12 years later in 2022, prices of commissary items remain unregulated. Why? By continuing to pass the cost of imprisoned individuals to families and loved ones in our Nevada communities, we continue to perpetuate the cycle of disadvantage. Not only does this perpetuate disadvantage in our communities but within the prison system itself. Disadvantaged offenders are often limited to access to funds while struggling to purchase basic necessities such as food, clothing, and hygiene items. That creates tension within the prisons. Increased disparity and larger gaps between the haves and have-nots in the prisons continue to create a safety risk for offenders and your officers.

The cost of commissary items is disproportionately higher than other prison communities. We are asking for prison oversight and accountability of these prices and the price increases.

***Chair Scheible:***

Thank you. Is there anybody else in Las Vegas to give public comment in person?

***Sonya Williams, Member, Return Strong NV:***

Good morning. My name is Tony Williams. I became an activist with Return Strong NV after the experience I went through with my daughter's father who was incarcerated at High Desert State Prison (HDSP). We are sharing our stories with you today to help you understand why we need oversight in the Nevada prisons. We have studied oversight bills in other states and realize that by protecting families, we can also address issues with the lack of communication, respect, and humane treatment of our loved ones and all incarcerated persons in Nevada.

I am going to share my story, but I want to be clear that this is not unique, not in Nevada. Let me begin. In 2019, Eric called me to tell me that he passed out in his cell and had blood in his stool and asked me to call and get him to the doctor. After nearly two years of medical requests and calling family services, medical directors, administration, and Eric having to do a man down, Eric was finally taken to the emergency room in late June 2021. There, he was diagnosed with stage four colon cancer with undiagnosed metastasis on his lung, kidney, and liver. Over the next three weeks, we had no idea how to even process the diagnosis, as no medical staff within the prison could offer any information regarding his diagnosis or treatment plan. I was forced to beg and plead with the prison for any information regarding Eric's medical care.

At that point, my daughter had not seen her father for nearly two years due to the Coronavirus Disease of (COVID-19). Eric was in the infirmary at High Desert. He could barely hold the phone to have a conversation. I began asking the prison to honor a special visit. It became clear that he would not survive this, but while we were fighting for the compassionate release, I knew my daughter, Jaycelyn, needed to see her dad. The prison made that process nearly impossible. Finally, they approved a visit on Eric's 45<sup>th</sup> birthday.

A little over a month after being diagnosed and after a year and a half of not seeing him due to the pandemic, my daughter, who was six at the time, and I entered the visiting room. As I signed in at the front desk, my daughter saw her very ill father handcuffed and shackled to the wheelchair. She went to him and gave him a hug. It happened so fast. I did not realize she had run to him until I saw the guards rush past me. There was no contact rule visit at that time, but the policy said that if children were not being in control, they would have to leave, but she got no warning, and we were forced to leave. Eric was crying and Jaycelyn was confused. They did not make an exception for a terminally ill person who was handcuffed and shackled. His little girl just gave him a hug after not being able to see him for two years. Our visit was immediately terminated, and we were escorted from the visiting room. That was the last memory my daughter will have of her father. We were never able to visit again. They suspended our visits for six months and wrote him up on disciplinary charges. He was still awaiting disciplinary determination regarding the hug when he died.

I spent six months trying to get NDOC to follow its own policy for compassionate release, but that process is a maze and a race against the clock with no help navigating it at all. Thankfully, I found Return Strong NV, who helped point me in the direction needed to get him a compassionate release and overcome the obstacles that were constantly thrown in our way. Eric was finally approved for compassionate release on December 9. We were told by the Division of Parole and Probation (P&P), DPS, that he would be released by December 15; however, five days before he was to be released, we were informed that NDOC had failed to notify the county commissioners of his release, and he had a new 45-day hold.

***Chair Scheible:***

Is there anybody in person in Carson City to give public comment? Go ahead whenever you are ready.

***Nicole Williams, Member, Return Strong NV:***

My name is Nicole Williams. I am also an activist with Return Strong NV, and I just want to read a brief statement regarding oversight with NDOC ([Agenda Item II B](#)).

When my place of employment was proactive in raising our pay rate 7 percent to help with the cost of inflation last month, I was so grateful. My first thought was this increase is going to help with my very tight budget. I do not qualify for any type of state assistance and live paycheck to paycheck like so many other individuals who have incarcerated loved ones. That 7 percent increase has helped me be able to send my loved one a little more money each month so he can buy commissary and add money to his phone time so he can call and talk to his children and his sick, elderly mother. We would love to go visit since we have not been able to see him in a couple of years due to COVID-19, but we financially are unable to do so. Oftentimes, I must decide if I pay a bill, put money on his books, or save up for a quarterly package. The NDOC has increased store prices at least six times this past year. Me and other families are paying for it. At one point, he could get a decent amount of food and hygiene items for \$50, but now that barely gets him anything. Let us not forget the fees—

the fees to send money, fees to put money on the phone, and fees to send packages. The list goes on and on.

The NDOC made \$14.2 million dollars in profit that was reported during the audit that was published and is public record. That is insane. Why do our loved ones have to pay copays to see a doctor and pay room and board if they work prison industry jobs? I have looked at other neighboring states and researched their food prices and package cost, and they are so much lower than Nevada with the same vendor. I do not truly understand the greed. I literally go without so my loved one can go to sleep on a full stomach. We need to change legislation. My hard-earned money needs to go to my loved one and not the NDOC.

In closing, I want to share a quote from Nelson Mandela, "No one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones." Thank you.

***Nick Shepack, State Deputy Director, Fines and Fees Justice Center (FFJC):***

Good afternoon, Chair Scheible, and Committee members. My name is Nick Shepack. I am the state Deputy Director of the FFJC. I am here today in support of Return Strong NV and our joint proposal for the implementation of regulations surrounding the cost of incarceration in the State of Nevada. We have submitted our proposal ([Agenda Item II C-1](#)) along with a preliminary report on the many costs associated with incarceration. The majority of the information in this report was received from a response to a public records request we submitted to NDOC. We want to thank the Chair for helping in expediting the request, which we were originally told would not be made available until September. Last legislative session, this body unanimously passed an amended Senate Bill 22 (2021), with the goal of financially protecting the families of the incarcerated. While this was an extremely important first step, our researchers found that the cost of incarceration in Nevada remains extremely high.

The information we were provided shows a commissary markup of 66 percent on most commissary goods, including tampons, denture cream, vitamins, food, and clothing products. The NDOC has the highest medical copay in the country. We were the only state in the nation not to waive that medical copay during the pandemic. For many who have institutional jobs, such as a barber or law library staff, a single medical visit can cost more than half a month's pay. These high costs discourage individuals from seeking medical care and lead to costly treatment down the line. Emergency medical care cost a man-down fee that is at least \$50 if a doctor is needed, although we have reports of more money being charged. Medical injuries from recreational activities or from self-harm often result in debt that follows an individual after incarceration. The debt can range from hundreds to hundreds of thousands of dollars, as shown in the recent audits. This debt is often sent to collection agencies, and that has continued to be incurred at a time when individuals are the least likely to have access to financial resources. If they have a debt to the system when they are released, that debt is taken out first from their savings. They are often released with the debit card with just \$25 on it. These debit cards have a fee to use the debit card. They have a fee to not use a debit card. They have a fee to check the balance on the debit card. They have a fee to replace the debit card. There are fees we do not see in any other financial system. The General Fund needs to be funding our prison system, not the families of the incarcerated.

We are working hard to develop a more robust report and explore how other states handle these issues. If you have any questions regarding our report, I will be available here after the Return Strong NV. I implore you to read our preliminary report, listen to the impact on

members of Return Strong NV, and work with us to find evidence-based solutions to address these costs of incarceration. Thank you very much.

[Mr. Shepack submitted a markup sample spreadsheet from NDOC for the record ([Agenda Item II C-2](#)).]

***Tonja Brown, Advocates for the Inmates and the Innocent:***

Good morning, Chair Scheible, members of the Committee. Over the past few decades, I, along with advocates Pat Hines, Flo Jones, Michelle Rivel, and others, have worked making changes for the lives of the inmate offenders. Laws were created that were instrumental in helping the offenders. With the help of the Advisory Commission on the Administration of Justice (ACAJ), we advocates, through public comment, were able to have our voices heard. We presented our good ideas to the Committee, and our ideas were heard.

The ACAJ established the grounds for submitting a recommendation to a committee. A recommendation submitted to them did not have to be placed on the agenda and presented. If the idea was a good idea, it did not matter where the idea came from, even if it came from a public comment. At the time the person is making the public comment, the committee is aware what is now being presented to the committee. When it is presented to them and then it is heard and vetted to the committee under public comment, the committee would accept recommendations from those appearing before them under the public comment. Recommendations were discussed just as though they had been placed on the agenda and presented to the committee. Some of the recommendations passed and became law that were submitted under the public comment, and some did not. Some of this would be picked up by our legislators and passed and became law.

One of the things that we advocates fought for was to have an independent oversight committee. It took years, but we were successful in 2011. When SB 201 (2011) passed, however, the bill was changed from an oversight committee to have an ombudsman under the Office of the Attorney General (OAG). In 2012, I brought to the attention of the ACAJ that passing SB 201 (2011) had not been implemented yet. I asked the deputy attorney general why it had not been implemented, and he said it was due to the lack of funding.

About three years ago, I decided to look into SB 201 to see if it had been implemented. It had not. I called the OAG, and I spoke to Deputy Attorney General Christine Jones Brady. She was not aware of SB 201. We talked and made arrangements to sit down to discuss the ombudsman bill and how it could work, but due to conflicting schedules on her part and my part, we were unable to have a meeting set at that time. Then the pandemic hit, and I sustained an injury. I forgot about SB 201 until a post from Return Strong NV appeared across my Facebook page regarding the organization wanting to get an independent oversight committee in NDOC. At this time, I would like to thank Return Strong NV for that post because it reminded me that I had dropped the ball.

I do not know if the OAG actually has the funding to pay for the ombudsman or if there is something that needs to be funded for the 2023 Legislature. I ask this Committee to consider the agenda items that are being presented to you today and future agenda items and think about SB 201 (2011) and how valuable funding would be for not only the offenders, but the taxpayers as well.

I will read you the bill that passed in 2011:

The Attorney General may establish a program for mediating complaints from an offender concerning: (a) An administrative act, which is alleged to be contrary to law or policy of the Department; or (b) Significant issues relating to the health or safety of offenders and other matters for which there is no effective administrative remedy. 2. If the Attorney General establishes a program for mediating complaints pursuant to subsection 1, the Attorney General shall: (a) By regulation, establish procedures for mediating complaints by offenders; and (b) Prepare and submit to the Board an annual report on: (1) The complaints mediated through the program; (2) The total dollar amount of claims asserted in complaints mediated through the program; (3) The number of complaints that were resolved through the program . . . .

***Chair Scheible:***

That brings you to three minutes. Thank you so much. Is there anybody else in Carson City?

***Nevaeh Jackson, Member of the Public:***

Hello, my name is Nevaeh Jackson. I am 13 years old, and I am an activist for Return Strong NV. I was supposed to go on vacation with my grandma this week, but when I found out that we were going to be coming here to talk about things that are so important to me, I asked my grandma to change our vacation because I think it is important to stand up for what is right and to stand up with other families who are going through the same problems, because we really are stronger together.

The past year has been really hard. The pandemic changed so many things, but one of the worst things was worrying about my dad. He is in prison in Nevada. I worried about him so much. We hear the stories of how badly people were suffering. It made dealing with everything even harder. I really struggled with feelings of fear and depression because I did not know if he was safe or not, and I did not know when I could see him again. I remember the first time that I got to hug him again, I did not want to let go, and I started crying. I guess what I really want you all to know today is that no matter who your family is, what they might have done wrong, we still love and need each other, and that should never be taken away from us. Thank you.

***Desiree Miller, Member of the Public:***

Hello. My name is Desiree Miller. I would like to tell you some of the challenges in providing for loved ones while they are incarcerated. Cost is the number-one issue that families have, as it affects our ability to communicate, have funds for commissary, or even go visit. For our loved ones, communication is extremely important. It keeps them connected to the outside world that most of them will be returning to. It gives them hope and something positive to focus on. The cost of phone calls is ridiculous, and with the price we pay, they are not even reliable. Many times, the phone systems do not even work. Because of the high cost, we are not able to communicate as often as we would like. Even for the short time we do have, we must sacrifice our own needs to provide for that communication.

Commissary items are already high priced, and in the last year, they have increased multiple times. The NDOC is making a profit off us, and that is not right. This means having to send even more money to support our loved ones. This is ridiculous and the increased costs of phone calls and commissary makes it difficult to visit our loved ones. We must make a choice to provide those funds or to visit. Personally, as a single mom of two kids,



I work hard to provide everything my kids need as well as my loved one. I have severe medical issues that have made it even more difficult to provide for my loved one. I must work overtime and cut things out for myself. Have you ever had to tell a child that they cannot visit or talk to their dad because there just is not enough money? That should never happen, but it does. No matter how hard we work, how much we sacrifice to be able to provide, the system takes advantage of it. These costs need to become more reasonable, and changes need to be made. Thank you.

***Chris Lininger, Captain, Humboldt County Sheriff's Office:***

Good morning, Chair Scheible, and members of the Committee. My name is Chris Lininger. I am the Captain with the Humboldt County Sheriff's Office, currently in charge of the detention center. I would just like to make a few comments on mental health issues in our detention center and some of the challenges we face.

First, the growing number of people who are being booked in and charged with offenses and the mental health issues they present is a challenge. One of the biggest things that we see is when a person is going through the court process and found incompetent to stand trial. Once we get the court order to get him or her placed into Lake's Crossing Center, we are seeing a wait time of between six months to a year to get them into a facility and a bed available. In the meantime, a lot of our rural agencies or detention centers are not built to handle people with severe mental health issues. It is a challenge to personnel and holding. One person in our facility could shut down one of my blocks for six months to a year and make arrangements for other inmates difficult.

We would like to see more funding to the Lake's Crossing Center or even a facility built for the rural areas for individuals who need to go into a secure facility to be found competent to stand trial. Thank you very much.

***Kiera Rashaun, Member, Return Strong NV:***

Hello. I am Kiera Rashaun, and I am here with Return Strong NV. I am going to speak about the costs of incarceration and share my own story ([Agenda Item II D](#)). I will start with the fact that in this case, my loved one is currently incarcerated for a crime that occurred in the past. It was not a current crime. It occurred while my loved one was struggling with addiction. He had completely turned his life around and has remained sober to this day since May 2019. My loved one became incarcerated for his crime in November 2021, after being told he would not go back to prison, and he would receive probation. Before this tragic situation occurred, our family had finally become self-sufficient and had pulled ourselves completely out of poverty, as we both are in recovery from addiction. Together, we raised above our addictions, homeless, jobless, and hopeless way of life. We were finally living with no state assistance. Our family lived in transitional housing for three years. We were working very hard to rebuild our lives. We finally were able to move into our first home—the same exact day as his sentencing. Talk about a punch in the stomach, as we worked extremely hard to accomplish this goal.

My loved one was the main provider and had steady employment to provide for his now family. Our family includes five children. Four out of the five were in our physical custody. When he was sentenced to prison, that put all financial responsibilities and raising our children onto me. I am now a single mother to four children. This prison sentence has thrown me back into poverty. I work a fulltime job to ensure our family keeps everything we have worked so hard to obtain and, most of all, stability for our children. On top of what we call normal living expenses, I also must make sure my loved one is taken care of while he is

incarcerated with NDOC. The NDOC has raised the commissary in their prisons by 60 percent, which takes away from the families who are providing and ensuring our incarcerated loved ones have what they need to survive while in the care of NDOC.

Do you realize NDOC is making a serious profit off the families? Do you realize what this does to the families trying to survive in an already crazy expensive world? The direct result is families of the incarcerated must choose between paying their normal expenses to survive, maintaining stability, receiving a phone call from their loved one, ensuring their loved one has enough to eat, ensuring their loved one has clothes and proper shoes to wear, and so much more. I live paycheck to paycheck as it is. One paycheck does not even cover the entire rent. When I get paid, I must make the decision to pay my bills on time or put money on the phone account so our children and I can speak to our loved one regularly.

The emotional and mental effect this has on our children is tremendous because our older children see their mother struggling to keep a roof over their head, the lights on, and the fear to be homeless again, even though I am working so hard. Before he became incarcerated, he put all his hard work and dedication into providing us with a beautiful, stable life. Now our children and I want to make sure he is taken care of the way he needs to be; the way he takes care of us when he is home working and providing for his family.

The cost of commissary and the lack of proper food within NDOC is absolutely sickening. Why is NDOC making a profit while I am choosing between survival? That simply seems unfair to me and to many other families. Now that I have shared with you the significant impact of the cost of incarceration and the financial, emotional, and mental impact it has on families of the incarcerated, we at Return Strong NV kindly ask legislators of Nevada to please immediately intervene and stop all markups and profits that NDOC is making from the hardworking families within our state. There are thousands of families struggling to make ends meet and care for their loved ones who are incarcerated.

***Chair Scheible:***

You are at about three minutes now.

***Ms. Rashaun:***

The profit that NDOC is making by taking from the families of the incarcerated is not right. The NDOC is not a business. It is, in fact, a state-funded correctional center and desperately needs to be operated as that. Thank you.

***Kevin Ranft, Representative, American Federation of State County Municipal Employees (AFSCME), Local 4041:***

Good morning, Chair Scheible. Local 4041 represents correctional peace officers in the State of Nevada for the NDOC. These types of hearings are a long time coming. There needs to be more of this oversight to work with NDOC, AFSCME Local 4041, and other groups that have a say in this matter. Today's presentation regarding what NDOC will be providing in Agenda Item V is just a small segment of what is really going on in the NDOC. There are safety issues associated with the staffing shortage, and that is what we want to talk about today. We cannot go into various details of what safety concerns are happening, but there are a lot of details that need to be said. I do not know if it is in a closed-door meeting or what needs to happen, but at the end of the day, our correctional officers are at risk and, therefore, inmates are at risk. Many individuals are reaching out saying a problem is happening within the NDOC.

Now is the time. Recruitment and staff shortages are a major problem. A lot of officers are going to other agencies. They only stay with the NDOC for a very short time. Now is the time to do something for recruitment—whether that be more money towards recruitment—we need to start filling these extremely large vacancies and stop being a training ground for other agencies. We need to start showing professionalism within this Department. The officers feel like they are just being ridiculed and they cannot do anything right. There are a lot of good officers and a lot of good administrators, but there are a few who make it an unsafe place to work. We cannot keep people. Right now, the overtime is so severe that it causes extreme exhaustion for these correctional officers. The time is now.

Other agencies are paying 100 percent towards their Public Employees' Retirement System (PERS). We must start looking at areas that can make a big difference, such as increasing these correctional officers' pay so they want to stay. They want to be valued, work in these communities, not other states, not other counties, not other cities. The time is now. Let us work together with the NDOC, this Committee, the 2023 Legislative Session. Again, we respect the opportunity to do this.

We were asked to do a presentation, but due to people being on vacation, that did not happen, which is why I am making public comment. I can tell you that NDOC is not the only agency that has staff shortages. Other agencies are extremely short-staffed as well, but NDOC brings in safety concerns. The time is now—safety, safety, safety. Let us increase these officers' pay; let us make them feel like they are a professional agency. We want and look forward to making that happen, and we want and look forward to working with you. Thank you.

***Ann Z. Cox, J.D., Member of the Public:***

My name is Ann Cox. I am a resident of Comstock Village Mobile Home Park, a senior park in Carson City. I will give you some introduction. During the 2015 Session of the Nevada Legislature, SB 29 became law, granting counties limited functional home rule. That is a limited form of the authority to pass ordinances and act upon matters of local concern that are not governed by state or federal laws. Of note, this writer finds evidence of SB 29 (2015) created but following that no action except for salvage rights granted to the Department of Motor Vehicles (DMV). To state my request for rent stabilization in Nevada senior parks, I submit the following:

The residents of Comstock Village Mobile Home Park have again on July 1 been given notice that their space rent will be increased in 90 days on October 1 of this year. The park has 260, plus or minus, paying spaces of various sizes and assorted lot size rental fees. Space rents run from \$500 to \$625 presently. Of importance, every two years, the Allen family has raised the space rent. This time, the raise was only 21 months from the last raise and made a total raise of \$70 per space in 21 months. Comstock Village Mobile Home Park is filled with seniors who will now suffer an increased burden with yet another space rent raise.

Sadly, there is no NRS or advocate with any clout to help us seniors. The only agency who receives complaints and gathers information from around Nevada is the Nevada Housing Division, Department of Business and Industry, on 1831 College Parkway here in town. The staff at that agency, including the Las Vegas staff, is very helpful, but the staff has always told me there is no NRS to limit any type of rent raise. The owners of mobile home parks and RV parks can raise the rent to whatever they wish, whenever they wish. We have heard that raises are similar to other parks; however, that only means that seniors elsewhere in the thousands are experiencing financial hardship. In researching this financial issue, I have found similar raised rents, many very large increases in all senior residential parks.

Those would include RV parks. In all these cases, it was found that most seniors are existing on Social Security funds and occasionally a retirement fund as their only sources of income. Subsidies are available, but they are really humiliating in their nature and are used only in extreme cases ([Agenda Item II E](#)).

***Chair Scheible:***

I believe it has been three minutes.

***Ms. Cox:***

I believe it is a fair economic request by Nevada seniors to request a senior rent stabilization statute. Many seniors fall under the national poverty level. I submit that we need a home rule order or other order or bill limiting senior rents. Thank you.

***Chair Scheible:***

Thank you.

***Angela Cadenas, Member of the Public:***

My name is Angela, and I am from Carson City. I would just like to share a little bit of my story and why I think there needs to be oversight on some of the medical care in NDOC. I was an inmate at Florence McClure Women's Correctional Center in 2009. I also did three months at Northern Nevada Correctional Center (NNCC) before they transferred us to the women's prison. Before I was sentenced to prison, I had been on an antidepressant for at least ten years. When I was in NNCC, they did not give me my antidepressant or my antianxiety medication, which neither one was a narcotic. I ended up spending three months in a cell by myself because all the other girls had already been transferred out. I was off my antidepressant. I was off my antianxiety medication. I spent three months with no fresh air. While in the infirmary, I pushed the medical button to get some attention because I felt like I was STARTing to have a panic attack. My panic attacks are very severe. They told me that they would send somebody, but they never did. I pushed the button at least 12 times. Nobody ever came, and eventually they just stopped answering.

I feel if there was more attention on the medical care that there would be fewer outbreaks in the prison. Yes, I became very angry; I was not on my medication, and nobody came to check on me. You can imagine what no fresh air, no medication, or someone abruptly stopping their medication can do to somebody's mental health. Something needs to change, and I hope to see some oversight on that situation. Thank you.

***Chair Scheible:***

I am not seeing anybody else to give public comment in person. We will move to the phone lines. Is there anybody online or on the phone to give public comment?

***Annemarie Grant, Advocates for the Inmates and the Innocent:***

Good morning. I would like to request that you support our recommendations for the inmates and the innocent, particularly our petition for factual innocence posthumously. I would like to reference Ray Krone, an exoneree's letter that was submitted to the former ACAJ in 2020. He wrote:

I do not ask you to imagine what those ten years in prison were like for me. I want you to imagine what they would be like for you if it were your son or daughter serving time for a crime they did not commit. At what point would you stop fighting to clear their name? There is a stigma that comes along with being a family member of someone that has been wrongfully convicted. Think about Damarlo Barry and others who have been exonerated. Had they passed away before they were exonerated, would it have been right to deny them their exoneration?

As a public citizen and sister of Thomas Purdy, who was murdered by Reno Police and the Washoe County Sheriff's Office on October 8, 2015, I would like to mention that 20 community members have died during interactions with police since June of 2021 to December of 2021. Most recently in Las Vegas, 50-year-old Reiner Sommer was asphyxiated to death on October 18, 2021, by the Las Vegas Metropolitan Police Department (Metro). For my last conversation with his daughter, Taylor, the family has not been provided any bodycam footage. We have public record laws, so I am confused why the family has not been given the bodycam footage. Again, I would like you to support the Advocates for the Inmates' recommendations ([Agenda Item II F](#)). Thank you for your hard work.

***Chair Scheible:***

It seems Ms. Grant's phone may have cut out or maybe she was finished. Is there anybody else on the phone to give public comment?

***Kathy, Member of the Public:***

My 27-year-old son is incarcerated, and I am here in support of Return Strong NV. I want to share two different medical incidents that NDOC has allowed to occur. My son has several heart conditions, one being Brugada Syndrome, which is a sudden death cardiac arrest. He has an implanted defibrillator and a pacer. Back in March, the defibrillator went off, causing him to have a grand mal seizure with witness accounts saying he laid on the floor for over 20 minutes, aspirating his own vomit while medical staff argued among themselves on how to transport him back to the clinic. After three hours in the clinic, he was transferred via ambulance to the hospital. He was placed on a ventilator to sustain his life. He was on life support for nine days. Six days into his ventilator, I finally got noticed only because I knew something was wrong, and I pushed hard for information from the medical director. The first words we were told on day six about his diagnosis was that he was in grave condition.

The second incident was in May. He was brought over to NNCC for a scheduled visit. The officer on duty told him to walk through the metal detector. He politely told the officer that he had an implanted device, and he was not able to go through the detector because it would produce an unneeded shock to his heart. The officer stated, "Either walk through the metal detector or go to the fucking hole." He walked through, he got shocked, and he continued to get shocked throughout the day. This causes undue stress and irreversible muscle damage, causing long-term negative effects on his already sick heart.

In the end, NDOC has caused irreparable damage to his already sick heart with no accountability. The Department has done little to nothing to educate their staff. It is cruel and unusual punishment to subject any inmate with medical neglect. Families and loved ones should have the right to be notified of imminent death or severe illnesses. Denying any inmate medical care that is not up to industry standards is criminal. Every inmate deserves prompt, appropriate, reasonable medical care. The NDOC has little to no regard for an

inmate's life. This is one reason why NDOC needs an independent oversight committee. Thank you.

***Julia Ratti, Chair, Washoe Regional Behavioral Health Board, and Director, Programs and Projects, Washoe County Health District:***

I first say a warm hello to all of you. I am here to make public comment today on Agenda Item IV regarding the crisis response call centers. I am the Chair of the Washoe Regional Behavioral Health Board, though I would note that I am here today speaking as an individual because the Board has not taken a position. I am also the Director of Programs and Projects at the Washoe County Health District, where we are working with a community coalition towards standing up a reformed crisis response system.

First, I want to thank the Legislature for all its work in the last session to move towards this model. I will remind everybody that what we need to be successful is a system of care for somebody who is experiencing a crisis that includes high-touch and high-tech call centers that can do text, chat, and phone calls; then, someone to go to them if they cannot be stabilized—the mobile crisis teams, which I think we will be focusing on today; and finally, for those who cannot be stabilized, a crisis stabilization center with a living room model. In all of these settings, we are looking for a best practice of using both behavioral health professionals and peers to make sure that individuals who are experiencing a behavioral health crisis response have the care of folks who are working within the behavioral health system. We also recognize that we need trained individuals working within law enforcement for those calls that require a public safety response.

I am here to report there has been some great progress. It will be an exciting day when 988 goes live July 16, 2022. We are very thankful to the Interim Finance Committee (IFC) (NRS 218E.400) for the funding that was allocated to support several aspects of the system, but specifically the four crisis response centers that will be set up in the next year. We are very excited to see more work happening on the mobile crisis teams and specifically the planning grant that the state got to continue to work on standing up mobile crisis teams.

I am here to urge the Joint Interim Standing Committee on Judiciary to do everything it can to support those working in the field of health and human services to stand up this model so that we can divert more folks from emergency rooms, but of course, also divert folks from jails and prisons. We would like to see our behavioral health folks who are experiencing behavioral health challenges get the behavioral health services they need again. Thanks so much for your work, and I hope you are all doing well.

***BPS:***

Chair, your line is open and working; however, there are no more callers to provide public comment at this time.

***Chair Scheible:***

All right, thank you. It is so nice to have Senator Ratti with us again, and I think that her last comment is the perfect transition into our next agenda item.

[The following people submitted public comment for the record:

- Nancy Farrey ([Agenda Item II G](#));
- Morgan ([Agenda Item II H](#));
- Desiree ([Agenda Item II I](#));
- KaTia Campbell ([Agenda Item II J](#));
- Mercedes Maharis ([Agenda Item II K-1](#)) and ([Agenda Item II K-2](#));
- Sherida Devine, M.N.M., L.M.S.W., Prison Education Program Manager, Office of Academic Affairs, College of Southern Nevada (CSN) ([Agenda Item II L](#));
- Kimberly ([Agenda Item II M](#));
- Yared Retta ([Agenda Item II N](#)); and  
Lisa Foley ([Agenda Item II O](#)).]

### **AGENDA ITEM III—UPDATE ON THE ACTIVITIES OF THE JUVENILE JUSTICE OVERSIGHT COMMISSION (NRS 62B.600)**

[Chair Scheible did not address Agenda Item III.]

### **AGENDA ITEM IV—PRESENTATIONS CONCERNING THE INTERIM STUDY RELATING TO THE ESTABLISHMENT OF CRISIS RESPONSE CALL CENTERS (SENATE BILL 236 [2021])**

#### ***A. OVERVIEW OF BEHAVIORAL HEALTH AND CO-RESPONDER MODELS ACROSS THE UNITED STATES***

##### ***Chair Scheible:***

We will be going to the next agenda item, which is a conversation about crisis response call centers. I am going to hand it over to our partners at the National Conference of State Legislatures (NCSL), Ms. Bryan, to lead us through that conversation.

##### ***Kate Bryan, Policy Analyst, NCSL:***

First and foremost, I would like to thank you for inviting me to speak with you today. For those who might be unfamiliar with NCSL, we are a nonprofit, bipartisan organization whose members include legislators and legislative staff in all 50 states; Washington, D.C.; and the United States territories. One of our goals is to provide legislatures with information and research about policy issues both at the state and federal level.

I would like to start by underscoring the current nexus between law enforcement, behavioral health, and the criminal justice system. ([Agenda Item IV A-1](#)) A person experiencing a mental health crisis is more likely to encounter law enforcement than to receive treatment or crisis intervention. Law enforcement can spend up to one-fifth of their time responding to and transporting individuals with mental illness to emergency

departments or jails. People with mental illness are four to six times more likely to be incarcerated when compared to the general population.

I am going to be focusing on front-end alternatives. I am sharing with you the sequential intercept model that was developed by Policy Research Associates (PRA). It is used to look systemically and think systemically about alternative responses and points of connection to treatment across the justice system. While this model is useful when looking at opportunities to connect individuals to treatment throughout the criminal justice process, I will be discussing front-end alternatives under intercept zero; that is, before an individual becomes justice-involved and under intercept one, before an individual is arrested.

In recent years, state lawmakers have been working to further efforts to connect justice system stakeholders and health system stakeholders with the goal of linking systems and better leveraging resources across sectors. Today I will be covering alternative models of response in connection to treatment while focusing on a few state legislative examples. As of 2021, 25 states and the District of Columbia have some form of codified alternative response, often referred to as “deflection,” or prearrest diversion for individuals who are experiencing a mental or behavioral health crisis. Some states have appropriated funds for pilot or grant programs, while other states have created substantive legislative frameworks for specific programmatic models. These alternative models or deflection programs are designed to reroute individuals away from justice system involvement prior to arrest or contact with law enforcement. More often than not, these models or programs are developed at the local level, but on occasion, state law does play a role. Even in states with legislation authorizing programs statewide, the exact elements of each model are unique to each community based on what local resources are available and which local stakeholders are involved in the program. I will provide broad definitions and examples for each of these models, but much like local programs, state legislation is also unique.

Nationally, deflection is growing, both in terms of actual programs that are operating as well as in relation to state legislative interest. Surveys of deflection programs recently conducted by the Center for Health and Justice give us a better picture of the types of programs currently in operation across the country. To begin, most programs are relatively new, with many coming into existence around 2016. The majority of these programs are administered by or led by law enforcement agencies. More than half facilitate warm handoffs or direct connections to treatment for individuals, and 65 percent further facilitate engagement and treatment by providing for transportation to a client’s first appointment. I have linked the surveys, and you can click through to explore and learn more about these programs beyond these few key highlights that I have touched on this morning.

Now I will discuss some specific models and provide relevant state legislative examples. The first model we will look at is crisis intervention teams or CITs. Crisis intervention teams are composed of experienced law enforcement officers who volunteer to receive specialized training to respond to mental health calls. These officers are dispatched to mental health calls or can assist other law enforcement officers who are not CIT-trained. This model is one of the most commonly addressed in state law, and we will see that CITs are being expanded in some instances to include other responders. At least 27 states and the District of Columbia have laws requiring officers to be trained to respond to mental health, substance use, and behavioral disorder issues.

In 2021, Kentucky enacted House Bill 44. Prior to this legislation, Kentucky already had CIT training in place for law enforcement, but this legislation expands training to include firefighters. Montana expanded the types of stakeholders who can utilize grant funds for crisis intervention to include advocacy groups as well as mental health and community



providers in addition to law enforcement. With the enactment of SB 722, New Jersey created the Arrived Pilot Program, which facilitates accessible crisis intervention, mental health screening, or other support for individuals experiencing a mental health crisis who have contacted or are engaging with law enforcement. As you can see from these examples, states are working to diversify responses to include non-law enforcement participants.

As I mentioned, states continue to work on diversifying responses, which is reflected in the expansion of the next program model I am going to cover, which is co-response teams. These are teams comprised of trained law enforcement officers and mental health professionals to respond to mental health calls collaboratively and generally work together for an entire shift, riding in the same car. State examples we can look at are Virginia, Washington, and Colorado. Virginia codified community care teams in 2020, which are defined as a team of mental health service providers and law enforcement officers with the mental health service providers leading these teams to help stabilize individuals in crisis situations. Similarly, Washington established co-response programs in 2022 and specified in statute that funds appropriated for such programs are to be used to develop best practices as well as recommendations and model training curriculum relevant to first responders and behavioral health professionals working on co-response teams.

Looking at Colorado, the state initially authorized response programs in 2017. Programs now exist in 44 of Colorado's 64 counties. Senate Bill 207 appropriated funding to support a crisis response system that includes creating opportunities for mental health professionals to be embedded with first responders. Outcome data from the most recent fiscal year shows that of the calls in which a co-response team was dispatched, only 2.5 percent resulted in arrest. In more than 4,700 calls, the co-respondent remained on scene while law enforcement was able to return to patrol activities. Just under 9,000 calls resulted in a voluntary disposition to treatment or another community-based resource.

Here we turn to mobile crisis teams. These teams are non-law enforcement-based responses and include mental health professionals with specialized training to help stabilize an individual during crisis situations or other circumstances, such as people experiencing problems related to mental health, depression, poverty, homelessness, or substance use. Utah, by passing House Bill 32, instituted mobile crisis teams in 2020; the teams can be dispatched by the statewide crisis line or the "warmline." The warmline is staffed by peer specialists who have received training in navigating mental health or substance abuse issues. Oregon, likewise, created mobile crisis teams through legislative action. Teams in Oregon can be dispatched by a crisis hotline center or by way of 988, which is the suicide and crisis lifeline. Some local mobile crisis models, such as Denver's Support Team Assisted Response, or STAR Program, can also be initiated through the 911 system.

Lastly, we will look at crisis stabilization centers. These are facilities that serve as alternatives to jail or emergency departments where law enforcement, where other responders, can take individuals experiencing a mental health crisis. We can again turn to the legislative examples in Utah and Oregon. Utah's HB 32 requires the Division of Substance Abuse and Mental Health to administer a grant program for the development of behavioral health receiving centers. Oregon's HB 2417 establishes a minimum set of requirements regarding how crisis centers are to be staffed and services that are to be offered. The statutory language not only addresses services in the acute phase of the mental health or behavioral health crisis but also provides for follow-up care.

Furthermore, in 2017, Arkansas SB 136 authorized and developed the framework for operating regional crisis stabilization units across the state. Four units funded by the state now exist regionally. Earlier, I mentioned that deflection programs are relatively new.

However, there is some preliminary data on the efficacy of these programs. These are some figures that were compiled by The Council of State Governments in collaboration with the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. The Tucson Crisis Intervention Model was correlated with a decrease in the need for Special Weapons and Tactics (SWAT) deployments for suicidal barricaded subjects. The number of SWAT calls decreased from an average of 14 annually to 2.8 annually. Data from the Arlington, Massachusetts co-response model demonstrated that 65 percent of co-response calls resulted in de-escalation as well as the individual being provided with follow-up care or a referral to a provider. Thirty-nine percent of calls routed to the Salt Lake City Mobile Crisis Teams were the result of calls or referrals from law enforcement. In 2017, 90 percent of those in contact with the outreach team were diverted from inpatient and emergency room visits. In Johnson County, Kansas, the crisis stabilization center interacted with 9,427 people from April 2014 to July 2019. Half of these individuals would have otherwise not accessed services or treatment. In terms of diversion, just over 3,000 individuals were diverted away from the emergency department and just over 400 were diverted away from jail.

I have linked resources throughout the slides and additional resources can be found here. With that, my colleagues and I are happy to take questions.

***Chair Scheible:***

Thank you so much. Can we get a quick introduction since we are in a virtual format of who is here to answer questions?

***Ms. Bryan:***

My name is Kate Bryan, Policy Analyst with NCSL.

***Amber Widgery, Program Principal, Civil and Criminal Justice Program, NCSL:***

Chair Scheible, I will jump in. I am Amber Widgery, Program Principal with the NCSL. I will let my colleague Tammy introduce herself. We also have folks from PRA and Colorado Representative Herod as well. We can do questions now. We can do questions at the end. Whatever is most convenient for the committee.

***Chair Scheible:***

Thank you so much for being here. Let us go ahead and finish up the presentations and then we will do all the questions afterwards.

***Tammy Hill, Senior Policy Specialist, Health Program, NCSL***

My name is Tammy Hill, and I am a Senior Policy Specialist with NCSL Health Program. Thank you for having us.

***Chair Scheible:***

Thanks so much. I think we will finish the presentations and then we will go to questions.

***Ms. Widgery:***

I think we will go to Ashley and then Representative Herod.

**Ashley Krider, M.S., Senior Project Associate, PRA:**

Thank you for inviting me to speak with you today. I work for PRA, which is based outside of Albany, New York. For those who are not familiar with PRA, we are a national leader in behavioral health, and we provide technical assistance training, research, and policy evaluation focused on several content areas, including mental health and substance use, homelessness, veterans and their families, income supports, and the adult and juvenile justice systems.

Today, I was asked by NCSL to talk about what we know that works regarding crisis response models, specifically those that minimize contact with law enforcement through a co-responder or alternative response. I am going to highlight several additional jurisdictions that have evaluated their programs and had successful outcomes across a variety of factors. I also have a colleague present virtually, Regina Huerter, who can help answer questions about the Denver STAR Model, as I know there is a particular interest in that program. She previously served as the executive director of Denver's Office of Behavioral Health Strategies, Community and Behavioral Health Division, Department of Public Health and Environment, and the Crime Prevention and Control Commission. She still lives in Denver and is quite familiar with their model.

Why alternative response? First, I want to briefly set the foundation as to why jurisdictions are interested in alternative response models. ([Agenda Item IV A-2](#)) We know that individuals with mental illness and disabilities and people of color represent a disproportionate number of people arrested and jailed each year. We also know that utilizing police and the criminal justice system or emergency rooms as the default response for individuals with mental needs related to homelessness, poverty, and untreated mental health and substance use is a very costly and often ineffective system. Instituting a more relevant response option has the additional benefit of freeing up officers' time so they can redirect their efforts where they can be most impactful. We also know that people call 911 for a variety of situations, and there is research from multiple studies to show that between one-quarter and two-thirds of the 911 calls involving disorder, mental health, and noncriminal complaints could be directed to mental health crisis experts and other sorts of civilian first responders with more relevant expertise.

To summarize the general state of the research, and this was echoed earlier by Kate, despite the widespread interest, we know that there is not a lot of quantitative rigorous evaluation for these models, specifically randomized controlled trials. We also know that there is a wide variety of implementation models, as you have already heard today, and that is not necessarily a negative element, since communities are very different. Obviously, a more rural community has quite different populations and needs potentially than an urban setting. All of that adding to a wide variety of models, so it is difficult to summarize research.

Most of the existing research now surrounds crisis intervention team training or CIT. I believe you will hear a little bit more about that later. There is a body of research around the co-responder model in particular linking law enforcement with behavioral health staff, and that shows that the co-responder model can reduce transports to emergency departments when people do not need that level of care. Also, increased service access and engagement save law enforcement and other first responders both time and funding. Those sorts of interactions between the public and first responders with more specialized expertise tend to be less threatening and less stigmatizing as well.

The first model I would like to highlight is probably the one that most folks are familiar with. That is CAHOOTS, or Crisis Assistance Helping Out On the Streets, out of Eugene, Oregon. This model has a track record since 1989 of being effective. Their conservative estimate is that they divert about 5 to 8 percent of calls from police. Using data from 2020 with over 17,000 calls, the staff needed to call in the police in only 311 cases for backup, and in most cases, those calls for backup were responding to calls that would be typically more police-centric, like a criminal trespass versus other sorts of CAHOOTS-centric calls like welfare, public assistance, things like that. They also highlight that there have been zero staff injuries caused by clients. The CAHOOTS model also has looked at cost savings data due to the lower cost of their program versus the traditional police or fire department response. They have estimated that it saves taxpayers about \$8.5 million in public safety spending and an additional \$14 million in emergency medical services (EMS) costs, such as ambulance transport and emergency room (ER) services, and they also calculated savings around Medicare cost.

The second model is the STAR Program out of Denver that was already mentioned today. There are a couple of evaluations available based on the STAR model. The first is a six-month pilot that was most recently evaluated through a Stanford study. The other one is a one-year-of-operation study in which almost 1,400 calls were served by STAR. They showed that the response time from the STAR team versus the traditional law enforcement response was faster to these sorts of calls, and they also transported more frequently to community-based services versus emergency departments or jails when compared to Denver Police Department response.

The Stanford study that was just released looks at the first six months of operation. I want to highlight a couple of things from that study. Interestingly, they looked at drops in low-level crimes in both pre- and post-STAR implementation. Those are crimes such as trespassing, public disorder, and other sorts of things. There was a 34 percent drop in those low-level crimes when STAR was in operation, so that is about 1,400 fewer low-level criminal offenses. Those were attributed both to STAR responding as opposed to law enforcement, which naturally led to less citations and arrests but also to actual reductions in crime, which is an important distinction. Interestingly, there was also notable evidence for what was termed "spillover benefits," which are some reduction of these low-level crimes even when the STAR Program was inactive outside of STAR hours of operation, as it is not 24/7. They also looked at cost savings. The STAR Program is roughly four times cheaper to operate than the traditional law enforcement, criminal justice response process. I also have data as of last Friday. During the entire time that STAR has been operational, they have had just under 5,000 calls for service, and none of those calls required assistance of Denver Police for safety reasons, which is one of the first questions I think we are looking at different response models.

Also, I am going to highlight a lot of San Francisco, especially their Street Crisis Response Team (SCRT), which was created through city and county legislation. In year one, they received 5,300 calls, and that equaled about 41 percent of the mentally disturbed persons or the mental health-related call code from police. The other goal is to divert 100 percent of those calls as well as to expand to other call types. Within that number, only 3 percent of calls required a police response, and then again, within that 3 percent, only 16 percent were nonviolent and did not require restraint. Again, this is pointing towards that small level of calls that required a police response in addition to SCRT that potentially had a violent interaction. You can see in this chart, the number of calls that has grown over the year since SCRT has been active.

This study also looked at the number of involuntary holds that were necessary for mental health. Only 7 percent of the calls that SCRT responded to, and within that 7 percent, 27 percent of involuntary holds because the person may pose a danger to others. The rest of the percentages were folks that were either gravely disabled or potentially a danger to themselves. There was also a faster response time due to this dedicated response to crisis calls versus police department for similar priority calls.

Portland, Oregon, has a one-year evaluation available of its program. They responded to 903 incidents, and 91 percent of those would have been traditionally responded to by police; the other 9 percent would have been by fire or ambulance. Of those 903 incidents, 89 percent of the calls required no additional co-response—so no additional police or fire or ambulance services. There were zero client arrests this year, one evaluation, and only 3 percent of individuals needed to be transported to the hospital but were able to access lower levels of care. Interestingly, also due to this program's follow-up capacity in case management services, there were nine clients during this year who obtained permanent housing due to their engagement with Portland Street Response (PSR). I also would like to point out that PSR has a robust database available on its website with outcome data, and you can look at that dashboard for more information.

New York City's model is the Behavioral Health Emergency Assistance Response Division, or B-Heard, and they have a six-month pilot available. About 20 to 23 percent of mental health coded calls to 911 are routed to B-Heard. They have seen similar percentages after that six-month pilot. Generally, this model has resulted in fewer hospitalizations and more linkages and engagement in community-based care, which we know is cheaper and better for the person. Within those 684 cases, the B-Heard team requested police assistance only 34 times. Of those 34, 32 were to transport someone to the hospital versus only two incidences of safety concerns. In the first quarter of 2022 data, less people were transported to a hospital than without the B-Heard model, which speaks to the lower level of care needed.

I would like to highlight a co-response model as well. Most of the others that we have talked about are some sort of mobile crisis model, but to pair the officer with licensed mental evaluation teams (MET), Los Angeles, California has 33 MET teams covering 42 cities, a large spread of area. In their 2020 annual summary, they responded to about 10,470 cases involving mental illness and developmental disability. Those are the calls routed to them. On average, the MET teams were able to relieve 2.7 patrol deputies and 1 sergeant at each of those 10,000 incidents, which was savings of up to 2.5 patrol hours per incident on average. This study also looked at potential incidences of suicide by cop. There were recorded up to 34 lives saved based on 14 incidents that were potentially going to turn into suicide-by-cop situations. The MET units also aided in de-escalation of 51 incidents where the tactical team would have been called, which is a very costly response if it is not needed. The MET teams also can respond to jails and court lockups. They responded to 288 requests of this sort and helped resolve 84 percent of those with no uses of force, which is a remarkable statistic. Los Angeles also looked at cost savings; data from 2018 to 2019 shows a savings of about \$4 million. The MET is not the only response model in Los Angeles. They also have an unarmed civilian psychiatric mobile response team to meet folks who want that sort of need. Co-response is not the only model in Los Angeles, but it has seen some good outcomes.

There are some co-located models that I want to highlight briefly, and I will summarize these statistics. These are co-locations of behavioral health staff at the 911 dispatch centers or peace apps. Generally, they resulted in incidences of diversion from jails and emergency departments. There is a cost savings here both in traditional first responders' time and

money. There are virtual co-location opportunities in Los Angeles due to the large area of land there.

Finally, I would like to highlight a couple of rural models acknowledging that what works in Las Vegas might be very different from other areas of Nevada. Harris County, Texas, which does include Houston but also a wide spread of area, has the Clinician and Officer Remote Evaluation (CORE) model using tablets to access clinicians virtually. Officers can use CORE tablets via telehealth and connect folks in the field with clinicians. There was a one-year study of this program, and officers were asked several questions. Sixty-three percent of officers said that they would have transported the person to an emergency department if the CORE program and telehealth was not available; 73 percent of officers said the clinician helped deescalate the situation; and 71 percent said it helped them handle the call in a shorter period of time. Again, all of this translates to time and cost savings. You can see some of that information here.

Finally, another role model is in Teller County, Colorado. This is a rural mountain community. They, for several years, have been operating the Mental Health Assessment Program (MAP). This is a paramedic behavioral health response that is an alternative to an ambulance response, which is more costly, and they have an evaluation of five years. They have seen about 1,100 clients, and interestingly, they also respond to schools. Sixteen percent of those clients served are under the age of 16. Generally, they have seen a decrease in repeat calls for service, individuals that would be making repeat calls for 911 and potentially did not need that level of care. They also attached some costs data to this, similar to other sites. They are looking at about \$4 million in the estimated reduction of health care costs as well as savings to first responder agencies' time and funds.

These are several models, and this is a lot to digest. I want to briefly emphasize a couple of things as far as where to start acknowledging the wide variety of models that are available. One of the first things we emphasize that is vital is to conduct a comprehensive needs assessment or asset mapping similar to sequential intercept mapping for a given community's needs and to look at the problems that you are trying to solve through a response model. This could include analyzing the demand for public safety; looking at calls to 911, 211, or 311; hours; or different zip codes that are part of that to really know what your populations are and whether, for instance, there are high instances of folks who are homeless, have mental health or substance use needs, and whether there are specific substances such as opioids, methamphetamines, things like that. Also, it is vital to consider early on the level of community involvement. I think most or all these programs credit community engagement to their success. Engaging the community both early on in design and planning, implementation, and evaluation is key.

Finally, coordinating with existing partners and looking at who is already operating in this space in this crisis response area and what their role could be and how to knit those partnerships together is important. This diagram highlights what was mentioned earlier—the different pieces of this crisis continuum and who to call and who to respond is just one piece of it. Looking at the "Respond to what?" and "Divert to what?" questions, the success of a lot of these models is due to their emphasis on both prevention and follow-up or additional case management and not just that immediate response.

Thank you for inviting me today, and I am happy to answer any questions at the end of the presentations.

***Chair Scheible:***

Thank you. It was brought to my attention that I might have been a little bit unclear about when we were going to do questions because Agenda Item IV has subsections A, B, and C, so I am going to ask Representative Herod if you would be so kind as to go ahead and provide us with your insight, and then we will do a round of questions. Then, we will move on to our presenters from Nevada's Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS). I hope that makes sense. Representative Herod, we look forward to hearing from you.

***Leslie Herod, Representative, Colorado General Assembly, Colorado State Legislature***

Thank you, Madam Chair, and members of the Committee. I am State Representative Leslie Herod. I represent House District 8 in Denver. I previously served as the Vice Chair of the House Judiciary Committee; I now serve on the Joint Budget Committee and I chair the House Appropriations Committee. But, I am taking off that hat and putting on my Denver leader hat. I created a program in Colorado, specifically in Denver, called Caring for Denver, which funds mental health and substance misuse programs throughout the city and county of Denver. We have asked for 25 cents on \$100 sales tax increase to fund a new infrastructure of support in our city. Caring for Denver is now a public foundation where I serve as Chair.

One of our first initiatives was to get STAR off the ground. Let me tell you what happened and why. I was working in partnership with then-Commander Paul M. Pazen, and now Chief, Denver Police Department, looking at what was going on with our Denver jail with people who were being arrested and convicted out of Denver and going into state corrections. We looked at how many of those folks had severe mental health issues and were going in response to a mental health crisis call. The number was quite astounding. It will not shock any of you because you have been doing this work for so long. What we know is that for most calls that are being taken in by 911, the majority of folks who are being seen in our jails and in our correctional facilities are suffering from mental health challenges or substance misuse issues. When I was speaking with Chief Pazen, after passing Caring for Denver with his support and help, he kept saying, "You have got to go see this program out in Eugene, Oregon called CAHOOTS." I did not know what he was talking about. When I went out to Eugene, and I saw CAHOOTS, my mind was changed. I realized that we could do first response a little bit differently and better in the city and county of Denver and now throughout Colorado.

After seeing CAHOOTS and doing the ride along with them and watching how the CAHOOTS first responders, which include a mental health professional and an emergency medical technician (EMT), worked in collaboration with local law enforcement to ensure that people got the real health they needed and the right response for the issues that they were going through, it was clear to me that we needed to bring this to Denver. At the time, CAHOOTS was visionary, and no other major city had done something like this. The ones that have tried maybe did not quite get the sweet spot. Once I came back from Eugene I worked with the board. The director at Caring for Denver said, "You know, what do we need to put in place to make sure this happens?" At the time, the city council was not necessarily on board. The mayor was not necessarily on board. They were willing to give us a shot, but they needed funding. We came in with about \$240,000 to start STAR in Denver. We focused on the central core in our business/downtown area, and we started in June of 2020. You guys remember June of 2020—all stuff broke loose in our cities quickly around our protest. We found that STAR was extremely useful and needed in responding to some of the crisis

situations that were happening on the ground, whether it was during the protests or during the pandemic. We got going right away with a very small amount of money, but the outcomes that you heard earlier were so moving that now we have made STAR citywide.

What is so moving and shocking, and what I think Chief Pazen knew, and what I had hoped, was that when you have a STAR response, when you have the ability for someone to call 911—not a different number, but 911—and you get a first responder who is an EMT and a mental health professional, you see a huge reduction in the number of folks who were referred into the correctional system. That is important because in all the calls since STAR's inception, there have been zero referrals to jail and zero need for police backup, but police have called STAR for backup multiple times, and many times they respond together.

What I want to note for folks who are thinking about putting a co-responder team, or a STAR team, or whatever team in their localities or throughout their state is you must understand that Denver does not only have STAR, but Denver has co-responders, which Caring for Denver funds. We have caseworkers within the police department, which Caring for Denver also funds. Fire is also trained in crisis intervention because when you call 911, a first responder—the first person who arrives on scene—can be any of those people. Before STAR was started, when you called 911, you either got a law enforcement officer or you were referred to the medical system. Now, STAR gives a third option, which is that mental health provider.

The other thing I will note for folks who are looking at these types of programs is it is essential that STAR—or a CAHOOTS/STAR system—is built into the 911 response system because at the end of the day, people call 911 when they need help. If you want to call or I want to call because my neighbor is going through a mental health crisis, I might call the Mental Health Center of Denver or I might call an alternative number because I know that is an option, but my neighbor across the street is probably still going to call 911. Unless they are trained together and unless those responses are coordinated, you will not have the same outcomes as we have in Denver. When we went out and saw CAHOOTS, it was a team of folks who were both community leaders and activists. We had street response teams; we had mental health professionals; we had law enforcement; and we had 911 and harm reduction all together thinking and talking about how we could make STAR work throughout our city.

I then put on my state hat and went to the Legislature. I shared with the now chair of the Joint Budget Committee what was going on and talked about how we could actually save the state dollars if we are not referring so many folks into corrections and people are not getting into the system. Now we have a state grant program that sets some guardrails around what is and what is not a co-response team, crisis intervention team, or STAR-like team but also provides funding for our local governments and our local agencies that want to make this happen. We do require that they work with their local mental health providers to ensure that they are getting folks to those services that they desperately need and not just into the jails.

Finally, the most exciting thing that I want to mention right now that we are working on is getting those crisis intervention teams, getting those STAR-like response teams into the jails and also into alternative facilities where people can go who may or may not have a record or may or may not have active warrants, where they can clear their warrant. They can get the mental health or substance use treatment they need, and they do not get referred directly into Denver County Jail. There is so many options of what we can do to get people the help that they need once we think outside the box and fund it. Thanks so much for having me. I look forward to questions.



***Chair Scheible:***

Thank you for joining us. Thank you, Representative Herod, and everybody from NCSL and PRA. I am going to open it up to questions now. I will go ahead and start in Las Vegas. I see Senator Harris. As a reminder, we are going to do one bite at the apple, so you can ask multiple questions but think of them all.

***Senator Harris:***

Thank you for being here and for the information you provided. It is helpful to this Committee as we consider how we can possibly bring some of these things to the State of Nevada. One of the biggest hurdles I think that we have here in the state is funding. I am hoping maybe Representative Herod or any of the NCSL members could talk about how some of these programs are funded, whether there are federal dollars out there to set up some of these programs, or if you have any suggestions on how we get this seeded with the understanding that the benefits come back to society, you know, two-, three-, four-fold. Thank you.

***Representative Herod:***

I want to note that we are the largest city and county in Colorado. We got started with a \$240,000 investment. Our statewide dollars are about \$3 million, and yes, they are asked for each year. We have to pass a balanced budget every year. We do not allow dynamic budgeting, which means I cannot say it is going to save money and spend that money now. I have to prove it and then maybe in the out years, if there is a decrease in the budget, we can shift resources. We cannot just say, "We know it is going to cost less in the long run, so let us take money 'from the jails.'" We cannot do that in Colorado. We look at it as a good investment—a pilot program, like anything else, that gives us \$5, \$10, \$15 million. We know in fact a lot of the locals are already doing it. How can the state partner and maximize those resources? We also look at our budget, say in behavioral health. How is our Behavioral Health Administration, Department of Human Services, working so that we can think about opening a current grant to allow local behavioral health agencies to partner with their local law enforcement to create these types of programs? Suddenly, millions of dollars of resources start flowing into our counties, and it works.

I do not care if you are a Democrat, Republican, conservative, or progressive. Programs like STAR work. There are law enforcement officers, mental health professionals, and providers on the ground who want to see programs like STAR in their communities. I will also urge folks to push on co-responders; that has become more controversial, especially in the activist community because it is working with law enforcement. There is no response that we are talking about here that does not work in partnership with law enforcement. They are all in partnership, which is very important. When it comes to the funding, as a state legislator, I think the investments are small, quite honestly, but they allow for a maximization of the dollars that we have not seen before because the locals are so hungry to do it.

Denver now puts in over \$1 million so that STAR can be citywide. Caring for Denver's investment is about the same. We do not really need any of the state dollars to do what we are doing but we are able to train other localities, especially the smaller ones, on how they can do STAR, co-responders, or case management well in their areas. I say start somewhere. You will see the demand is quite high and then adjust an increase based on that demand. Allow the opportunity for those local governments, especially those in rural areas, those where there are high crime and high need—because we have seen STAR

reduce petty crime by 34 percent. This is crime that affects everyday people by 34 percent if we just start the programs and get them funded.

**Senator Harris**

Is there anyone else who wanted to offer some suggestions for us?

**Ms. Widgery:**

I am happy to follow up with more detailed information, but we have seen an interesting variety of funding sources. Much like state legislation, much like the individual programmatic components, it is dependent on those local partnerships. We have seen programs in South Carolina where the Chamber of Commerce pitched in funds to states leveraging Medicaid dollars. I think that is a lot of ground to cover now, but I would certainly be happy to follow up with more comprehensive resources for the Committee after this.

**Senator Harris:**

Okay, thank you all so much. It is great to see you. Thanks for always giving us something to strive for here in Nevada. Keep up with the work you are doing in Colorado.

**Chair Scheible:**

I think this is some fantastic information, and I look forward to hearing from you, Ms. Widgery, with some follow-up on funding sources and ideas. We will move on to the next part of our presentation on crisis response call centers. Dr. Woodard is with us from the DPBH.

**B. PRESENTATION ON THE 988 ROLLOUT, MOBILE CRISIS RESPONSE TEAMS, AND CO-RESPONDER MODELS IN NEVADA**

**Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DPBH, DHHS:**

Good morning, Chair Scheible, and members of the Committee. Thank you for the opportunity to speak with you today on behavioral health crisis services, including the transition to 988, the crisis response system, and the intersection of crisis response with law enforcement. On slide 13 of this presentation ([Agenda Item IV B](#)), I have provided a link to the National Association of Mental Health Program Directors' paper on models for crisis response for your consideration.

Behavioral health emergencies have long overwhelmed our traditional behavioral health system emergency rooms, emergency response systems, and jails. Over the course of the past decade, behavioral health crises have increased, and individuals in need of critical crisis care have been left untreated or undertreated by systems that were not designed to provide emergency behavioral health care. Between 10 and 15 percent of all 911 calls are related to behavioral health emergencies; however, most result in law enforcement response and not a medical response. This has contributed to higher rates of civil commitments and increased incarceration.

On any given day in Nevada, we have approximately 90 adults awaiting admission to an inpatient unit while awaiting transfer on a legal hold. They are waiting in our ERs. Nationally, over two million people with serious mental illness are incarcerated for low-level offenses, which makes individuals with behavioral health issues in jails three to four times

higher than that of the general population. Nevada has consistently fallen within the top ten states with the highest rates of deaths by suicide, with some populations being some of the highest rates nationally. Many individuals struggling with suicidal ideation do not receive care tailored for suicidality, and it is common for many individuals experiencing thoughts of suicide to interface with systems that further exacerbate their sense of hopelessness and helplessness.

It is estimated that in Nevada, the total cost burden of care without an adequate crisis system in place is more than \$506 million dollars annually. The development of a full crisis continuum will aid Nevada in our economic recovery from the pandemic and alleviate unnecessary cost burdens to hospitals, law enforcement, emergency services, and families.

In addition to the financial burden, the human toll is also significant. In the absence of a crisis system, law enforcement must intervene for people who need behavioral health support. We have long wait times and ER death by suicide continues. Children are at an increased risk for out-of-home placements. Overall, we know that the pandemic has increased pressure on our healthcare and behavioral health systems, leaving increasingly more children, youth, families, and adults with unmet behavioral health needs. For these reasons and many others, Nevada has been designing the crisis response system in earnest since 2018. As the presenters from NCSL and others have suggested, we have done quite extensive work in the areas of assets and gaps mapping, both statewide and regionally.

The work that Nevada has done as it relates to designing their crisis response system has been informed by quite extensive work and an enormous amount of data collection and analysis of what is currently available in our communities as well as what needs to be available for us to be able to have a robust response. This work really has been engaged to ensure care can be offered when someone experiences a behavioral health crisis. We envision the transition to 988, and the establishment of mobile crisis teams and crisis stabilization centers are critical in addressing the needs of all Nevadans with a compassionate behavioral health response that has universal and convenient access, high-quality and personalized experiences, a connection to resources, and follow-up.

I am going to speak about 988 because I think for most people this may be something that you are just becoming aware of. The rationale for 988 is simple but profound. Individuals experiencing crisis—including adults, children, youth, and families—however they define that crisis, should and must have immediate access to highly trained professionals responding to their call, chat, or text, and 988 will incorporate all three modalities for contact. While we currently have a ten-digit number for the National Suicide Prevention Lifeline, we are converting that number to an easy-to-remember emergency number similar to 911, and 988 is expected to increase the number of crises calls to our crisis call center in Nevada from 30,000 in state contacts in 2021 to approximately 99,000 contacts in 2024.

National legislation was passed in October of 2020 requiring the conversion from the current ten-digit National Suicide Prevention Lifeline number to the three-digit 988 number. This legislation also enabled states to establish fees or surcharges to generate revenue to support the development and sustainability of state-led 988 crisis call centers through legislative action, and it also limited the use of such revenue that would be generated from fees or surcharges to only be invested in 90 days and crisis continuum services and supports.

Senate Bill 390 was passed during the 81<sup>st</sup> Legislative Session, which can now be found in NRS 433.702 through 710. Through a planning grant, Nevada has convened a diverse range of stakeholders to help us understand what we need when it comes to implementing a

robust 988 and crisis response system. This plan includes an implementation strategy for funding, staffing coordination, community engagement, and communication.

I want to pause here to talk about why the legislation that was passed in Nevada is so important. During the session, we were only one of four states that were successful in passing specific legislation that allowed for Nevada to establish a fee. That fee is currently legislatively capped at \$0.35 per line per month. That fee will be deposited into the Crisis Response Account, and that Crisis Response Account resides within the DPBH. We are currently undergoing the regulatory process to establish that fee or surcharge on telecommunications lines. We anticipate that the surcharge will be able to generate revenue to not only sustain our 988 crisis call system, but also help to bolster mobile crisis services as well as crisis stabilization services within our state.

It was no small feat to move this bill through the process to becoming a law. Many thanks to Senator Julia Ratti for her championship of this legislation, but this legislation is pivotal. Reflecting back to the conversation around funding that I just had a few minutes ago, Nevada now has the ability to generate additional revenue that can be specifically devoted for the implementation of an entire crisis response system.

When we talk about a crisis response system, we are talking about a continuum of care with the individual in crisis, whether that individual is a child, a youth, the family that wraps around that child, or an adult. It is based on ensuring that we have a crisis system that is available as a community support, that it is grounded in strong clinical practices, that it has an array of services and capabilities that can manage individuals for a range of different issues as well as individuals from different populations, and that we are consistently providing system oversight and governance evaluation so that we can monitor and continuously improve the health of our crisis response system.

A coordinated crisis response system has many different components to it, but the core components include a crisis call center where you have someone to call, someone to talk to 24 hours a day, seven days a week. As I mentioned, we currently have a statewide crisis call center that can be reached through the National Suicide Prevention Lifeline number. That number will convert to the three-digit 988 number beginning July 16, 2022, so it is a couple short weeks away. It also requires a mobile crisis response. This is someone to respond. In previous conversations in earlier testimony today, you heard about the crisis response and co-responder models that are happening as a cascade of care out of the 911 emergency response system.

When we are talking about mobile crisis teams here, we are talking about a cascade of care that is established through the 988 crisis response system, and there is a differential response. When someone calls 988 in a behavioral health crisis, if it is determined that that crisis requires either a co-response with law enforcement and behavioral health or if it needs to become a 911 response, we find ways to make sure that those calls can be transferred back to 911 for an adequate response. There may also be times when a behavioral health mobile crisis team is onsite providing intervention, and they do need law enforcement response to co-respond with them. While we are talking about two different systems, we also recognize that these systems inherently must collaborate and work very closely together to ensure that no response goes unmet and that we can continue to meet the needs for both public safety and a compassionate behavioral health response.

The third critical component of a robust crisis response system includes crisis receiving and stabilization services. We were successful in passing legislation the past two legislative sessions that established crisis stabilization centers. This also has required Medicaid to

establish a rate and a policy as well as our Bureau of Health Care Quality and Compliance through the DPBH to develop an endorsement for hospitals. These are crisis stabilizations affiliated with hospitals, which provide an alternative front door for ERs. You can think of these as psychiatric ERs. We have worked closely with states who have implemented similar services, and we have found that the success is predicated on how quickly they can help to move individuals into their services while never turning anyone away. This is 100 percent law enforcement drop-off where if the individual is appropriate and does not need emergency medical care and is not otherwise better served through the judicial and criminal justice system, they are dropped off at a crisis stabilization center and quickly admitted for a stabilization level of care. All of this is founded on essential best practices as well as suicide, safer care.

The 988 system is considered the foundation for our crisis care. Here you can see a diagram that very clearly articulates how these two systems are really intended to work collaboratively together. We recognize that currently the 911 crisis response system is the cascade of care that is most available in most of our communities across Nevada while we continue to develop mobile crisis teams and crisis stabilization centers. Of the people calling 988 for the crisis call center, approximately 80 percent of those crises can be resolved on the phone. For those that cannot be resolved on the phone or for others in the community who need a mobile crisis response, we want to make sure that we have mobile crisis response teams available.

Nevada is a recipient of a Centers of Medicare and Medicaid Services (CMS) Mobile Crisis Planning Grant, which will allow us to design and develop both the funding structure as well as the policy necessary to establish what are called “designated mobile crisis teams.” Once we develop these designated mobile crisis teams, we will be able to receive an 85 percent federal match on the services that are provided in state. This was an effort for CMS to come in alongside states to support the development of the critical mobile crisis teams. We are looking forward to being able to implement those teams in Nevada. In addition to that, we have also invested federal funds through our supplemental Mental Health and Substance Abuse Block Grant to help stand up the initial investment for these mobile crisis teams and are looking to do that within the course of this next year. In addition, approximately 65 percent of individuals who are seen in a crisis stabilization center can be discharged back into the community, with 85 percent of those typically remaining stable with community-based care. We know that the current system with a 911 response with law enforcement—when you have a good model, like many of the co-responder models that were just described to you—we can effectively divert and deflect individuals from the criminal justice system into treatment. In a few moments, I will go through some of the models that already exist here in our communities in Nevada that are demonstrating some profound outcomes.

The Substance Abuse and Mental Health Services Administration (SAMSHA), through the U.S. Department of Health and Human Services, has a five-year vision for 988 and a fully resourced crisis care system. The first is Horizon 1 to ensure that we have crisis call centers in every state that have the capacity of answering at least 90 percent of their own in-state calls by the end of 2023. All these call centers should be connected to the National Suicide Prevention Lifeline Network. Our in-state call center is already affiliated with that network, which essentially means that anyone who is calling from Nevada and their call cannot be answered quickly by our own crisis call center, then that call center rolls over to other National Suicide Prevention Lifeline call centers. That is important because no call goes unanswered. For Nevada, we have a national call center here within Crisis Support Services of Nevada, meaning that if other calls from other states are unable to be answered by that

state, they are rolling over into the network and can also potentially be answered by our Nevada call center.

We also are establishing mobile crisis services with the federal goal of states having mobile crisis services available to 80 percent of individuals by the end of 2025. We are aspiring to also have crisis stabilization services available for community-based care for 80 percent or more individuals by 2027. The good news is that I believe we can keep pace with SAMSHA's five-year vision because we have done such essential work when it comes to securing funding and establishing some legislative initiatives that really enable us to move quickly in Nevada to begin implementing these critical services.

As it relates to the coordinated crisis system, there are several national guidelines that we continue to use as we develop, design, and implement the systems. Essentially, it is important that we recognize that the crisis response partnerships with law enforcement dispatch in emergency medical services are highlighted. In part of our planning for 988, we have had a 988/911 coordinating subgroup, where we have engaged all the public safety answering points statewide so that we can make sure that we have these conversations early and that we are collaboratively planning for how these two systems will work in conjunction with one another to best support our communities and individuals who are in crisis.

We have also funded National Alliance on Mental Illness (NAMI) in Nevada to establish warmlines. They have been providing a warmline in Nevada that has been federally funded for the last several years and currently takes approximately 1,100 calls per month. This is not a crisis line but a line where anyone can seek support for either themselves or a family member as well as connections to care. It has grown so much that we continue to increase yearly funding for NAMI to make sure that they are able to adequately meet the demands. In May, they recently launched a teen text line. So far, they have been able to answer several hundred texts relatively quickly. We are seeing a nice uptick in utilization of the teen text line.

I am not going in depth over co-responder models because the presenters prior to me did a fabulous job explaining what co-responder models are, but I will take this as an opportunity to say that as we are developing 988 and mobile crisis teams, we see the need and have seen the need to continue to support co-responder models, which have the collaboration between behavioral health and law enforcement. We have been funding several of these models already in Nevada. As recently as this past winter when we put out a notice of funding opportunity for additional federal funds that we received, we have prioritized ensuring that we continue to promote deflection and diversion programs in Nevada. Co-responder models in Nevada include mobile outreach safety teams (MOST) as well as EMS-led mobile crisis teams. I will go into some of these—

***Chair Scheible:***

I am sorry to interrupt you. We are running behind schedule at this point, and I have been reticent to jump in because this is such a good presentation. I think we have discussed continuing this conversation in August. The reason I am interrupting right now is that it sounds like you are going to get to some of our co-responder teams and maybe some of the MOST teams. My agenda shows that we have members of the MOST teams here. I am going to ask that if there is something additional from DPBH about the funding model or our co-response model specific to Nevada and specific to our needs to implement 988, we definitely want to hear that. Then, maybe we can hand it over to the members of the MOST teams to give us the overview on their programs. Does that make sense?

**Dr. Woodard:**

Would it be possible for five more minutes because there are other co-responder models in Nevada that I want to make sure the Committee is aware of.

**Chair Scheible:**

Absolutely. Please give us that overview.

**Dr. Woodard:**

Intercept 0 along the sequential intercept model includes community-based crisis services. Examples of deflection here in Nevada include the call centers for 988 and 911 and the crisis continuum of care, as I have mentioned. We also have State General Funds that go through Southern Nevada Adult Mental Health Services (SNAMHS) to Las Vegas Fire and Rescue for their crisis response teams. This is a fire- and EMS-led co-responder model, and it has demonstrated enormous success so much so that they have been able to move from one team to five teams within the Las Vegas metro area and would certainly be willing to expand that reach even further. We have mobile crisis teams, and you will be hearing about MOST.

Crisis intervention training for law enforcement is available statewide, as is our Overdose Education and Naloxone Leave Behind Program. This is when first responders are in the community and see the need to potentially use Overdose Education and Naloxone Leave Behind Programs. We have been supporting that initiative for the last several years. We also have our own homeless outreach safety teams. These are teams that are primarily law enforcement-led, but also include social workers and strong affiliations with community partners to help move individuals out of homelessness and engage them with social services and treatment support. I am sure many of you are familiar with AB 236 (2019), which allows for a behavioral health field response grant program. Nevada has received through the IFC permission to bring funding in for a technology-assisted law enforcement crisis intervention program. This is a program where we will have iPads embedded with law enforcement officers in rural and frontier communities across our state to support them with 24/7 connectivity to a telehealth provider who can support them in de-escalation as well as an evaluation of individuals who are in crisis. This is modeled after a program that was started in South Dakota and is very similar to several of the other technology-assisted law enforcement crisis intervention programs that NCSL and others have presented.

In addition to that, when we think about diversion, this is prearrest, prebooking. I will highlight here that in addition to what we have already discussed, the law enforcement intervention for mental health and addiction teams in southern Nevada run within Clark County through Metro and have actively connected individuals to treatment as well as additional social supports when it is clear that treatment is the highest need and individuals are willing to connect to those services.

Chair Scheible, I will skip the rest, but I will add that Nevada is well-positioned to be prepared for the implementation of 988 on July 16, 2022. We have a longstanding crisis call center, and we have a strong partnership within the state that has already been taking statewide calls for decades and as part of the National Suicide Prevention Lifeline Network. At the same time, we have had an enormous investment, both through federal funding that we have received through supplemental block grant dollars as well as additional funding from the American Rescue Plan Act (ARPA) of 2021 ([H.R. 1319, 117<sup>th</sup> Congress](#)). We have a total of just over \$7 million that we are investing in a request for funding proposals to

amplify our capabilities for our crisis call center as well as to establish what we would consider a very high-tech crisis care hub. That crisis care hub will be able to deploy mobile crisis teams into communities and have visibility into availability of behavioral health services throughout the crisis continuum so that we can ensure that individuals are getting the care they need when they need it in their communities.

As I mentioned before, we do have the CMS Mobile Crisis Planning Grant, and we have set aside federal funds to partner with that grant to invest in the initial standup of mobile crisis teams statewide as well as jail diversion programs. We also have just over \$27 million that will be invested in establishing crisis stabilization centers, \$20 million of which was just appropriated by the IFC through ARPA funding, with another \$7 million cluster minus a little through additional federal supplemental block grant dollars. That is a very high-level overview of what we currently have moving forward to establish not only 988 but the entire crisis continuum as well as continued investment in mobile crisis safety teams and other alternative responses through the 911 system.

***Chair Scheible:***

Thank you. We appreciate all this information, and I have been reading through the additional slides that we did not have time to get to today. I think, as you said at the end of your presentation, we are well-positioned in Nevada to implement some of these crucial programming components. I am excited to see that, and we will have a follow-up in August. Unless any of the members have crucial, time-sensitive questions, we are going to move to the next presentation from our MOST teams.

***C. OVERVIEW OF THE CURRENT CO-RESPONDER MODELS IN NEVADA,  
INCLUDING THE MOBILE OUTREACH SAFETY TEAM IN CARSON CITY, RENO,  
AND CLARK COUNTY***

***Brittany Bowman, Licensed Clinical Social Worker, MOST, Carson City:***

Good morning. We are part of the MOST program, which was created in 2006. There are currently four of us; there are two licensed clinical social workers, and we have two behavioral health peace officers.

***Israel Loyola, Deputy, Carson City Sheriff's Office:***

In 2015, we started working with a clinician who would go out with a deputy. They were not assigned specifically to a MOST unit at that time. The patrol deputy would still have to work a beat, and then as the day went on, if there was a call that was more mental health crisis-related, the clinicians would get a call to dispatch. Over time, they saw that there was a need for a full-time deputy and clinician to just work the MOST, so a deputy and a clinician were assigned to it. For the last couple of years, they have been responding to any calls that are related to someone in crisis, mental calls, suicide calls. They take 911 calls, and they implemented a cellphone and a phone just for the MOST unit. We take calls from 911 and the crisis line. Other resources in the community will call the MOST to do follow-up and welfare checks.

Fast forward to now, we came on board last year. Now there are two teams. We have our own caseloads. Like I said, we get the 911 calls and follow up from deputies. The MOST team does not work 24/7. A lot of times, we get referrals from deputies from swing shift, graveyard, and then the following day we will follow up. We work with a bunch of resources



within the community and so far, it has been very successful. Do you have anything else to add to that?

***Ms. Bowman:***

Here are some statistics from October 2021 to present. Both MOST Teams have responded to 491 calls for service. Between our teams, we have fielded 1,500 calls that did not go to dispatch. We have had 672 deputy referrals. Our community has referred 150 people to us. We have only arrested three people. There have been 73 legal holds and 44 voluntary admits. Our jail diversion is at 35, and regarding agency networking—like what has been presented earlier—we spend a lot of time working with our agencies in the community. What is most important is when we are working with people who are in a crisis, we need to be able to get them treatment immediately. We spend a lot of time with our resource holders in the community.

The only real issue is that we want to make our team bigger. We have a deputy who focuses on our homeless population. Eventually we would like to make our team a lot bigger so we can handle more and be more successful for our community. I think that is about it.

***Chair Scheible:***

Thank you. I just want to make sure that I did not miss any of our presenters between the two physical locations and the virtual presentations. I will open it up briefly to members for questions. Is there anybody online or in Carson City who has a good question? Senator Harris has a question.

***Senator Harris:***

My question is for the social worker in Carson City. I am sorry that I do not remember your name but thank you for being here and for being a part of the MOST team. Could you tell us what it is like for you to go out on these calls, given that you are not a law enforcement officer, and if you feel like you are well-equipped to respond to these things and whether other social workers would be safe joining these teams and expanding this kind of co-responder model.

***Ms. Bowman:***

That was a very loaded question. I feel very well-equipped. I came from an inpatient psychiatric hospital. There was a lot for me to learn coming from being inside walls to being out in the community. My partner has helped me a lot with safety because you must learn differently. I am sorry. What was the other half of your question?

***Senator Harris:***

I think you nailed it. Do not worry, you are doing great. I was just trying to get a sense of your message to other social workers or other law enforcement officers who may be apprehensive about having folks like yourself out there in the field with them.

***Brittany Bowman:***

I will ride along on days when my partner is not here with any of our other deputies, and I cannot tell you how thankful they are. They are very open. I leave my phone open to them anytime when I am not at work. I tell them, "If you have a call and do not know what to do, call me." I answer calls from my partners on my days off to help them navigate. I may give

them a history about somebody who I have worked with. To other social workers who want to do this, I love my job. It is very rewarding to help people in that moment of crisis and to use my knowledge and skills and to connect them with resources that are helpful for them.

***Senator Harris:***

Thank you. I think that is my one bite, but I am going to do the best I can to get you as many colleagues as possible across the state.

***Chair Scheible:***

I agree that that was incredibly helpful and maybe if we had some more social workers on staff, you would not have to answer your phone on the weekends or on your days off so often. Thank you again for your presentation.

I am not seeing anybody else with questions at this point. We thank you all for joining us on the 988 and crisis response call center conversation. This is part of an interim study that was assigned to us since the last meeting. This is our first look at the questions posed by the study, and then we will conclude in August when we have our work session and vote on the bill draft request to introduce. That brings us to the second part of our agenda.

I stand corrected. I missed the Washoe County MOST Team who I believe is online. My apologies. I will turn the floor over to you now.

***Christy Butler, Supervisor, MOST, Washoe County Human Services Agency:***

Good morning. I want to make sure is it the Reno Police Department (RPD) MOST or the Washoe County MOST.

***Chair Scheible:***

We would be delighted to hear from either or both Washoe County and Reno.

***Ryan Connelly, Lieutenant, Reno Police Department (RPD):***

Thank you, Chair, and Committee. With me is Christy Butler, our MOST supervisor. We started our team locally at the RPD in the early 2000s. It started as a co-responder type of team pairing a clinician with an officer. Immediately, our region saw the benefits of that team. Shortly after they started here with the RPD, they transitioned to a countywide assignment where they work not only with our police officers but also [inaudible].

This document is a brief overview that we want to share ([Agenda Item IV C](#)). After the transition to the county, the team grew exponentially. I think everybody saw the benefits of it. To provide the best service to our citizens that we serve at the RPD, Chief Jason Soto directed us to bring the team back in house to focus on issues that we have in the RPD.

About two years ago, we began that process to bring the team back in house, expand the team, and not only have the co-responder unit with a paired officer and clinicians, but also have the clinicians respond on their own and link up with officers on scene. I believe another presenter brought up a good point that if the clinicians are tied up with an officer and they go to a bank robbery call, and now they are tied up with that officer for hours, and now they are no longer a resource for the rest of the community.

Our model is two-fold; we have two co-responders with an officer. We also have two clinicians who respond on their own or are dispatched to calls, and they can either handle the call if they feel comfortable—such as a case management-type of follow-up, or if they are in an environment that is safe and secure for them—or there can be officers on scene to stabilize the scene, and then the officers can respond to other priority calls for service. They operate out of our Community Action and Outreach Office, which I oversee.

Our mission from the chief is overall to respond to calls for service, whether they are for homelessness, repeated violent crimes in a certain neighborhood, or mental health calls. Whatever we can do to impact those calls for service is the overall mission of my unit.

I will turn it over to Christy to talk about the clinicians and their credentials and referrals.

***Ms. Butler:***

We have clinicians, two marriage and family therapists, and one licensed clinical social worker who are part of our team. Our swing shift is seven days a week. Clinicians can go out and meet officers when they are requested for issues that they deal with—a lot of them over and over again—such as chronic callers, suicidals. We meet individuals who are in crisis and may be on top of a bridge, the casino, or a garage at the casino who are considering jumping.

We want to give a brief overview of what we do and hit the touchpoints ([Agenda Item IV C](#)). Regarding the common calls for service, we have a lot of individuals suffering from mental health issues who can be chronic problems for local businesses. We try and reduce those calls for service and get those individuals treatment to services within the community. We listed some of the other duties that clinicians have at the bottom of the form. We try and help our dispatch, and we work with our front desk. We have a lot of community members experiencing mental health who come to the front desk of the RPD. The front desk staff can be overwhelmed with those individuals and are not sure what to do. We try and help by training them to deescalate and educating them on our local community providers to which they can refer those individuals.

***Lieutenant Connelly:***

Probably the biggest asset internally for our department are the in-house clinicians who are training our officers and the culture shift that they can provide. Having them in house where you can walk down the hallway and pick somebody's brain—the subject-matter expert like our clinicians—is an invaluable resource to our officers.

The chief has directed our entire department, with the push in the Legislature, to have everybody crisis intervention team (CIT)-certified. Our clinicians are taking that over, as well as de-escalation training and being a resource as subject-matter experts for our officers, whether it is dealing with their work or the peer-support aspect of having clinicians in house where the officers can talk or get referrals back out to the community. It focuses on wellness and mental health for our officers as well as helping with those same issues that we are seeing in the community. It is a needed resource, and it is invaluable to us. At this point, it is only going to become more and more important for us.

***Christy Butler:***

I would just like to note that our MOST team collaborates with the Sparks Police Department MOST team as well as the Washoe County Sheriff's Office MOST team. Each agency now has their own in-house MOST.

***Lieutenant Connelly:***

I think that is all we have to say. If you have questions, we will be happy to stick around.

***Chair Scheible:***

I am going to ask that you send that Word document that you are sharing with us to the Committee staff so that we can upload it online for all of our Committee members and anybody else who is following along with the presentation ([Agenda Item IV C](#)).

Are there any questions from members of the Committee in Las Vegas? Senator Harris.

***Senator Harris:***

Thank you all for being here. It is good to hear what you all are doing in Reno. Could you talk about whether there are any plans to expand how many MOST teams there are or the availability of them? We all know that crises do not stop at the end of a swing shift. In Las Vegas, a lot of them probably start around that time. Are there any plans to expand so that the service can be offered 24/7 or offered every time it is needed? I am aware of at least one high-profile incident where a MOST team or crisis intervention was not available, and it did not result in the best outcome. If you could talk about that, that would be great. Thank you.

***Lieutenant Connelly:***

Expanding the number of clinicians available is important, but we are also looking at other avenues of getting mental health experts into the fold, whether it be through interns at our front desk, interns at dispatch, not only just hiring more clinicians and officers. I think a comment was made earlier regarding how officers feel about the clinicians. I told Christy when that was said, that if I could hire a clinician for every officer and pair them up 24/7, I would have zero complaints from my officers. They love when the clinicians ride with them. The more we get out there in the field, the better.

We are looking at other avenues of using not just fully licensed clinicians. We are looking at how we can stretch our limited resources to get the best bang for our buck by utilizing our local university and their internship programs—where can we put them so that they can get the most interaction with the community? If I can have a clinician sit and talk to somebody on the phone, then I can remove a highly trained dispatcher from that phone line and get them on other calls, which would be great. Same thing at the front desk. If someone who walks in and is in crisis and needs to sit down and talk to someone for an hour, if an intern or clinician can help them, then I can remove one of my officers or one of my front desk personnel from that situation and get them back to work helping other people. That is obviously a huge goal for us.

I know, countywide, there is the same conversation with my partners, my peers, and other agencies about expanding onsite clinicians at our homeless shelters. It is the goal of Washoe County and Sparks to expand their team.

We are looking at hiring more clinicians. We are looking at what we can affect, partnering with our private industries, and Christy can talk more about the partners that we have in the community as far as private practice and working through them as well.

***Ms. Butler:***

One thing to note is that it takes a special clinician to do this job. I have been doing this for about ten years and have gone through a few clinicians who were not the right fit. We are working with the local universities' interns to show them what it is all about working with this population. The clinicians who I know with our agency, Sparks, and Washoe County love this population. It is important to find clinicians who love working with this population and enjoy working with trauma, so the RPD has begun that process of working with the local universities to train these young, passionate individuals who want to work with this population and get them ready for future MOST positions.

***Senator Harris:***

I will say it again—the Legislature stands as a partner in those efforts. Thank you all so much.

***Chair Scheible:***

Are there any other questions from our members?

***Assemblywoman Summers-Armstrong***

My question is very simple. For this type of partnership, does the mental health professional have to be an employee of the police department? Is that the only option? Have other options been explored—for instance, partnering with social services with the county, city, or rural community, and they work in tandem? My concern is who has the strongest personality in the relationship. How do we ensure that the mental health provider has autonomy, based on their professionalism as a social worker or mental health professional, and is not being overinfluenced by police culture and that we have more balance? That is a concern and a question for me.

***Lieutenant Connelly:***

Yes, absolutely that is something that we want to consider. We brought people in house because they were funded initially through the county with a grant funding position. As you know, those grants can come and go. Chief Soto had the opportunity to add these positions to our General Fund budget; it is a budgeted item in perpetuity, and he jumped at the opportunity. We brought them in house to guarantee that they would not only help our community but also be a resource for our department by having the CIT professionals and CIT experts in house to train us, not just once a year, but during every single briefing that they attend, those kinds of things. We are always looking to partner with people outside of our building. Any opportunity we can get to take advantage of that, we are always open to whether it is our local hospitals or mental health professionals in our community. Building those relationships is vitally important for us.

I understand the mentality that the strongest person in the room has a lot of influence, but I can tell you from my personal experience and the kind of culture that we are trying to build, we do not know everything and referring to the experts is very important for us. The clinicians are teaching our officers that there are many ways to "skin a cat." We are learning from their example and seeing how they handle calls with the close partnership we have

with them. I have seen officers, when they are not with the MOST clinicians, use the same skills, the same language, the same techniques that they are learning from them, so I think the partnership is beneficial towards that end. I agree with you that we need to ensure that we are partnering with our community and the 988 community. Having the peer teams with the clinicians outside of the building as a resource is going to be beneficial towards that end.

I think the overall goal that we subscribe to is the proper resource for the proper situation—not overresponding but also not underresponding at the same time. Both can have tragic consequences, and we want to make sure we keep those in mind as we go forward. I agree we need to partner with our community and make sure that there are resources for every situation. To a hammer, everything looks like a nail. We want to make sure that we avoid that when it comes to this because that is how tragedies happen. I appreciate your concern. I want to make sure that we as a team identify and work for those as well.

***Christy Butler:***

One of the differences with our team is that we wear civilian clothes. We wear professional, casual clothes; we do not have a uniform. Although, we do have a uniform, if it is needed in a critical incident and if there is a lot of law enforcement involved; that way, they know who we are. But normally, we dress in casual clothes. We let the individual know right away that we are not law enforcement. Like I said before, I have been doing this about ten years. I tell this to a lot of people during presentations that some of the best de-escalation skills I have learned are from law enforcement. I have been through a lot of training because when they go out engaged, it is usually with people who are dealing with some of the worst things in their lives. Even getting pulled over for a traffic ticket can be stressful and nerve-racking. I have learned some of the best skills from law enforcement by watching them engage and de-escalate and make somebody feel comfortable getting a speeding ticket or more comfortable in a crisis situation.

***Assemblywoman Summers-Armstrong:***

Thank you. I appreciate you addressing the issue of clothing. The previous presenter presented in full regalia, and I am wondering if that is a common practice. I am not sure that is what a person who is in crisis needs to see from every person on the scene and whether that heightens awareness or fear. It is good to hear that you all have a different perspective. Thank you for answering the questions. I appreciate it.

***Chair Scheible:***

Agreed. Thank you for your presentation today and answering our questions. That now brings us to the conclusion of our presentations on crisis response and the 988 program.

It is still before noon, so I do not want to break for lunch quite yet. I want to make sure that we get at least started on the second part of our agenda. As I mentioned before, I am going to take these a little bit out of order. I am going to move on to Agenda Item X.

**AGENDA ITEM V—PRESENTATION BY NEVADA’S DEPARTMENT OF CORRECTIONS CONCERNING THE DEPARTMENT, INCLUDING:**

***A. PRISON FACILITIES***

***B. REPERCUSSIONS FROM THE CORONAVIRUS DISEASE OF 2019 PANDEMIC***

***C. ACCESS TO ADEQUATE MEDICAL CARE FOR INCARCERATED PERSONS***

**D. STAFFING ISSUES**

**E. STATUS OF THE INMATE POPULATION**

**F. UPDATE ON THE IMPLEMENTATION OF ASSEMBLY BILL 241 (2021)**

[This agenda item was taken out of order.]

**Chair Scheible:**

We are going to call the Joint Interim Standing Committee on Judiciary meeting back to order. We are moving on to the next agenda item, which is a presentation from NDOC. We have presenters in Carson and in Las Vegas. I am going to hand it over to you. Walk us through your presenters and presentation.

**LaShawn Smith, CCS III, Acting Assistant to the Director, NDOC:**

Our mission at NDOC is to protect society by maintaining offenders in safe and humane conditions while preparing them for successful reentry back into society. We operate as one team and are proud of our reputation as leaders in corrections. Our staff will utilize innovative programming that will focus on education, mental health, substance abuse treatment, and vocational training as the cornerstones to an offender's rehabilitation. Our philosophy is that we will pursue our mission with integrity, act in a professional and ethical manner, be responsible for our actions, and raise the Department to the highest standards ([Agenda Item V A-1](#)). Following me at the table is our Director, Charles Daniels.

**Charles Daniels, Director, NDOC:**

I am pleased to be here before the Joint Interim Standing Committee on Judiciary. The NDOC remains committed to the health and safety of its offenders, employees, and volunteers. We continue to be diligent in providing selfless service to the citizens of Nevada. I want to thank Chair Scheible for the invitation to present an overview of the challenges facing NDOC. We look forward to continuing our efforts to provide public safety services while preparing our offenders for their eventual release back into society. Our executive team is deeply committed to modernizing and providing quality mental health, medical, educational, and vocational training opportunities. The NDOC, as with all corrections agencies throughout the nation, has been besieged by staffing shortages and a sharp decline in staff retention. Other challenges include offender access to medical and mental health professionals and a decline in our physical plants and infrastructure.

Staffing issues and the impact of COVID-19 virus greatly impacted institutional operations. Although fatigued, NDOC professionals met their obligation to operate within the letter and the spirit of the *U.S. Constitution's* Eighth Amendment. I am extraordinarily proud of the 2,200 men and women who make up the staff component of NDOC. During the state of emergency, all agency staff were designated essential, whether Peace Officers' Standards and Training Commission (POST)-certified or not and manned the line while many other agencies worked from home. The NDOC staff have also endured childcare issues, spousal income loss, personal and family sickness, and even death, yet still came to work in service of the public offenders and one another. The NDOC staff are heroes and should be acknowledged as such, just as others are extended a warm thank you and appreciation for their service.

Nevada's Department of Corrections has completely revisited the former mission and vision statement and has reimagined an agency that utilizes technology, complies with corrections

industry standards, and implements industry best practices to enhance offender safety, care, and programming. Long term, these efforts should reduce the fiduciary impact on the State General Fund. Additionally, NDOC is introducing a new staffing model that is much more efficient and allows for enhanced training, increased offender safety, and more effective offender accountability.

In closing, I have the following divisional subject matter experts available. I will list them in order. Kimberly Smith, who is our Chief of Human Resources; Lisa Lucas, Deputy Director of Support Services; Dr. Michael Mineev, Medical Director; Brian Williams, Deputy Director of Programs; Dr. David Greene, Mental Health Director; and Kirk Widmar, Offender Management Administrator. We also have Bill Quenga, Deputy Director of Prison Industries (PI), and Bill Gittere, Deputy Director of Operations. Finally, Brian Shields, who is Inspector General (IG), is here to address questions and concerns related to the request we received.

Of note, to comply with the Committee's directive to submit our slides in advance, the order of the slides is not consistent with the agenda; however, I would ask that we are allowed to move forward with the slides, so we do not have to rearrange it. We are going to be as efficient as possible. Madam Chair, I would like to start the first presentation.

***Chair Scheible:***

Please go ahead.

***Kimberly Smith, Chief of Human Resources, NDOC:***

Thank you for providing NDOC with this opportunity to speak with you all today. The NDOC follows guided principles that are deeply rooted within the Fourteenth Amendment. All principals are based upon all prisoners shall be treated with the respect due to their inherent dignity and value as human beings. There shall be no discrimination on the grounds of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.

Director Daniels and his staff are staunch supporters in this ideology, and we stand behind it daily. Human resources play a crucial role in developing, reinforcing, and changing an organization's culture, pay, performance management, training and development, and recruitment and onboarding, and supporting the agency's values are all essential elements of the professional culture covered by human resources.

We at NDOC are essential employees and have been deemed as such since day one of the pandemic and before the world changed into the way we know it today. Our job is to retain the humans, train them, and cultivate them through preparation, professional development, job satisfaction, promotion, and retention so that they will stay and continue the path to dedicated service. That is our mission, and we put forth this intention in all that we do. That will be evident as you hear from our esteemed colleagues today.

It is a reality that staffing shortages have long been a challenge for correctional agencies given the work's low pay and grueling nature. As reported by ABC News in November of 2021, the COVID-19 pandemic and its impact on the labor market has pushed many correctional systems into crisis. As noted by CBS News in November of 2021, officers are retiring and quitting in droves while officials struggle to recruit new employees, and some prisons whose offender population dropped during the pandemic have seen their numbers rise again, exacerbating the problem. We also observed that trend happening here in Nevada and nationwide.



We also know that there is a critical issue or critical workforce issue in corrections. As reported in the National Institute of Justice, Joe Russo indicated in 2019 that the backbone of corrections is its workforce. The correction sector relies on qualified, trained, and dedicated staff for effective professional operations. But today, correctional administrators, particularly those running prisons and jails, are grappling with the severe workforce challenges that directly impact mission performance. Those challenges include staff recruitment, selection and retention, training, and agency succession planning. We, too, see this trend happening, and we at NDOC work with the Division of Human Resources Management of the Department of Administration for the state, PERS, and other state organizations. There is a deep respect for all our sister agencies who partner with us in efforts to assist in recruiting and retaining staff. Still, the reality is that people are not staying. They are burned out and can acquire a better wage working down the street or even changing their vocation. That is the reality.

As reported by the Associated Press in November of 2021 and updated in January of 2022, in Georgia, some prisons report up to a 70 percent vacancy rate. In Nebraska, overtime hours have quadrupled since 2010, as fewer officers are forced to work longer hours. Florida has temporarily closed 3 prisons out of more than 140 facilities because of understaffing, and vacancy rates had nearly doubled in the last year. At federal prisons across the country, correctional officers are picketing in front of their facilities over understaffing while everyone from prison teachers to dentists are pulled in to cover over security shifts. That is our reality, members of the Judiciary Committee. Our people are tired, and no matter how innovative we attempt to be without a recruiting budget, no matter how many white papers or strength, weakness, opportunities, and threats (SWOT) analyses NDOC creates, the efforts are rejected, and the answer is no. This has been reported in my short time as the Chief of Human Resources at many Board of State Prison Commissioners hearings. We are seeing a dip in staff due to pay, mandated overtime, and lack of merit increases, promotions, and opportunity. Many times, we are fighting a losing battle.

In efforts to maintain best practices for NDOC employee recruitment and retention, our endeavors continue. Note, that we are mentoring from both in house and professionally through a credit programming and professional development opportunities to reach, attract, and retain the very best service from our current employee pool. We believe that by driving learning and professional growth through perfecting and enhancing skillsets, the intent will be to promote an employee call to action. We do not quit. We continue to fight with what we have. We are attending local, and when budget allows, out-of-state job fairs. We are connecting with the local colleges and universities in the north and south so that NDOC is seen and can promote the benefits of joining our team. Moreover, we are making our presence known on social media by updating our Facebook page and LinkedIn page for job posting opportunities and other employment opportunities and points of interest.

A decrease in morale is not uncommon, unusual, exceptional, or new, and we recognize that. As such, human resources is working with our recruiting sergeants at our facilities in the north and south by attending local and out-of-state opportunities that might garner some employment interest in our agency. We have also revisited the critical hire, rehire, and labor shortage programs. We have reached out to the Association of Retired Police Officers, and we have pulled an internal NDOC report of upcoming retirees. In addition, we are also looking at contracting staff as initiatives grow to stabilize staffing within NDOC. Retention and recruitment remain a constant focus for all of NDOC.

While the budget continues to hinder NDOC, we are still dedicated to being innovative, inventive, and pioneering as it relates to doing more with less. We have submitted a budget concept request to garner recruitment funds needed and, quite frankly, are required if we

want to make any traction with relevant and deliberate recruitment and retention efforts. Interdepartmentally, we have instituted the following:

- Initiated internal recruiting summits;
- Created an NDOC recruitment letter;
- Reviewed our internal spreadsheets that have been pulled from the human resources data warehouse to recruit those employees who might have resigned;
- Reviewed and revisited previously used recruiting collateral to see if previous applicants might still be interested in working for NDOC; and
- Revisited and reviewed NDOC's [Recruiter@doc.nv.gov](mailto:Recruiter@doc.nv.gov), which is an email repository to reach out to previously interested applicants.

The NDOC staffing reads as follows. Nevada's Department of Corrections is authorized to fill 2,936 positions. The NDOC has a fulltime employee rate of 2,139 positions filled. That is 72.85 percent filled with a 27.15 percent vacancy rate. The NDOC correctional-specific data reads as follows: NDOC is authorized to fill 1,547 correctional officer positions. The NDOC has filled 1,064 of those. That equates to 68.77 percent filled with a 31.23 percent vacancy rate.

The NDOC prides itself on its green and gold staff. The green team consists of custody uniform personnel, sworn officers, and correctional assistants. The gold team constitutes noncustody personnel. All our staff are valuable and appreciated members of our team. We are all one—one fight. The NDOC remains conscientious, forward thinking, accountable, and essential. The correctional officers and all staff play a pivotal role within the organization by exerting the incredible responsibility of maintaining the order and safety of Nevada's correctional facilities.

Thank you for this opportunity to share. I will now turn my time over to Deputy Director Lisa Lucas of Support Services, or I can take any questions that you might have. Thank you.

***Lisa Lucas, Deputy Director of Support Services, NDOC:***

Thank you for the opportunity to present today. I am going to do a quick, high-level overview of the state of technology at NDOC.

What you are seeing is a myriad of areas that would be impacted by moving to a single, unified platform we are calling "Over-Watch." To name a few of these areas, it would be video surveillance; NOTIS, or the Nevada Offender Tracking Information System; and calls. Like many agencies and offices, NDOC started using more technologies, and as we added new software applications or new systems to help achieve new improvements, it also added new complexities. Many of the things you see are commonplace now but think about the adoption process and what it took to integrate them—if they are integrated at all—and to maintain them. Think about the boneyard of technologies that were implemented over the years that required too many resources or specific knowledge to manage and maintain and became obsolete once the one person who knew how to use it left. Going forward, this is not sustainable, especially with all the emerging technology and lack of staffing.

We are not getting the most value out of our technology or receiving the greatest return on investment. We need to overcome the patchwork quilt of technologies to meet the

expectations of the public, the offenders, our partner agencies, and our own team. We must instead be able to leverage our existing core technologies together to get and provide the most value from them with a platform that we can leverage going forward to evolve with our agency.

Nevada's Department of Corrections is striving to create a single platform for continuity. The corrections industry is going through a period of change in which technology is acting as both a response to changing demands and an innovative stimulus to further change. It affects numerous correctional staff and offenders who receive correctional supervision each year. With our current setup, many of our technologies and applications are outdated and not integrated. We must search numerous databases, hard files, video files, interview staff and offenders, et cetera, to obtain information, which is very time-consuming. Many partner agencies, such as P&P, the State Board of Pardons Commissioners, and the Nevada Sentencing, DSP, Commission rely on NDOC for pertinent data. We could be more effective and more efficient if we were not spending so much time searching for and putting all the pieces together.

This single application platform we are calling Over-Watch centralizes data and streamlines the way individual applications connect to enable collaboration speed-up processes, improve security, and apply advanced analytics. By improving information flow from call to case closure, we reduce the strain on critical personnel and restore focus on offender and staff safety. Over-Watch Command Center is built on a unified data platform, securely bringing information together across our operations and applications from data and video feeds to multimedia records and staff inputs. As a result, our data is put to work so we can collaborate more easily and make more informed decisions through automated event flows, integrated workflows, common-user experience, and collaborative communication. It will benefit agency and institutional leadership, internal and external investigations, courts and supervision, and P&P.

This is an example of what the Over-Watch system would look like for NDOC. It would be on a larger scale, as we would have a command center in the north and one in the south. You can see how all the different technologies are tied together and monitored, including surveillance cameras, facial recognition, license plate recognition, and body cameras. This would unify our teams and our technologies and strengthen our decision-making so we can collaborate like never before.

That concludes my presentation, and we will answer any questions.

***Chair Scheible:***

Thank you. I think we will go ahead and keep going through the presentations and then do all the questions at the end.

***Michael Minev, M.D., Medical Director, NDOC:***

The Medical Division is committed to providing quality, evidence-based health care using an efficient system of managed care that is professional, humane, and appropriate and is supportive of the overall mission of the NDOC.

Our Medical Division provides primary care at each major institution, including medical, dental, hearing, vision, and pharmacy services. Our health care providers treat a broad scope of medical conditions, mirroring our communities. These medical conditions range

from acute illnesses to ongoing care for chronic diseases, preventative health care, women's health, and hospice for end-of-life care.

Our patient demographic breaks down as follows: 92.3 percent of our offenders are male, and 7.7 percent of our offenders are female. The current ages of our offenders range from 16 to 86 years old. Our offenders have access to a variety of health care visits, which include intake assessments, acute and chronic care clinics, vaccination clinics, specialty care clinics, dental clinics, and mental health clinics. Chronic care visits for offenders with long-term medical conditions are treated by our medical staff, the most common of which are diabetes, hypertension, and asthma.

I am very proud of the hard work of our medical staff during the COVID-19 pandemic, in which all NDOC staff were deemed essential and worked to contain the spread of COVID-19 with a focus on preventative measures. Screening protocols put in place based on the guidance of the Centers for Disease Control and Prevention (CDC) and DHHS guided us. We collaborated with the DHHS and the Federal Emergency Management Agency (FEMA) throughout the pandemic. As of June 27, 2022, 59.93 percent of our offenders are vaccinated for COVID-19.

The NDOC is deeply committed to improving access to health care services for all our offenders. Medical care continued throughout the pandemic despite numerous challenges and despite the loss of 31.5 percent of our medical staff to attrition during the pandemic. The NDOC continues to provide medical care to all our offenders, dispensing 147,097 medication prescriptions in 2021 alone. The 6,511 offenders are actively followed by medical staff at this time. The NDOC Medical Division is committed to prioritizing the health of our offenders. I remain dedicated to providing the best medical care to our offender population despite the challenges we face each day because it is about doing the right thing.

We are in alignment with you in prioritizing the needs of offenders and their journeys to rehabilitation and reintegration into society. Please join us in our commitment to providing offenders with the highest possible level of medical care.

I am available to answer any questions at this time.

***Brian E. Williams, Sr., Deputy Director of Programs, NDOC:***

Thank you for the opportunity to share our endeavors of the NDOC Programs Division. I hope during this testimony we can demonstrate our proactive approach and efforts in returning offenders back to the community.

The Programs Division consists of offender management, mental health, substance abuse, reentry, education, recreational therapy, religious services, and the law library. As we begin our endeavor to restore a sense of normalcy to the Department, the Programs Division continues to work closely with facility administrators in creating program schedules that are conducive to the day-to-day operations. Relaxing the COVID-19 protocols allow an increase in daily operations, including movement, group settings, and community providers' entrance. We understand that safety and security are optimal. Each department in the Program Division has developed post-COVID-19 schedules that have been implemented and will dovetail with the daily and safe operation of our facilities. I would be remiss if I did not mention PI as an important team member. Although they are governed by different policies and procedures, the vocational and apprenticeship opportunities are critical in preparing offenders with the skills they need to be successful.

What is the mission of NDOC? The NDOC Program Division is committed to utilizing evidence-based policies and practices that are gender responsive and culturally competent to ensure the safety of Nevadans by holding offenders in custody accountable for their actions and simultaneously revolutionizing best practices for reintegration into society. While in custody, offenders will receive evidence-based programs that are innovative and challenge their mindset for preparation back into the community. These effective and efficient programs were reduced to economic and social impact of mass incarceration while providing opportunities for offenders in custody to become more productive members of society.

We are committed to working in partnership with law enforcement agencies, legislators, courts, businesses, and advocacy groups for offenders in custody in a collaborative effort to enhance community trust, promote safety, and unify our communities while reducing recidivism.

Our Education Department has numerous school districts throughout the state as well as colleges that we team up with. As we all know, the COVID-19 pandemic proved to be deadly and resource-depleting for all sectors of society. Especially hard hit were correctional facilities. The pandemic challenged education in all NDOC facilities. Prior to the outbreak, all correctional educational programs throughout the State of Nevada were offered through in-person instruction. When we closed our facilities to all volunteers and visitors to mitigate the spread of COVID-19, educational programs came to an abrupt halt. More profoundly, the inequities of correctional education came to the forefront. Nevada is extremely fortunate due to the incredible passion and unrelenting determination of our school districts and colleges, as they came together, stepped up to the plate, thought outside of the box, and proposed alternative deliveries of instructions, which will continue to expand in years to come.

First and foremost, I would like to thank our school districts and colleges. There are eight correctional school districts and four colleges throughout the State of Nevada providing services to the NDOC and offenders. They include: Carson City Adult Education and Clark County, Elko County, Humboldt County, Lincoln County, Nye County, Persimmon County, and White Pine County School Districts. There are four colleges: Western Nevada College (WNC), Truckee Meadows Community College, Great Basin College, and CSN.

Some of the educational courses that we offer are listed above, including some of the enrollments, high school equivalency, and diplomas that have been awarded as well as vocational certificates. With the onset of the COVID-19 pandemic, our school districts began packing instruction immediately. While this was not the most effective instructional delivery, school districts created an individualized case management system where all instructors came together virtually and identified individual offender educational levels and the curriculum needed to help them progress. Instructors dropped off individualized packets at facility gatehouses. Officers delivered the packets, and school districts picked up offender packets on a biweekly basis. Once packages were received, instructors reviewed, added notes, made recommendations, and strategized the next steps for each individual. This process continued until offenders were allowed movement with strict protocols followed, such as social distancing, masking, and sanitation. Even though with all the extraordinary circumstances, during School Years (SY) 2019 through 2021, our school districts graduated 139 high school diplomas and high school equivalencies, in addition to 83 industry-recognized vocational certificates.

Our colleges, like the school districts, began searching for ways to offer post-secondary via distant remote learning. We were fortunate because our department is on the same Polycom system as the Nevada System of Higher Education. For the first time, colleges offered real-time remote instruction through the BlueJeans platform. Once again, due to the incredible determination of our partners, the colleges during SY 2019 through 2021 school years graduated with 21 associate of arts and associate of science degrees and 33 college certificates. The pandemic required NDOC school districts and colleges to explore remote learning opportunities. This has proven to be quite an undertaking. As we know with our rural communities, bandwidth has continued to pose difficulties. However, due to the incredible determination of our school districts, colleges, and NDOC administration, we will continue to provide remote access through Polycom and hybrid classes. Moreover, we will expand remote learning opportunities, maintaining quality and rigor in all programming, including vocational, industry-recognized certification before release.

After much research, including working with our legislators and other states in sharing best practices, we anticipate the following remote learning opportunities to be available to our offenders by the end of 2022, going into 2023, including: Zoom instruction, hotspots with certain ranges, facility Internet computer labs, and Google classrooms. We currently have a request for proposal (RFP) for tablets, and we are going through the selected vendors right now, so tablets are on the horizon.

Regarding offender employment training, as of June 2022, reentry services has successfully moved to a new location at Three Lakes Valley Correctional Center to expand and develop the Regional Community Training Center. The Reentry Department is continuing to solicit candidates to fill vacant positions throughout the state while fighting the challenges of Smart 21 delays and COVID-19.

Assembly Bill 358 (2021) Medicaid is also going well. Our Reentry Department has staffed all the Medicaid positions as of this date. Our Reentry Department is collaboratively working with outside partners to enhance services and bring employment opportunities to the offender population. Some of these community partners are: the Culinary Academy of Las Vegas; Department of Employment, Training and Rehabilitation (DETR), Nevada JobConnect; Foundation for an Independent Tomorrow, also known as FIT; Behavioral Health Group; Sierra Sage; Recovery Court; Hope for Prisoners; Las Vegas Institute of Welding; National Technical Institute; Freedom House; Crossroads; Workforce Connection; Nevada Works; and Building and Trades.

We have also, due to COVID-19, looked at revising NRS 209.417. As a result of the COVID-19 pandemic, it was clear to NDOC that increased access to telecommunication devices by offenders was necessary to improve the services provided and make a real impact on statewide recidivism reduction. The requested revision to NRS 209.417 will enable the director of the NDOC to determine, with the approval of the Board of State Prison Commissioners, what telecommunication access offenders have. This revision would provide controlled access considerations to telecommunication devices for legal, medical, court, educational, reentry, and other critical transitional services necessary to prepare offenders for their successful return to our community.

At this time, I would like to introduce Dr. Greene.

***David Greene, Ph.D., Mental Health Director, NDOC:***

Good afternoon, Chair Scheible, and the members of this Committee. It is a pleasure to present to this Committee the strength and challenges we face in NDOC when it comes

to the delivery of mental health services to our offenders. I anticipate that this Committee will hear today that mental health services vary depending on the type of correctional environment in which offenders find themselves. Detention centers, for example, are faced with acute untreated mental health individuals in addition to those who may use substances who may require safe detoxification. When NDOC receives new offenders, the challenge is found in detention centers have typically been addressed. It is our responsibility to recognize those in need of continuity of care, which begins during the intake process. Offenders' medical, mental health, and potential substance abuse needs are identified, and referrals are made to the respective disciplines. The Mental Health Department has a primary focus on those individuals who may have psychiatric histories, who may be on current psychotropic medications, share past suicide history, convey current suicidal ideation, may have been a victim or perpetrator of violence, and/or who have potential developmental or intellectual disabilities.

The services provided by the Mental Health Department can be broken into three primary areas. First, we provide for the clinical services for the offenders. These services include, but are not limited to, suicide prevention, crisis intervention, and grief counseling. We also provide parole and pardon reports, which provide an offender's mental health history when we receive the offender's consent. Perhaps most importantly, we provide risk assessments for those convicted of sex offenses to the State Board of Parole Commissioners for its consideration as required by NRS 213.1214. We are actively following 2,035 offenders who have some form of mental health concern. In the first half of 2022, there have been nearly 12,000 contacts with these individuals from the Mental Health Department.

Those of us who have been in corrections most of our careers are accustomed to dealing with a variety of institutional emergencies. Never had I imagined what it would look like to be impacted by a pandemic. As Director Daniels and Dr. Minev worked with federal and state health authorities to provide safe guidelines for the operations at our facilities, the Mental Health Department was required to adjust our services accordingly. Psychoeducational groups were temporarily paused or cancelled depending on the conditions at any given institution. By November 2020, all groups were terminated because of the heightened risk of COVID-19. Instead, mental health staff toured housing units to visit inmates to ensure that their mental health needs were addressed. In 2020, nearly 15,000 cell-side visits took place. As the pandemic improved, the cell-side visits were not as necessary, as housing units could safely reopen. Currently, mental health services are providing all services depending on available staff levels. When staff levels are limited, only core services are being provided.

The Mental Health Department is also interested in helping offenders grow and learn new coping strategies prior to their release into the community. You will see the different types of psychoeducational programs offered. Each program is evidence-based and are rooted in cognitive behavioral therapy. Gender responsive programs are provided at our women's prison. Not only do we want to effect change, but we also want to have offenders work to earn merit credits to help them get home successfully to their families.

***Mr. Williams:***

In closing, we cannot anticipate what 2022 might look like; however, the Department and Programs Division will continue to explore new ideals in an attempt to enhance existing services and provide additional services to the offender population while continuing to utilize evidence-based programs and best practices. We are also very cognizant that we may need to alter our trajectory once again should COVID-19 affect operations. Our department and

staff are fully committed to continuing to fight and keeping our staff, offenders, volunteers, and visitors safe as we work towards normalcy.

At this time, I would like to turn it over to Chief Widmar.

***Kirk Widmar, Chief, Offender Management Division, NDOC:***

Good afternoon, Madam Chair, and members of the Committee. I am the Chief of the Offender Management Division for the NDOC. Today I will be presenting an update on the AB 241 (2021) credits and some explanation related to credits in general. Thanks to the hard work of Assemblywoman Cecelia González in 2021, she was successful in moving AB 241 through the process and to the governor's desk to sign into law in June 2021. The passage of that law allowed the Department to award 5 credits a month, maxing out at 60 credits, per offender that were incarcerated during the course of the pandemic. At the time, we understood the beginning of the pandemic was March of 2020. Since then, the governor rescinded the state of emergency in May 2022. For that duration, the offenders were awarded credits in accordance with the law. Of that, 10,244 offenders received the max credits of 60; 5,600 offenders received between 5 and 55 credits, depending on when they came to the NDOC; and 15,844 offenders received a maximum amount of 781,470 credits because of AB 241.

The pie chart is a breakdown of how the 10,244 offenders benefited from the application of the AB 241 credits:

- 2,985 were released and/or paroled;
- 7 completed their sentences with NDOC and were moved to other jurisdictions;
- 151 were reincarcerated, meaning they went out, violated parole, or had a new charge, or were on concurrent sentences and completed the one sentence and moved on to the next;
- 4,630 offenders will receive future benefits sooner than they would have thanks to the AB 241 credits; and
- 2,469 offenders are serving indeterminate sentences of life without and/or death but were still awarded the credits as required by the law.

To understand credits in general, we have heard from members of the Committee, the community, members of our own Department, and stakeholders that credits can be a very complicated thing to understand. I will attempt to explain some of the various types of credits that are available that were awarded before, during, and after the pandemic and will try to illustrate the efforts of the Department.

- A flat credit is simply that—for each day an offender serves, a day comes off their sentence.
- Statutory good time credit, commonly referred to as stat credit, is awarded at 20 days a month. There are only two agencies. These are awarded automatically to each offender. The only reason why these credits are taken away is through a formal disciplinary process of a finding of guilt, and through that committee, a prescribed amount by policy can be removed from the offender. The offender can petition a full classification committee to have those statutory good time credits restored. The only other agency that has authority to affect these credits is the State Board of Parole Commissioners.



- Work credits are earned at the medium custody and above at 10 credits per month and 20 credits per month for minimum custody and below. An offender must proactively earn these credits.
- Meritorious credits are awarded in various increments related to meritorious programs. For example, general educational development (GED), 60 credits; high school diploma, 90 credits; higher education first degree, 120 credits.
- Exceptional meritorious service credits are a section of NRS that allows the director to award up to 90 credits for behavior or actions above and beyond the call of duty. For example, an offender engages in life-saving measures of another offender and that of a staff member. The director has the authority to award that individual exceptional meritorious service credits. Those five types of credits are what the Department has authority over relative to sentence calculation.

As we look at how the Department fared as it relates to credits, using 2019 as our base year prepandemic and then through the first quarter of 2022, you can see the numbers related to flat, stat, work, merit, AB 241, and exceptional meritorious service credits. As previously testified, during the pandemic, like our communities, our institutions were impacted. Credits related to education and programming were reduced for available accessibility. Work credit and the ability for inmates to work were also reduced, but it is also important to understand that over the course of this four-year period, our whole population was reduced. With fewer inmates in our population, fewer credits can be earned.

As you see in 2020, AB 241 credits begin to engage. In June of 2021, the law required us to retroactively go back and begin to award those credits. In March 2020, 483,995 credits were awarded. In 2021, 241,015 credits were awarded. Then in the first quarter through May, the declaration of the state of emergency being rescinded by the governor, an additional 56,460 credits were awarded.

Regarding exceptional meritorious service credits, under the authorization of the Director evaluating the effectiveness and the positive outcome of the AB 241 credits, the Director, although required to have a criteria in which to exercise his authority with these credits, set us in motion to identify a group of individuals who acted above and beyond during the course of the pandemic. We identified 3,700 inmates who did not receive or were found guilty of a major violation between March of 2020 and April of 2022. Those offenders will receive the full 90 exceptional meritorious service credits that will be awarded incrementally. The first three months will be at 10 credits a month with the following months at 15 credits a month being concluded in December of 2022. As of today, to be transparent, this number is the July batch and has already been issued. It does not reflect in here, but up until the development of this PowerPoint, 35,820 credits in this category were awarded to those 3,700 inmates with a projected outcome to equal 333,000 more credits.

What does "total credits vs. average population" mean? How does that break down per offender? If we look at our prepandemic year of 2019, the number you see is a total amount of credits that were earned by offenders. Our population at 12,877, equates out to 1,992 credits per offender on average were awarded. In 2020, in the beginning parts of the pandemic, our population decreased by 1,119, although the credits awarded equated out to 2,068 credits more than that of the prepandemic year. In 2021, our population continued to decrease, and at this point, we are 1,286 offenders less than our custody than that of 2019, and the equivalent of 2,050 credits were awarded to the offenders. In the first quarter of 2022, 640 credits have been awarded thus far. With that projection, understand that the merit credit associated with high school diplomas and higher education degrees

that concluded with SY 2022 have not been added into that; however, we are on track to look at 1,931, which is almost equivalent to that of a prepandemic year with almost 2,800 fewer inmates in our population.

There are challenges with credits. We have five credits that fall under the jurisdiction of NDOC. Those five types of credits are governed by seven different statutes. They all are relative to when an individual is convicted. Those statutes also dictate what types of crime credits can be applied to and what maximum limits can be applied related to the meritorious. You can only earn a max of 90 certain meritorious credits in a calendar year. Other meritorious, like the exceptional meritorious service credits, are immune to that cap.

There are three more statutes, with the last one being the formalization of AB 241 into law. Going forward, if we ever face a pandemic again of this gravity, the law is now codified in place. We can immediately go to that without having to use the legislative process to be able to offset any negative impact to our offender population because of a pandemic.

Madam Chair, and members of the Committee, you should have four handouts in front of you related to credit history report ([Agenda Item V A-2](#)). Do the members of the Committee have that? I just want to make sure before I continue.

**Senator Harris:**

We do. Thank you.

**Mr. Widmar:**

Turn to example one. What you have before you are four examples of live ongoing offenders serving current sentences. The only thing that has been altered in this report is that the offender's name was redacted, and the offender's case number related to their offense has also been redacted. Everything else related to the report is as produced from our database system. This report is used commonly when an offender has a question related to how credits work. If there is some confusion or concern that something was not applied correctly, they can go to their unit caseworker, and the unit caseworker can pull this report up and sit with the offender and go through it, line by line, and identify any concerns. I want to explain the parts and pieces of this report to the Committee for a better understanding of how credit calculation works.

If we start at the top of the page, we see the identified sentence date. That is the date in which the offender is sentenced. Right next to that, we see that numeric number of 120, referred to as the jail credits. Jail credits are awarded by the judge through the judgment of conviction to the offender. The Department has no authority to alter, change, delete, or add related to those credits. Those are awarded by the judge through the judgment of conviction. That will bring us to our retro date. If we take our sentencing date, take our jail credits, now we have our retro date. The retro date is very important because that is when "time" begins. That is when sentence calculation moves forward. You see the max term usually on these reports is either spelled out in years or months. Right next to that, the days, owed you will see that is an equivalent of the max term. We will come back to that number because it is important in the explanation as we go forward.

The proposed parole eligibility date is next with a proposed expiration date. By statute, NDOC is required to notify the State Board of Parole Commissioners when a defender is approaching their parole eligibility date. That is primarily the reason why we must project credits forward. Therein lies some of the confusion when we are trying to explain credits. As I go through this report, it is my hope and intention to help clarify some of that to the

Committee. Go back to our days owed—4,748 days. If we can, look at this as a checkbook or a ledger and view this report through that mindset; I think that will help put in context what I am trying to explain. Go to the first line of our first type of credit being added—flat. The offender came to us on July 11, 2017, part way through the month. Flat is day-for-day; there are, 21 days left in the month; therefore, that credit is applied. If you go directly over to the right-hand side, it takes the day zone—subtracted 21 days—you now have that new figure. With each of these credits, as we move down the page, you will see that right-hand number continues to decrease in accordance with the credit earned. Stat time is earned in 20 a month.

***Chair Scheible:***

I am going to allow Senator Harris to ask you a question because of the nature of this conversation. We are all looking at the same piece of paper at the same time. I think it is smart to allow people to ask the relevant questions in a timely fashion. Go ahead.

***Mr. Widmar:***

I understand.

***Senator Harris:***

Thank you, Madam Chair. I am already lost. With line one, why is there an automatic adjustment of 21 days? I understand how we got the retro date. That was the sentence date minus 120.

***Mr. Widmar:***

That is correct.

***Chair Scheible:***

Let me take a guess. Is that the date the difference between the date of sentencing and the day that they got to the prison? I am confused, too.

***Mr. Widmar:***

The retro date is when time now begins, and we start our calculations. The jail credits were applied, so although the offender was sentenced on November 8, because they were in jail going through the trial process, the 120 jail credits were applied. That brings us to July 11, 2017. That date, if we go down to the “from” date, the first line, is when the sentence begins and is when we start calculating credits toward their sentence.

***Senator Harris:***

Am I understanding this correctly, that the flat time is really just time served? They are getting credits because they were there.

***Mr. Widmar:***

Each day they serve. Yes, ma'am.

***Chair Scheible:***

If we were to add up all these numbers of flat time—the 21 on line 1, 31 on about line 5, 30 on about line 8—are you saying those would all add up to the 120, or are these different from the jail credits?

***Mr. Widmar:***

They are different from the jail credits. They are the days in the month. If we take July 11 to July 31, that represents 21 days that were left in July that the offender came and earned day-for-day flat time credit off their sentence. We move down to that next line of 31. There are 31 days in August; therefore, 31 days are deducted. Each of those, as we talk about flat, represent calendar days of the month.

***Chair Scheible:***

That is in addition to the jail credits, which are reflected in the very top line under "JC."

***Mr. Widmar:***

The jail credit brought the sentencing date to July, so they were applied. July is when we start.

***Chair Scheible:***

Now I understand. Senator Harris has a follow-up.

***Senator Harris:***

Sorry, I am not an accounting major. I am going to make a statement. Tell me if I am correct. Is this the same as simply not applying the jail credits? Because it seems like you apply the jail credits, which moves the date back, and then you essentially put those back by giving the flat dates of service—the 21 days for July and the 31 days for August. You move the date back, but then you account for those days by putting in flat credits?

***Mr. Widmar:***

I am trying to digest your question. Give me just a second.

***Senator Harris:***

Let me try and restate it while you are digesting. Why not just start at November 8?

***Ms. Smith:***

Do you mind if I step in a bit to help put it in more layman's terms?

***Mr. Widmar:***

Go ahead.

***Ms. LaShawn Smith:***

The sentence date, November 8, 2017, is the day the judge said you are going to prison. While he was waiting to come to prison, he was there 120 days. When he got to us, we set it at 11/7, but then we subtracted the 120 days because he technically had already done that time in jail. That is why we started at 7/11. That is technically when he started because

the judge gave him 120 days' credit in addition to his sentence because he already did that time in jail. Did that help?

**Senator Harris:**

I am with you all the way up until that point. What I am confused about is how the jail credits are applied both by retroactively moving the date and then I also see jail credits supplied by literally saying 7/11 to 7/31, we are giving them 21 days; 8/1 to 8/31, we are giving them 31 days; 9/1 to 9/30, we are giving them another 30 days. It seems like you apply it twice. You apply it by moving the date back and then you apply it literally on the ledger.

**Ms. Smith:**

Here is the difference. The jail credits are a whole number that we do not subtract or take away from. The flat days are the day-for-day. He or she is in prison and got to us from 7/11 to 7/31—that is 21 days, and that is flat. If he never did anything else but was in prison, we are going to give them flat days for the month. That is subtracted from the 7/11 when it started. I misspoke. I said it did not come from the 2021. I meant from the 120. I misspoke, and I apologize for that. They get day-for-day. If they are in prison, and they got there in July, we are going to give them one day for every day they are there. It is subtracted off the end of the sentence, and that is why it is 21, and then it goes to the next flat, which is 31 because there were 31 days in that month. The next flat goes to 30 days because there were 30 days in that month.

**Senator Harris:**

If I add up all the flats from 7/11 to 11/8, am I going to get 120?

**Chair Scheible:**

Yes, you are. I just did it.

**Senator Harris:**

All right. I will go back to my original question. Why do we do it that way?

**Ms. Smith:**

Mr. Widmar, I will leave this one to you.

**Mr. Widmar:**

Thank you, Ms. Smith. In part, the jail credits are under the authority of the judge, which under NRS, NDOC does not have the authority to adjust, tweak, or change. When the offender comes to us—NRS 176 talks about the legal definition of when time starts—that is where we come to that July. We have no say in the jail credits one way or the other. The judge dictates that. We have a competing definition that says when time must start and when we start applying these credits. That brings us to that July as NDOC.

**Senator Harris:**

I think part of the reason why we are going through this is to try and see if there is a simpler way either to convey this information or calculate it. I understand that often NRS is the cause of these issues, but the good news is we all can change NRS. If we are having

definitional issues, or things do not jive, and it results in a convoluted process, we want to know about that so we can attempt to smooth it out. As we are all having this discussion here, I understand now, but I know it is impossible for an offender to have the same back-and-forth discussion to try and understand their credit.

Please continue. I am with you now, but I want us all to keep in mind how we can improve on this to make it all a bit simpler.

**Mr. Widmar:**

Thank You Senator Harris. I am excited to sit down with you or any member of the Committee to help resolve the credit explanation. By going through this today, hopefully I am starting to pull back the curtain a little on some of the complications that the Department faces as it relates to credits.

As we look at stat, it is awarded at 20 credits a month, and there is a system of prorating. In this case, because the offender came in the middle of the month, that equated out to 14 of those 20 stat credits being applied towards their sentence. When the offender can work, they work. You will see at the medium custody or above, 10 credits are awarded there, or 20 credits [are awarded] at the minimum custody and below level. On page one, as we go about halfway down to January 30, you will see that this individual earned 60 merit credits related to an entrepreneurial Americlass that he took. If you go over to the right-hand side, you see that 60 days are immediately applied. One credit equals a day; one day equals a credit. That is important to understand.

As we go to page two of this document, you can see the rolling of the credits and the continuing on, but this offender completed three phases of commitment to change and was awarded a total of 45 days of merit credit; therefore, that was applied directly across on the right-hand side.

Please go to page 5. This report is a live report, but it was generated on June 23 in preparation for the hearing today. You can see at the bottom of the page that the font goes from a black font to a blue font. From that point, on the offender physically has not earned those credits, but because of our obligation to project forward parole eligibility dates, we have to, in the best interest of the offender, give them the best-case scenario that they will earn the maximum amount of credits that they can possibly earn short of merit. They get work at the max amount. They will get stat at the max amount, and they will get flat at the max amount. That helps bring us to that parole eligibility date. When we talk about projecting credits forward, at least in the current way that we must do it, that is the explanation behind it. As we go all the way to the last page, you see that countdown goes all the way to zero. That date matches the proposed expiration date. That is how that ledger rolls going forward.

Example two is an aggregated sentence. When you look at the report, it is identical to that of a single sentence in the way that the credits are reported.

Example three is a little more complicated as it has a parole revocation and the impact of losing stat credits because the State Board of Parole Commissioners has stepped in and removed the parole from the offender. In this case, the offender was granted parole, went out, was violated, and was brought back to the State Board of Parole Commissioners. A revocation hearing was conducted. The revocation was found to have merit and, therefore, the stat credit was removed. You see that articulated in the stat credit relative to that

parole violation and that parole violation only. You see that articulated all the way through the page there.

Meanwhile, however, you see that the offender is still earning stat. The offender can still earn flat. The offender can still earn work, and the offender can still earn merit. During the duration of the suspension of stat, the offender cannot earn stat. In this particular case, you see that even though this offender is in the status of the revocation, he is still actively engaged in programs and therefore earning merit credit.

In the three examples that I have presented to you, if we move to March 2020, you will see AB 241 (2021) credits applied. In this particular case with this offender, because of the parole violation, he begins to receive the AB 241 credits at five a month—you see the five entries there. The offender is then granted a new parole. The offender goes out on parole, and temporarily, the AB 241 credits are suspended because he is not incarcerated in the NDOC; he is out on parole. This particular offender unfortunately violates and comes back in May of 2021. Immediately, the AB 241 credits are applied and continue to be applied until the offender reaches his 16 max credits. In addition to that, you will see fiscal on there. Fiscal is a credit that is under the authority of P&P. They have the authority to apply that credit when an offender is out on parole. They report that information back to us, and we log it in as part of the sentence calculation.

***Chair Scheible:***

I want to ask a follow-up on example three because I am a little bit confused. I think you said on page five, it reflected that this particular individual was granted a second chance at parole and then violated that parole and came back again. Can you help me understand how you can infer that from what we see on the page? What am I missing?

***Mr. Widmar***

Madam Chair, you are not missing anything. Unfortunately, in conjunction with the notice offender tracking information that I have, when I see this anomaly of why the credits started, I had my staff randomly pull these four samples for me. I gave them basic criteria I had them pull. When they pulled these examples and brought them to me, I began to look to make sure that I could explain everything on the page. When I saw that very anomaly, I went into the classification module of this particular offender and noted that the offender went out on parole, so I could explain to the Committee why the AB 241 credits were paused because in every other case of a consecutive 12 months, the offender was awarded the credits until they got to their max 60. I did not want to leave the Committee in a position where you question, "Why did they get five here, and then there is a break, and then all of a sudden it starts up again?" I happened to be able to explain that only because I was delving deeper into the offender's history.

***Chair Scheible:***

We really appreciate that because otherwise we probably would have asked you. Thank you for doing that. Thank you for answering the question.

***Assemblywoman Summers-Armstrong:***

Earlier you said that this report could be pulled, and someone could sit down with an offender and explain all of this to them.

**Mr. Widmar:**

That is correct.

**Assemblywoman Summers-Armstrong:**

Is there a charge for this particular report to be printed? Is there a charge for the time it takes that someone to explain all of this to an offender?

**Mr. Widmar:**

I appreciate the question. No ma'am; there is not. The caseworker is within their scope and duty. They are the subject-matter expert who explains this to the offender. This is part of their regular scope and duty. There is no charge related to the printing of the document as well. Going forward and understanding some of the confusion—it is not quantified into policy at this point—but my Division is working on a unified policy where an offender could request possibly at a six-month or annual review a copy of—there are obviously other components, fiscal being one of them—what that would create that need to be considered in this. Under our current system, in the way we apply credits, I believe this report, once you understand it, is the simplest way to explain credits to an offender, to a family member, or to anybody who takes the time to learn how this report reads.

**Assemblywoman Summers-Armstrong:**

I am glad there is no cost associated. I think what is patently clear in this discussion is that this is confusing. If you are already short-staffed, and we have heard that ad nauseum here today, I would be concerned as a legislator that there is not the manpower to present this information in a clear and concise manner to either the offender or a family member so that they know where they are. I think that speaks to what we are hearing all the time and what we have heard today, which is the communication aspect. If you do not have staff, and then this information is this difficult to comprehend . . . I am the least-degreed person on the entire Committee, but I think I am still pretty smart, and I had to follow along very closely. You have been able to give us a very clear and concise 20 minutes or so. Multiply that by all the people who are incarcerated or their family members who want this information. I am not convinced that it is being explained to them in a way that is satisfactory. Correct me if I am wrong.

**Mr. Widmar:**

Thank you. I believe when it comes to the offender-caseworker level at the unit, by the time the offender is done with that explanation, he has a better understanding because he can visually see what and how the calculations are going on. I believe you are correct that when we go to translate out to the family members, therein lies some of the loss in translation of how this report works and its explanation. We are arduously collaborating with the DSP to create an explanation for the public so they could take a general explanation and compare it to, whether it is this report or their son or daughter's sentence structure and be able to understand it. They can take as much time as they need with that. That is something I believe they are going to testify to a little bit later. I am not here to represent that credits are easy in any way, shape, or form. Up until four weeks ago, I was as foggy as the Committee started out to be before I started explaining this to committees. I have made this my primary responsibility to be able to sit here and testify and explain this to you today.



***Assemblywoman Summers-Armstrong:***

Thank you, sir.

***Mr. Widmar:***

As we come to page seven of the document, you see we go into that projected credits to the benefit of the offender, the maximum amount they could possibly earn related to that projected parole eligibility or projected expiration.

I asked my staff to put together example four simply because I think it is important that the Committee walks away today with the understanding that through the last couple of years of this pandemic, no different than the communities and the school districts that your son and daughters, my son and daughter went to, NDOC was impacted equally as so inside the fence. Our dedicated program staff continue to show up and, to the extent possible, administer programs to benefit the inmates, the offenders that were preparing for reentry, and who were actively involved in programs of reentry. In this example, as you reference the dates, you can see that not only the AB 241 credits are being applied, but also this individual—if you go down to October of 2020—is earning merit credit, 60, therapeutic, community, phase one. Go to page two. This offender, therapeutic, community in phase two in February 2022. This date range is a little bit different than the community and was the height of the pandemic inside the fence. Offenders, to the extent possible, still could earn merit, work and earn work, and earn stat and flat through the course of the pandemic. I think with the success and the application of AB 241 and its credits, the application of the exceptional meritorious service credits, the population, as it relates to credits, were made whole through that process.

Regarding the status of our offender population across that same year, these are 12-month averages of the population that were incarcerated during that time. You can see how the population adjusted or had very little movement related to the various custody levels noted along the right-hand side. For the minimum or community trusty, you see there is a steady decrease to a single digit in 2022. Part of that is, what we are now starting to understand, the results of AB 236 and sentencing reform related to property and drug offenses and the application of AB 241. The minimum custody eligible inmates were obviously the group that were impacted the greatest, as it applies to releasing earlier, so you see a steady decline of that population. It is my understanding and my belief that we will be very stagnant in growth moving forward.

You see across the board that medium custody is fairly stagnant in the male population. The closer you get to today's date when an offender initially comes in, and they ultimately will become minimum eligible, they are still doing their medium custody time, earning that eligibility. Understanding how our minimum custody population dropped off, in April of this year under Director Daniels, we aggressively overhauled our classification criteria, further expanding the ability for an offender to go to minimum custody sooner than previously. That allows them to earn credits. That allows them to work with Nevada's Division of Forestry (NDF), State Department of Conservation and Natural Resources, and other programs as well.

You see that closed custody is fairly stagnant across the four-year period. Closed custody is a compilation of those offenders who are housed in protective housing or protective custody, administrative segregation, and disciplinary segregation. Condemned men are also part of that closed custody group.

You will see that maximum custody is stagnant due to certain incidents that happened in the Department in 2021. A higher level of offenders were moved to max custody for higher security supervision. You see a small uptick there, but then it begins to drop back off in 2022.

With that, I will be happy to entertain any further questions. I am committed to work with any of the Committee members. I think we all understand and agree that credits are a very complicated aspect and very critical to the family members of our offenders to understand when their offender is going to be released from prison. Anything we can do to work towards sentencing policy change with the hope that we do not further complicate credits, I am an active partner and here at the Committee's disposal.

***Assemblywoman Summers-Armstrong:***

Is max custody another term for "solitary"?

***Mr. Widmar:***

No ma'am. It is maximum custody. It is Ely State Prison. It is the highest custody level. It is not solitary confinement. There are open tiers. There is movement at the maximum custody level.

***Assemblywoman Summers-Armstrong:***

Thank you.

***William (Bill) Quenga, Deputy Director, Industrial Programs, NDOC:***

Thank you for allowing me to present today. This will be the second presentation. Although PI does not fall under the reentry umbrella, it is an effective reentry program within NDOC. We partner with Reentry to schedule programming when offenders are off work, so they can take advantage of all opportunities available to them. We collaborate on preparing offenders for release and obtaining meaningful employment. Per subsection 2 of NRS 209.461, "Every program for the employment of offenders established by the Director must: (a) Employ the maximum number of offenders possible." We try to do that as much as we can.

The mission statement of PI is to reduce government operating costs, provide offenders skills and certifications necessary to successfully reenter society, and enhance the safe operation of correctional facilities. Prison Industries, also known as Silver State Industries (SSI), is a self-supporting operation providing meaningful work, job training, and certifications for offenders. Training is offered through hands-on jobs, certifications, and community partnerships. Prison Industries is deeply committed to ensuring workplace safety with humane conditions while preparing offenders to reenter society. Approximately 615 offenders work in PI programs and are routinely placed in quality professions upon release. Prison Industries has operations in NNCC, Southern Desert Correctional Center (SDCC), Lovelock Correctional Center (LCC), and HDSP.

The shops mimic the structure of the outside world and include auto, Bureau of Land Management (BLM) horse program, card sorting, compost, garment, furniture, hanger sorting, metal, mattress, Nevada organics, plant, print, sewing collections, tag plant, and ranch. Please join us in our efforts to create even more opportunities for offenders to gain marketable skills during incarceration.

In alignment with this Legislature, PI's emphasis is on learning, gaining experience, and earning real-world certifications and marketable skills. Certifications in PI are available through the American Welding Society, American Screen-Printing Association, and Occupational Safety and Health Administration (OSHA) training in partnership with the Nevada Safety Consultation and Training Section, which is known as SCATS.

We have a strong partnership with WNC; it is an honor to work with them. In a long-standing relationship, the college provides many opportunities to offenders who work in PI. Welding classes are taught onsite in the metal shop, along with a welding simulator that increases the number of offenders who can be trained while also reducing the cost. That cost was picked up by WNC. We have two onsite, and it is a great tool for these offenders to learn prior to going into burning the wire itself.

I am proud to announce that we had 6 of 11 offenders who graduated last month, and a majority of them work in PI. They have associate degrees in applied science. I am happy to say that it is a successful program. I attended the graduation at Warm Springs Correctional Center (WSCC) in NNCC.

The continuing education department of WNC recently acquired a simulator to provide commercial driver's license (CDL) classes. Prison Industries is working with the college to develop a satellite program at PI Ranch at the Stuart Conservation Camp. Offenders would train with the college, and once licensed, drive trucks for our PI partners, such as Full Circle Compost. At this point, they have over 30 trucks that come in and out of NNCC by Stewart Conservation Camp. In working with WNC to get their CDL, we are trying to implement them getting their license and operating these trucks. They would park them at the end of the day and stay the night at Stewart Conservation Camp. Once they complete their sentence, they will go out into the community, and we will partner them with trucking companies if they desire to go that route for their career. I am excited about and working hard on that program.

Prison Industries is working with WNC's Workforce Development Department to identify employers in the area who are in need of skilled labor. Those employers will partner with PI to train offenders on the machinery, then employ those trained offenders upon release.

We transport trustees daily from Stewart Conservation Camp to a company in Reno called Erickson Framing. They are earning a minimum wage while learning the trade. Many offenders have gained employment with the company upon release.

We are working with Full Circle Compost, the company that operates onsite at Stewart Conservation Camp. Offenders are employed and trained in all aspects of composting. It will expand to include commercial truck driving once the training is established.

We are also working with financial institutions, such as Bank of America and Greater Nevada Credit Union. They have their curriculum ready, and representatives will come into PI to teach offenders on financial literacy and financial planning.

Prison Industries is developing a partnership with JOIN, which is a job training organization that works with PI offenders while incarcerated so they can more easily be placed upon release. JOIN has committed to helping offenders find jobs, start careers, gain access to free career training, and get an education and gainful employment without debt. We are looking for manufacturers on the outside of the community to bring their older equipment, or when they replace their computer numerical control (CNC) machines with new ones, to PI to train these offenders to work on them and produce their product at a wage. Once they

complete their sentence, they can transition right to this company out in the community where they have already been trained. We are working with WNC on bringing in some CNC simulators that would be very beneficial for our offenders.

We have a contract with the BLM. The wild horses and burros are gathered from federal lands and housed and trained at our SSI Ranch. The animals receive at least 120 days of training and are well cared for and fed. The facility can hold up to 2,000 horses. Adoptions are held quarterly. These horses are adopted to great homes, and we get a lot of participants from Utah, Idaho, Washington, California, and even Arizona.

In conclusion, I would like to extend an invitation to all—Madam Chair, Committee members, and legislators—to take a tour of our facilities and see what is happening in our offender population. Please reach out to me. I would be happy to take you out on tour.

I am available to answer any questions at this time. Thank you.

***Chair Scheible:***

Thank you. I think we want to get through all of NDOC. I think we still must hear from Offender Management Administration.

***Mr. Quenga:***

Yes, I will turn this over to William Gittere, Deputy Director of Operations.

***Bill Gittere, Deputy Director of Operations, NDOC:***

I, too, promise that I will not be calculating any sentence structures. In the NDOC today, 10,293 offenders live in eight different major institutions and ten smaller facilities spread across our state. As one combined team, the Department's remaining 2,139 correctional staff members ensure the strict accountability, best possible safety, and rehabilitation efforts for those offenders at all those locations 24 hours a day, 365 days a year. The Department does this to the very best of its capabilities despite its ongoing critical staffing shortage of both custody and noncustody correctional staff members, especially at its northern institutions and rural facilities.

When considering the entire system by the numbers, it becomes readily apparent that the primary weakness and driver behind the Department's ongoing struggle to deliver uninterrupted inmate services at the major institutional level is the lack of adequate staffing in the north. By the same analysis, that glaring observation is apparent regarding our rural area minor facilities. We are in alignment with those who feel that more should be done to protect, train, and support offenders during their incarceration. Please join with us in resolving to improve our staffing so that we can better care for the offenders in our custody.

Although one assault or accident can be viewed as too many, the reality of correctional operations is that our laws and best correctional practices demand allowing offenders to humanely participate in out-of-cell activities, which also create opportunities for assaults and accidents to occur. The operational challenge for corrections is to consistently complete as many mission-required tasks as possible without causing workload distress, which could significantly increase risk and unreasonably compromise the security and safe operations of an institution or facility.

Wardens, associate wardens, division commanders, and area supervisors monitor operations in real time every day to mitigate hazards, provide support, and ensure safety. At the Department level, the deputy director of operations and wardens continuously measure and adjust the workload stress at the institutions and across the Department to limit risk and maintain safety by monitoring and analyzing nine key safety metrics every two weeks. In addition, the Department and institutions continually monitor and analyze security incidents to counter adverse trends, reestablish control, and maintain order. An example of those measurements and how the Department analyzes them will follow in the next portion of this presentation by the Office of the Inspector General (IG).

At present, and since the pandemic started, the Department is struggling to perform enough of its mission-related tasks to maintain an acceptable risk profile, secure facilities, and ensure safe operations at sustainable operational levels. In the Department's southern region, this is a growing but moderate challenge mitigated by manageable levels of overtime. In the Department's northern region and rural areas, however, this challenge has become exceptionally difficult. Northern and rural custody officer staffing vacancies are at an all-time high. At some locations, they now exceed 50 percent of their legislatively approved staffing complement. Their overtime workload stress is so high that demanding more overtime at those locations can be dangerously counterproductive.

Based upon key metrics analyzed during the most recently completed pay period, the average overtime required per available uniformed staff member at the NNCC exceeded 18 hours per week. Before the Department completed three phases of workload balancing efforts at WSCC in May 2022, their average overtime required per available uniformed staff member peaked at over 27 hours per week. Without additional overtime as a viable option, the only other way to lower risk and sustain safe operations is to balance the equation by curtailing mission-related security tasks and offender activity levels to only those that are critically essential. Being forced by critical short staffing to reduce security tasks and offender activities to the bare minimum will ensure that those locations remain operating safely and providing basic humane conditions for the offenders, but it adversely impacts long-term public safety by degrading the Department's ability to deliver vocational educational and behavioral programming that effectively prepare offenders for successful reentry back into society.

To overcome those adverse conditions, the Department seeks supports and assistance with the three following initiatives:

1. The Department needs assistance with improved employee retention and recruiting. Understaffing a correctional institution or facility by too much for too long is stressful, unsafe, and potentially dangerous. The Department is using all the resources it currently has at its disposal to retain and recruit, but those resources are simply inadequate to the realities of the current economy, persistent labor shortage, and wage competition.

Mr. Kevin Ranft of AFSCME, our principal labor union, has asked me as a possibility, if the state might consider leveraging its most relevant employee benefit, PERS, by funding the full contributions of all correctional employees to make wages and benefits more competitive for all correctional personnel. By doing so, the state would avoid a top line wage increase and the wage inflation that would make it worse for Nevadans while incentivizing the retention and current correctional personnel and the acquisition of new candidates with a more long-term oriented retirement benefit and greater take-home pay, which would be much more competitive in today's environment.

2. The Department needs assistance with gaining technology that would make lower levels of staffing safer. Even with improved wages and benefits in the postpandemic world, corrections may never again see most of its vacancies filled. Leveraging technology will be the most effective and efficient way of overcoming that reality. Imagine how many fewer staff members we would need and how much more efficiently we could operate if we spent the resources necessary to enable every staff member and offender with a secure wireless tablet that replaced in-person interface systems and pen and ink documents. Imagine how much safer those tablet-enabled staff members or offenders would be if we also spent the resources to centrally operate fixed and mobile video devices to provide real-time universal surveillance that is enhanced with behavior-driven offender accountability and crime detection software.
3. The Department needs assistance with obtaining task-centric post charts that would improve efficiency, training, and safety. It might be difficult to reconcile against today's standards, but the way in which the Department's past and currently approved staffing documents are written gives weight to the argument that the Department cannot require an employee who is not actively doing work at one post on a job site to move to another post to perform tasks or training. The problem lies in the difference between a legacy postcentric staffing design and a modern task-centric design. A task-centric post chart would allow reassignment of idle officers so they could complete other needed tasks elsewhere in the institution, attend desired or required training for increased proficiency, safety preparedness, career development, and to assist our offenders with the rehabilitation efforts that we should be assisting them with.

If there are no questions for my portion, I am going to turn this over to Brian Shields of the IG's office.

***Bryan Shields, Supervisory Criminal Investigator, Office of the IG, NDOC:***

I am going to be discussing some statistics on security incidents that have occurred within the NDOC for Calendar Year (CY) 2021. I will also be discussing use of force grievance handling and the statistics related to them. I can tell you that the bottom line of this presentation is this—we are in alignment with this Committee in ensuring the safety of the offender population by effectively reviewing and responding to any suspected instances of excessive use of force.

I would like to break down the stats on various conflicts that have occurred within the Department during CY 2021. As I go along with the following areas, I want to point out that the NDOC uses the American Correctional Association's (ACA) definitions and guidelines for the tracking of these incidents. The ACA is the commission on accreditation for corrections; using their definitions ensures that we are consistent in the tracking of our events. I will be starting with offender versus offender incidents and then go to offender versus staff.

As you can see, most of the offender versus offender assaults are mutual fights. I would ask the Committee to keep in mind that many injuries staff receive are incidental to enforcement actions. For example, an officer responds to a fight and slips and falls on the way, or an officer is unintentionally struck by an offender during the calamity of a large fight, meaning that although many staff seem to receive injuries from offender assaults, those numbers can be skewed by injuries that are incidental to responding to incidents like fights.

In response to the LCB audit this year, divisions within the Department, including the IG's Office, are creating a new procedure for review of offender grievances related to use of force. Prior to the LCB audit, many grievances were being assigned to the IG's Office without notification from the facilities. The grievance tracking system needed to be adjusted. Grievances are not handled the same way as incident reports (IRs), which can be referred to the IG into the computer system we have known as NOTIS. In those cases, the IG receives notification through what we call the "Queue" that an IR has been referred. There was no such referral system for grievances. Thus, many cases of excessive use of force investigated by the IG were initiated by IR referral and not grievances.

The IG is now notified of all grievances that are assigned for review. Grievances are also tracked to ensure proper and timely response. In addition, offenders who are soon to be released from the Department are reviewed for open IG grievances, and those grievances become priority for response prior to the offender's release. This new procedure, although effective, is still antiquated in the fact that it requires paper grievances. This could be made more efficient if the grievances could be digitized into a computer system and if the offenders had tablets to submit the agreements from. The offenders could get a faster response if agreements did not need to go through an internal paper mail system to get back to them.

Here we have the grievance stats since the LCB audit. We did not provide stats for 2021, as LCB already reviewed and reported those numbers. We wanted the stats to reflect the changes made to the use of force grievance procedure. As you can see, all the grievances have been responded to. For 2022, the IG's Office has received 11 grievances on use of force. Of the 11 grievances, one was resolved by the institution use of force review; 7 were resolved by an independent IG review; and 3 resulted in an investigation being opened. The review is working, but it could be more efficient with the implementation of offender tablets and computer tracking software.

I would like to say that the IG's Office takes excessive use of force seriously. We investigate cases both criminally and administratively. We refer criminal cases to the Office of the Attorney General for prosecution, and we have secured convictions. The right thing to do is to investigate excessive use of force and hold those responsible. We are transparent in this to both you and the public. I invite any member of the Committee or the Legislature to come and see what we do and how we do it, often with little staff and resources, with all deliberate effort into an offender's reentry into society.

That concludes my presentation. I will now refer to Director Daniels to conclude our department's presentation.

***Mr. Daniels:***

In closing, our plans to upgrade security and ensure that our offenders feel safe and will participate in our vocational training, educational apprenticeships, and behavioral programs is paramount. Our focus on preparing offenders for their eventual reentry back into society is aggressive and elevated to a level never seen before in this state. This is a new corrections agency. I started on December 4, 2019, and we started dealing with COVID-19 on February 28, 2020. We are now coming out of it, but I am here to share with you, unequivocally, that we believe in public-private partnerships. Our role is to keep society safe but also prepare these individuals for their eventual reentry back into society. You have heard us say this over and over. We have public-private partnerships. We are working with trucking companies. We have created a brand-new management variable system, which is a classification system that will allow the individuals to go to secure confines of the facility

once they complete their prerequisite courses to participate in the buildings and trades, working with the unions, working with truck driving companies. We have all but eliminated any ability for our inmates to be used in any capacity other than if they are going to get a degree or a license or certificate or be able to leave and get a job upon departure with a livable wage. We are sincere. We are aggressive about this. This is not your father's or anybody else's corrections program. I would not be here if I was not given the authority to move forward and make societal change. This is not a job; this is an advocacy.

All the people you see here are the people who are left. We ensured that the others who did not want to participate in seeing a new society moved on with their lives and careers and imparted upon other things. We are deeply committed to the safety of the individuals in our care. I care very deeply about what I am doing. I feel very deeply that we must, as a society, make these differences. If people were to look inside and see what we are doing, you would be impressed. A lot of what you have heard about some of these other organizations—I get it. They are looking out for the best interest of their loved ones and families, but we are going well beyond what they expect. We should have a high probability that when a person is released from our agency, they never return. My goal is to get to the point where the recidivism rate is in the mid to low twenties as opposed to where they are now. A lot of it will still have to do with arrest, but once again, if you come in our facilities to see the programs provided, we maintain a safe environment. We can get these folks out and change their lives and never have them come back. That is ultimately the goal.

I know the taxpayers of the state do not want to spend all their money having people who have been removed from society maintained here for however long. There is a deep commitment for societal change, and I am not saying that loosely. I can back this up with what we are offering and what we plan to do. Never have there been relationships with NDOC and labor unions, companies, and trucking companies trying to make a change.

I am available for any closing questions. Of course, as you ask questions, we can certainly have the subject-matter experts come up, but I will also stay here. We want to pull the curtain back and have you come in and look. It is somewhat disheartening to listen to some of the descriptors of what people are saying when we know for a fact that we do not want a society in which it is us versus them. These folks, unless they have life without parole, will be our neighbors. I want them to be in the community doing positive things, reaching back, taking their loved ones or their children, whether they live in deprived socioeconomic conditions, and then bring them out with the dignity of a job and a career and to be able to show that yes, you can change your life and make your parents and your loved ones proud of you. Chair Scheible, and Committee, we are certainly prepared to respond to any questions you have.

***Chair Scheible:***

Thank you. We appreciate you bringing in all the subject-matter experts. I have a list here. I want to note that we also heard from Dr. David Greene, who is technically part of Agenda Item VI. We were thinking that we would address mental health issues together, but it makes perfect sense to have heard from him during the NDOC presentation. At this point, we are going to open it up to questions for any members of the Committee and to any members of the NDOC staff who have presented so far.

***Senator Harris:***

I propose to ask all the questions that I have, and then whatever NDOC is prepared to be able to answer today, fantastic. Anything you cannot answer today, the Committee would



appreciate follow-up. My first question is, how many prisoners in 2021 left prison with a job in hand?

***Director Daniels:***

I would have to ask several folks to come up. I do not know if we can give you a direct answer.

***Senator Harris:***

Let me just run through the whole list:

- Why do we project all time credits forward with the rosiest outcome? Prisoners are only seeing their projected date go in the wrong direction. It seems to me that we might want to start with, "Here is what you have if you had no good time credits, when you get out." Prisoners can then see their date tick in the right direction;
- Is the Department prepared to start reporting use of force incidents to DPS pursuant to SB 212 (2021), where we are going to now have a statewide database? The NDOC is supposed to be participating in that;
- Is there an appeal process for time credits? If a prisoner receives his or her report and thinks it looks wrong, how do they appeal that? What does that look like?;
- What is up with the two years of no hot water? Is that a real thing? Why did that happen? How do we make sure that does not happen again?;
- I looked at the time credit question, and one of the examples was that a prisoner was on parole and violated, went back, and was not able to get good time credits moving forward. I want to make sure that is correct that P&P said you cannot get good time credits for the next two years. If they can do that, why? Is that a statutory thing?; and
- What are the institutional changes that NDOC is making per the audits that were done by LCB? We will probably talk a little bit more about that later. I heard some small things like an informal process was put in. Why not a formal process? Why are there not any formal big changes that are made in responses to both the concessions issue and the use of force audits?

That is my list of questions. Take whichever you are prepared to answer now. Whichever you are not, we would appreciate some follow-up. Let me know if you need me to repeat.

***Mr. Daniels:***

Thank you, Senator Harris. I would ask that you repeat those questions. We have several individuals who are taking notes. I just want to make sure we know what you are seeking so we can respond accordingly.

***Senator Harris:***

1. How many prisoners leave with a job?
2. Why do we project the time credits out in a way that it gives them the rosiest outcome?

3. Is NDOC prepared to report use of force on a statewide database?
4. What is the appeal process for time credits?
5. What happened with the two years of no hot water at a corrections facility?
6. Is it possible for statutory good time credits to be prohibited prospectively? You are not allowed to get time good time credits for the next year regardless of how good your behavior is? Is that a thing? Because that is how I read that report.
7. What are the institutional changes that NDOC is making in response to the audits, and why was there an informal process as opposed to a more formal one put in place for the use-of-force reporting?

**Mr. Daniels:**

Thank you, Senator Harris. Senator Scheible, may I have just one second to confer? There may be a few of these issues we can address right now, but I want to make sure that we have data with us.

**Chair Scheible:**

Absolutely.

**Mr. Daniels:**

We more than likely can answer most of the questions right now. If you do not mind, I will have various individuals come up and speak to what they know. We do know of two areas that we are going to have to get back because we need to confer with raw numbers. We also need to come up with a span of time in which we want to report. If you do not mind, I will have Deputy Director Bill Gittere tell you the question that he is responding to and will provide answers.

**Mr. Gittere:**

I would like to address the question regarding the two years of no hot water at Southern Desert's culinary. Part of that is accurate; part of that is not. I have been the Deputy Director of Operations since December. We were doing a tour of SDCC and, contrary to what we heard from some of the public comments, the inmates were not locked up. I was doing a tour that had been planned. I was with staff members and inmates, and I discovered almost all the handwashing stations in their culinary did not have hot water. One of them would get warm eventually, but it would take minutes, which was totally unacceptable. The reason is that when the new culinary was built a decade ago, there was a plumbing malfunction that State Public Works Division, Department of Administration, has tried many times to fix, but it never adequately got resolved. When I discovered it, I said this must be fixed. I am a former medic in the military, and that was just unacceptable. Between the warden and I, we came up with a plan, and within just a couple of days, we resolved the issue by using some small six-gallon water heaters that were plumbed into every one of those sinks so that we could get hot water to those sinks quickly, just like you would at home. Why did it go on so long? People were not paying attention and doing their jobs the way they should have been and taking exception with an unserviceable condition. That is not happening on our watch now. As you heard in the public comments, I am working with the other groups. The advocacy groups now have my cellphone number. When they call with a specific complaint, we look into it. It does not matter where it comes from.

I want to solve problems. That is the story behind it. The other part of that complaint was there was no hot water to wash dishes. That is by design, as we use a cold-water washing system with a chemical sanitizer to save energy, and that is the way that is designed to work.

***Senator Harris:***

Is a cold-water system effective? Because it was not just that there was no hot water to clean them; it is that the trays also resulted in not being cleaned. We will not get into it too much because I have asked several questions, and we can go back and forth and chat about this later. I hope that the cause was not the plumbing part but the lack of communication or the ability for it to persist for so long has been fixed. Whatever that issue is, I would hope that has been addressed because my guess is that there are probably similar things going on in other facilities that we may not be aware of. For whatever reason, we were not aware of the hot water. Thank you. I appreciate that response. We can move on to the next issue.

***Mr. Gittere:***

Regarding the changes that we have made since the LCB audit regarding use of force, there have been many. Administrative Regulations 405.12 and 405.13 are a formal process for reviewing all uses of force that happen anywhere in our system. There are two levels to that process. One is the incident review, and the other is the serious incident review. It has been a process in place since 2016 when the former director introduced that process. It was designed to review all evidence of a use of force in which there is no initial reason to suspect that it was either excessive or unnecessary. If at any time we believe a use of force is excessive or unnecessary, it is automatically sent to the IG's Office for an independent review.

The part that we were not doing adequately is tracking those use of force reviews in a timely manner. For example, you have 20 days per that policy to finish a use of force review that happens at the institution that you do not suspect is either unnecessary or excessive. Those reviews, especially during the pandemic period, were taking months to complete. Once I became the Deputy Director of Operations, I took on that part of the process by using a calendar system so that I know when the use of force happens and its 20-day due date. We now track every one of them and measure our outcomes. We have reduced the response time that we gave the LCB down to an average of 17 days per incident review.

Now we are in the ballpark of getting them right every time. There are a couple that were done in just a couple of days and a couple that were done over the 20-day limit. We are down to doing them adequately, doing them right, and within 17 days of the incidents happening. That process has been formalized. I have been doing that individually by hand with the calendar system in cooperation with the people who have been submitting for all the institutions. I am working with our information technology (IT) department to develop that into a process so that it is done directly in notice so we can then print out the reports. If I should happen to disappear, anybody can pick up after me and make sure that those reports are done in a timely manner.

The audit also found that we had not purchased weapons, munitions, and ammunition correctly for the time period that they did the review. In order to make that better, we have formally introduced the process of a Munitions Committee, which is comprised of myself, four wardens, and a member of our fiscal department. Before the purchase of any weapons, ammunition, or munitions, we meet and ensure that we are buying it correctly and that we

are justifying it correctly. We are following our Department's policy regarding the use and storage of those items.

**Senator Harris:**

Are you prepared to comply with SB 212 (2021) and report these use of force incidents to the DPS?

**Mr. Gittere:**

I would like to turn it over to the IG's department because they are heading up that initiative for our Department.

**Senator Harris:**

The other question is in response to the commissary audit.

**Mr. Gittere:**

I will have to turn it over to Inspector General Shields.

**Mr. Shields:**

Yes. We are ready to submit that data as required by SB 212. I was reading through the law, and it requires some other reporting. It is also reported annually and monthly. We will be prepared to put that data together and submit it to Central Repository as required.

**Senator Harris:**

Can you speak to the commissary question?

**Mr. Daniels:**

I have a person here who can answer that question directly regarding commissary. I would like to turn this over to Kathryn Reynolds.

**Kathryn Reynolds, Chief of Purchasing and Inmates Services, NDOC:**

Since the audit, we have been gathering data about what the other locations charge. We are putting things together for the upcoming legislative session. We can provide you with some more data. I took extensive notes when the other group was up here talking about the complaints that they had and some of the charges that they believe are happening or not happening. I am prepared to put a good list together, so you have a list of what we charge for. We do not charge for a lot of things.

**Senator Harris:**

Are you charging less for anything? Is there any action? We know the problem has been identified by the LCB audit. We do not need more data on whether you guys are charging too much. You are charging too much. Has there been any action to assess that and to try to reduce the prices you are charging?

***Ms. Reynolds:***

One thing we are up against right now is the pandemic supply chain issue. I asked our commissary supervisor what was going on. It is the time of the year when the Keefe Group, LLC, who is our commissary vendor, comes through, and we assess what we are charging for all the items and can do a price increase. We have held off on that because of the audit, but he did inform me, for instance, that they received notification from Keefe today that the cost of one of our most popular items, Top Ramen, is going up 21 percent if we continue to carry it. We must decide on whether we are going to carry those items when we know that the price will increase, do we discontinue, or do we take a bigger loss on that item to continue carrying it.

***Senator Harris:***

What information could be presented to you that would lead to the decision that we need to take a bigger loss as opposed to not offering Ramen anymore? I understand the costs are high, but from what I have heard and what I have seen is that we are higher than anywhere across the country. I have not heard yet that you are willing to lower the prices for prisoners. What information do you need to make that choice?

***Mr. Daniels:***

Senator Harris, I can commit right now that we can reduce those costs if we can pay for the items that we sell and we can fund the program. I have no issue with lowering the price. I am not seeking to gouge or make a huge profit. We just want to be able to pay for the program and address the incidentals. If there would be a short fall, I would ask that the Legislature understand that we may have to come asking for a few dollars. In full disclosure, I have zero issue with reducing the price. I must ensure that we can fund the program and that we are still able to pay for our staff and incidentals, of which I do not know all the particulars. I am not sticking to a particular number in terms of percentage; I want this to be as fair as possible. The fewer issues we have with the offender population, the better things work anyway. I will personally involve myself in understanding it more and where we can make cuts, we will. And if we cannot, I do not have any issue of communicating directly with the Commission or with this Committee in letting you know what is going on and why. This is not a secretive process. If it has been prior to my arrival, understanding we have been in COVID-19 pretty much all but two months since I started. I am not trying to hang on to that program to the extent to where we are making a significant profit. I just want to be able to fund it and us to be able to do and be flexible enough to deal with the inflation and the cost of goods.

***Chair Scheible:***

I have a clarifying question. You said that you are fine with reducing the price if you can still cover the cost of the program. When you say the program, are you referring to the commissary program, or are you utilizing the profits from the commissary to pay for other programming?

***Mr. Daniels:***

I am talking about the actual cost to fund the program, which would include the staff that work there, the people that must purchase, and the folks who deal with contracts. I am not 100 percent aware of the residual cost, which is why I did not give you a specific number. I would like to be able to give you a definitive answer without coming back saying I forgot

to mention something. If you give me a little time, I can work with my team, and we can give you a straightforward response.

***Chair Scheible:***

I want some clarity for the Committee. When we budget as a legislative body and make allocations from the General Fund to cover the costs of salaries for employees of the NDOC, are we expecting a certain amount of money to come in through the commissary program to cover salaries and these contracts? You mentioned the price of buying goods that are sold at the commissary. Are we depending on the commissary being a profitable business to run other programs or other aspects of the NDOC? I am not sure if you can answer that right now, but maybe you can.

***Ms. Reynolds:***

I could answer part of that, but I prefer to do an analysis and send that to you so you can see exactly what we are charging, how much revenue is coming in, what the costs are currently, and projected costs, because we have some contracts that are coming up for renewal that are out for RFP right now, and those costs are expected to increase.

***Mr. Daniels:***

Chair Scheible or Senator Harris, are there more questions?

***Senator Harris:***

The time credit question.

***Mr. Daniels:***

Kirk Widmar, Offender Management Administrator, will answer that question. He is the one who gave that great course on time credits. He will explain the parole violation good time credits as well as the type of appeal process we have.

***Senator Harris:***

I want to retract my question about not allowing good time credits to move forward. I reread, and I saw that on a certain date they said you lose all your good time credits, and it was just applied retroactively. It was not P&P saying you cannot earn time credits moving forward. You can skip that portion of my questions, but I have a couple others for you.

***Mr. Widmar:***

I am going to turn the microphone over to Holly Skulstad, Case Planning Specialist. She will provide further explanation as to why we project credits forward.

***Holly Skulstad, Case Planning Specialist, NDOC:***

To project the parole eligibility date, we project the time forward. It is the only way that we can, with our current system, provide an accurate parole eligibility date so they are seen within statute, so they have that eligibility on time.

***Senator Harris:***

Would it not be possible to on the back end, track them and project forward so that you can notify P&P in enough time but not show the prisoner a date that will inevitably be stretched out? Let us say if, for one month, they do not earn all their good time credits, is there the ability, for reporting purposes, to calculate the projected date but show them the date based upon the credits they have actually earned?

***Ms. Skulstad:***

I would like to say this has opened a conversation that we are having, and we acknowledge that credit structure and sentence structure are complicated, and providing a projected date also muddies the waters. Our goal is to better communicate that information to families, offenders, and our staff so that everyone understands as well as the community.

***Senator Harris:***

I hope we will continue to have this conversation. If I was in prison, and I only saw that date moving further and further away, that would do something to my psyche. If I earned more credits and now my date has moved closer as opposed to, I did not get any credits last month and now my date has been kicked forward. Inspirational wise, it might be better to show them this is your date if you did not earn anymore good time credits today. They can see that date get closer and closer as they earn credits. That is just one suggestion, and maybe we do or do not need a statutory change, but we should have that conversation, and I look forward to continuing it.

***Mr. Daniels:***

This is my fourth system in corrections and my 35<sup>th</sup> year. I spent 28 years in the federal system. Their sentence computations are fairly similar, but they provide you with your full-term date. The worst case scenario date is if you lose all your time. Then they go back and give you your parole eligibility date, which is called the one-third date. They then provide your two-thirds date. Based on federal sentencing, you are going to have to at least do that piece. You can get out and you are on your way, but you can appear before the Parole Board or prior to that.

It may be simpler to write it and put dates that are applicable. Your full-term date is your worst-case scenario. Your eligibility date is fine—you get to be eligible at this particular time. It would be the two-thirds date, but be able to appear before the various boards, P&P, whatever it may be, all of that is listed. It is complicated. It is literally earned day per day, in most of the other systems just like here. The offenders, worst case scenario, I am just a goofball, but I do not commit another crime. If I play my cards right, my statutory release date will be here, and they know it will fall somewhere in between there. Most of them are familiar with that, but the day-for-day thing is hard because there are so many different types of credit that they can earn. It is complicated. I would not mind working with my team and seeing if we can come up with recommendations so that it will not be so complicated. You are right; it may just be a situation where if we have a program that can produce the date that says you are full term and then your earliest release date and depending on how you pay attention to detail, you are good to go. I think it is a workable situation.

**Senator Harris:**

Thank you. I still need the appeal process question answered—if there is one—and that was my last question on time credits. We still have how many prisoners leave with jobs.

**Mr. Widmar:**

Could you clarify your question, please?

**Senator Harris:**

Let us say I get my report printed out for me. I have not seen it in a while, and I realize I did not get any good time credit for the last two months, but I know I was on my best behavior. How does someone appeal your calculation of their time, or is there an appeal process at all?

**Mr. Widmar:**

Thank you for your question and your clarification. The initial stages are the inmate sitting down with the unit caseworkers. The inmate says, "I have earned these credits; here are my certificates; here are these things; and I am not seeing them." The caseworker and the offender go over that credit report together. It is a simple notification to our division through that caseworker, and the credits are applied. If there is a challenge or a question related to the offender, they can contact the Offender Management Division directly. We have that correspondence come in all the time where they ask for clarification related to their credit application. We will research at our level outside the institutions at the central office to see if the concern of the offender is credible or if they are mistaken and need further explanation. If those two systems fail, then there is the grievance process. The offender can submit the grievance of the informal first- and second-level grievance. The second-level grievance is related to time calculation and sentence management. They all come through my Division, and there is that process as well. There is an appeal process. I am here to tell you Senator, 90 percent of the time, it is a simple communication between the caseworker and the offender and a simple email that goes off to our Records Division, and corrections are made.

**Senator Harris:**

Good to know. Director Daniels, I believe I heard from one of your staff members that it would be nice if that grievance process was made electronic. I do not know if you are on the way to doing that or if that is something that is feasible, but it seems to me like that is a pretty good idea.

**Mr. Daniels:**

You are absolutely right, and we agree. It is a funding issue that we spoke about earlier in the presentation regarding a universal system that will allow all our systems to talk where we can communicate directly with the offender, and they have access to information pertaining to themselves. Right now, the process of pulling files and hoping somebody did not write something down wrong or there are typos—we really want to improve that system. Doing it old school is time-consuming—why can an individual not pull up their time? That makes no sense to me. You are absolutely right, and we are endeavoring to move forward in that capacity.



**Senator Harris:**

Is it something you are working on or something that you are aspiring to one day?

**Mr. Daniels:**

We are working on that conceptually. We know we want to do it, but there is a cost factor that I cannot pretend does not exist. There is a lot of cost involved in this. For instance, we all have electronic medical records—we use them at home and our doctors. We do not have them. For us to work more expeditiously, to find information and look at someone's history, we need to put everything together electronically. I believe that Deputy Director Lucas spoke to that with her charts. You have a copy of it. If you would like further dialogue, I am of course open to it. We want these systems to be improved. There is nothing worse than a person standing outside the office and begging for somebody to talk to them, but that person is out, and then they get frustrated. I would like to improve our systems, and there is no reason why an offender should not have access to basic information about their case. I agree with you wholeheartedly.

**Senator Harris:**

Are there work programs on the way to IFC, or are there requests put into the Budget Division, Office of Finance, Office of the Governor?

**Mr. Daniels:**

We provided our priorities of which that is a part of it. We are waiting to see whether it will be funded or move forward so that the Legislature can look at it. Let me tell you right now, it is our number-one request. That is how important it is for us to get ourselves together electronically.

**Senator Harris:**

Great. Thank you. I think those are all my time credit questions. I have one question left. How many prisoners in 2021 left custody of NDOC with a job?

**Mr. Quenga:**

I would have to get back to you. For 2021—I want to clarify which year you are talking about—I would have to get with our offender management and with Deputy Director Williams so we can collaborate and pull that data up and submit it to you.

**Senator Harris:**

I want a full year's worth of data. I picked 2021 because it is the most recent, but if you want to give me the last five years or an average, that would be great. I am hoping the number is larger than zero.

**Mr. Quenga:**

It is definitely larger than zero.

**Mr. Daniels:**

We are deeply committed to our offenders leaving with a job. I want to get to the day in which they do not leave and go see their parole officer but they leave and go to their job

and their housing that is right near there. We have a public-private partnership—and by the way, we are working towards that goal substantially; this is not just conceptually. We believe in the dignity of a job and a livable wage; we want that for these persons, and we are working vigorously towards it. If anyone wants to communicate with me directly regarding programs or things they think may work, I always have an open door. I will come and see you on your turf anytime, anywhere, because it is about the betterment of our society and Nevada. I am 100 percent all in, and my staff here, the ones who remain standing, they are all in as well.

***Assemblywoman Marzola:***

I have a question about medical co-pay debt. I do not know who would answer that question.

***Mr. Daniels:***

I have Dr. Minev and his team.

***Dr. Minev:***

Could you repeat your question, please?

***Assemblywoman Marzola:***

In an earlier presentation we were made aware that incarcerated individuals were accumulating medical co-pay debt. What happens with that debt once they are released?

***Dr. Minev:***

I am not aware of what happens with the accumulated debt. We do have a Medical Administrator, Russ Alfano, who might be able to speak to that. I would be happy to try to gather that information for you. I know some generalities about the cost of co-pays, depending on the medical conditions that are treated for the offenders, that I could answer for you. Regarding your question about the accumulated co-pay debts, I would have to look into that and get back to you.

***Assemblywoman Marzola:***

My specific question is, once you are released, are these debts following the individuals? Are they being sent to collections? Are they leaving prison with debt?

***Dr. Minev:***

I am not sure what the answer to that question is.

***Assemblywoman Marzola:***

If you could, please find that out and give the Committee that information.

***Mr. Daniels:***

We have Russ Alfano, Medical Administrator, is familiar with that data and he is in Carson City right now.

***Russ Alfano, Medical Administrator, NDOC:***

We do not deal with the medical debt in the medical department itself. We do not have the ability, nor do we want it, to determine between indigent or nonindigent. We merely pass on the charges as we represent them to the inmate banking system, and that is where you will need to get the data.

***Assemblywoman Marzola:***

If you could get me that information, maybe we can talk after.

***Mr. Alfano:***

I will when we get back in the office on Monday morning. I will see what type of information we can provide for you.

***Dr. Minev:***

I just wanted to clarify, there were some comments made earlier regarding co-pays that were charged during the pandemic. Just to clarify, there are no co-pays charged to offenders for chronic care conditions. For chronic medical care conditions—such as hypertension, diabetes, chronic obstructive pulmonary disease, et cetera—there is no co-pay charge for our medical staff to care for offenders for those medical conditions, and there are no co-pays charged to offenders for any COVID-19-related medical conditions, evaluations, or testing. None of those incurred any co-pays.

***Senator Harris:***

Does that include man down?

***Assemblywoman Marzola:***

That was going to be my question. Are there co-pays for prescriptions, medical co-pays, or man down co-pays?

***Mr. Minev:***

Yes, there are co-pays for prescription medications and man downs. The charge for the man down depends on the condition that the offender suffered, whether it was an altercation, recreational injury, or self-injury. There is a fluctuation in the price of those co-pays depending on what type of medical care was provided and whether imaging or other labs or other further medical diagnostics might have been incurred. That is why you see a range in the charge. Some advocates were quoting some numbers, \$50 to \$100, et cetera. The reason why there is variability in those charges is because in many instances, diagnostics are included within that charge.

***Assemblywoman Marzola:***

I understand that an individual who has a chronic disease does not get a co-pay. What if this individual now has a man down injury. Do they get a co-pay for that?

***Mr. Alfano:***

I am prepared to answer co-pay questions. Dr. Minev is more focused on the clinical aspect of things. The dollars and cents come through the central office in Carson City. The base co-pay charges are set out in our Operating Procedure (OP) 0041, in compliance with our

Administrative Regulation 245. Our standard co-pay is \$8 for nonchronic care, which is outlined in OP 0041, which I can gladly provide to this body. It states those things that are exempt from co-pays such as intake physicals, periodic physicals, a pair of eyeglasses every two years, full set of dentures, partial plates for mastication, pill call, prenatal care, routine chart, lab X-rays and routine medical records, chronic care, prophylactic treatment for tuberculosis, body louse treatment, psychiatric, et cetera. There is a comprehensive and concise list for this that I can provide to this body if that is your wish.

Our base rate for co-pays is \$8. There is no co-pay for them to get a prescription. It is done during pill call, which is not charged a co-pay. The man down co-pay—if it needs to be responded to by a nurse or a licensed medical professional—is \$25. If a man down requires a doctor's care, the co-pay is \$50. In some parts and parcels, we try to mirror community standards of seeing a specialist. The \$8 is the only co-pay that I can think of as a standard rate. When previous testimony mentioned a \$150 man down for a sports-related injury, that is done primarily under subsection 1(b) and (c) of NRS 209.246. Those are charges to the inmate because of a sports-related injury. It is not \$150; it is [inaudible] the actual cost that the Department pays, and we negotiate best rates through using preferred provider organizations. We get a discounted rate similar or below Medicaid rates. The inmate is responsible if it is sports-related or if it is an inmate-on-inmate altercation or self-inflicted, as long as their mental health status criteria is met there, if they are of sound mind and capable. Mental health ones, we do not charge them for it.

***Assemblywoman Marzola:***

My concern is that individuals are being released from prison with debt. I want to confirm, is that happening? Do we have inmates leaving with debt and then being sent to collections? If that is happening, we are not setting individuals up for success.

***Mr. Alfano:***

As I stated initially, that is a question for the inmate banking system personnel. I do not know if they are present or not, but I will get with them on Monday, and we will get you some type of answer as expeditiously as we can.

***Assemblywoman Marzola:***

I would appreciate that. Thank you.

***Mr. Daniels:***

Chair Scheible, I am not necessarily sure if you are ready to close this out, but I would like to just say a brief word.

***Chair Scheible:***

We still have questions from up north and our friends online. It looks like Assemblywoman Summers-Armstrong has a question.

***Assemblywoman Summers-Armstrong:***

My question is to the gentleman who was just speaking regarding the co-pays. Is the inmate banking system a function of NDOC, or is that a function that is outsourced to a private entity who would then collect that debt and then give a portion of that back to NDOC for their services?

**Mr. Alfano:**

The inmate banking system is a division of NDOC. It is not outsourced, and we do not get a cut back from it. The system is down the hall from my office. They keep track of inmate accounts and are the keepers of inmate funds.

**Assemblywoman Summers-Armstrong:**

I am sure everyone at NDOC knew there was going to be this hearing today, so someone should be available by phone or text to answer the question—are inmates leaving your custody with debt? Someone should be able to text you an answer “yes” or “no,” and I do not think we should have to wait for something in writing. The public is watching and listening right now, and they deserve an answer. While you are getting that information, I have some more questions.

During the session, Senator Harris sponsored a bill about phone costs. That was something brought up in public comment and in the presentation by Return Strong NV. I would like to know if those phone costs have been reduced and regulated as was required by SB 387 (2021). I have three other questions that were mentioned by another person. Someone mentioned that you might be able to have better staff retention if you fully funded PERS. There was also a comment about being allowed to improve technology, which would allow for lower staff levels, and there was something to do with task-centric post charts. Since those things were mentioned, I would like to know the costs associated with these requests and how much money you need to be able to institute these issues that you believe will improve your performance. What are you doing with the reported profit of \$14 million? How is that being utilized? Those are my questions.

**Mr. Daniels:**

You asked several questions, and we will answer what we can. Unfortunately, four of the folks who were here are on their way to the airport. We ran a little long, and they had return flights. We are trying to communicate with them via text message. Hopefully, we can get a hold of them, and they can respond. Also, I have Deputy Director Gittere.

There were multiple questions about technology. Deputy Director Lucas is gone. She is on her way to the airport, but hopefully, we can reach out to her via text message and get the actual cost of some of the programs that we are discussing. For instance, when we are looking at Over-Watch—there was a statement that referenced better technology would assist us in lowering overall costs. I would like to elaborate on that myself, primarily because we know we will not get the staffing back. It is a national trend. Corrections is behind in most industries. It is an industry issue that we are not going to be able to plug and play additional individuals. I am presenting to the national association of directors a methodology called Over-Watch. This program will allow us to fill in the deficient areas that we have in security to where the offenders may be at greater jeopardy because we do not have the hands on. We can utilize multiple methods of technology to keep a better eye on the circumstances, on the yards, and in the housing units. We have packaged this program. We have submitted it forward to be reviewed by the folks on our side and then we will move it forward to the Legislature. I do not have the actual cost in front of me down to the penny. I do not want to give you erroneous information, but yes, we recognize that there will not be enough individuals out there who want a corrections career and will want to stay. We know that we are not competitive pay-wise, and I will let Deputy Director Gittere explain the piece on PERS. We just had this conversation a couple of days ago, but he did the research.

**Mr. Gittere:**

I would like to describe how the technology will save money. Imagine that in a housing unit you have 48 cells housing 96 inmates who could be out and about, going to the recreation yard, or going to programming together. There are five officers authorized to be present on a shift to ensure the safety, security, and the efficiency of that unit. Instead of five officers, I only have two. I am not making this up, as this exists at our northern facilities. We can only afford two officers in a unit that should be staffed by five. To keep it safe, we then decrease the number of inmates in a particular group who are out of their cell. We decrease the time that they are out to tamp down the incidents of offenses in custody. If we have Over-Watch technologies so that someone is dedicated to watching the backs of those officers as they are performing their duties, we can mitigate that risk and allow more inmates out for longer periods of time because those officers know there is somebody watching their back and able to respond if they see any threats. It is not about hours; it is not about restricting the inmates; it is about mitigating the risk in the workplace in which we all live and work for both the inmates and staff. I have seen this Over-Watch technology at the Glendale Police Department in real time. We went there and looked at it to see if we could make it work in our environment, and we can. By doing so, we can make our officers safer. Therefore, I can provide more programming time and services to the inmates who we are supposed to be taking care of, and that is how it saves money. We can do things safely with fewer staff, so that we can do our jobs the way we should be doing it.

**Assemblywoman Summers-Armstrong:**

You went to Glendale, and you saw this in real time. You talked a lot about this. You must know what Glendale spent. If you do not know what it would cost us, what did Glendale spend for the software?

**Mr. Gittere:**

Glendale started out the system on a small scale. They cut money out of their own budget and used grants. Over time, they proved the concept and grew the budget and obtained other funds in cooperation with public-private partnerships. It was outside a correctional setting but the same concept. They went to stakeholders in the community, such as 7-Eleven, who then contributed funds and camera views to their system, and they grew the system in that way.

I do not believe that the public-private partnership with other stakeholders would probably work in our setting inside the wire because there simply are not any, but many of our facilities already have partially saturated fixed camera systems. Those institutions are safer than the institutions that do not have them. Integrating an Over-Watch system, adding the fixed camera systems, body camera systems, and software that automatically tells us by the decibel levels that increase inside a housing unit or by quick movements or by gait analysis technology that an individual might have a weapon on them at a particular time and pose a threat to another individual and flagging those data points and risk factors in front of an operator in real time so that he can then push a button and talk to those officers that are manning that unit and directing response resources to that unit to quell that activity before it happens, is priceless. To answer your question, they started small. They started with their own small funds and grants and then built the system from the ground up. We need that system now.

***Chair Scheible:***

I am sorry to interrupt, but we are running very behind. I am going to ask that we move on to the next question. Do you have any more questions, Assemblywoman Summers-Armstrong?

***Assemblywoman Summers-Armstrong:***

My other ones have not been answered, and he still did not tell me the cost of the Glendale project.

***Mr. Gittere:***

I do not know that number, but we can get a budget estimate for that process to this Committee.

***Assemblywoman Summers-Armstrong:***

Have the requirements in SB 387 (2021) addressing the phone costs been addressed?

***Mr. Gittere:***

Can you repeat the question about the phone cost?

***Assemblywoman Summers-Armstrong:***

A bill was put forth by Senator Harris that prohibited excessive fees for phone calls. During public comment, the folks representing Return Strong NV said the phone fees were high. They said it is extremely expensive for families to communicate by phone with their loved ones who are incarcerated. Have you lowered the cost and brought those costs in line with what is required in that law?

***Senator Harris:***

Director Daniels, I am going to take you out of the hot seat and answer this question. Assemblywoman Summers-Armstrong, it is my understanding that NDOC was already under the maximum amount that was allowed pursuant to the bill that I passed last session. The NDOC's phone rates were not higher than what the Federal Communications Commission has capped phone rates at, so they would not have to make any changes pursuant to that bill.

***Assemblyman O'Neill:***

I enjoyed the way Senator Harris presented her list of questions. I am going to try to do the same thing. Some of them are minor, and they were brought up earlier by Return Strong NV, or it may have been mixed with other statements.

- There are different salaries for different jobs within the various facilities, such as a barber in one place earns \$5, another place earns \$10, another place gets time credit served. How that is determined. Why is there a difference from facility to facility?
- Where does the money go that has been raised through the commissary? How much is there, and what is it used for?

- Regarding staff vacancies, it was said that currently there is approximately a 27 percent vacancy rate across the board. In the five years prior to 2020, what was the average vacancy rate? I would like to see the changes.
- In dealing with the Over-Watch program, from what I understand, it is not a correctional facility program. It is a program being run by law enforcement to watch general public areas to try to be more responsive and proactive instead of being reactive. My question is, have you done a request for information (RFI) on your needs for such a system to protect your officers and the inmates themselves from assaults? Afterwards, have you done a return on investment for what amount it will save in personnel and how it will cut down on injuries and the various incidents that occur? I would strongly recommend that you look at using the American Recovery Program for that funding for technology and go before the IFC and ask for that money to proceed with it now, instead of waiting for a later program or coming back under general funding.
- What would be the cost to the state if we fully funded the dedication of PERS for the correctional officers?
- Regarding the use of force or offenders' incidents, I would like to know some of the definitions. One slide says "assaults with no serious injury," "assaults with serious injuries," and "assault by throwing substance." There must be something in between "serious injury" and "no injury." Why does throwing substance have its own category? What qualifies for a serious injury versus a nonserious injury? Noninjury would be very simple, but then it also goes to when the use of force report is made. It was my understanding that the facility first reviews those and makes the determination if it is going to go forward to the IG's Office. I want that clarified to me because also in the slide it talks about 11 incidents. In 2022, it says 11 were received, 11 were reviewed and resolved with a review, 7 were resolved with an IG review, and 13 were resolved with an investigation. That does not tell me how it was resolved. Why was it resolved at a lower level? Why did the IG go in and review it and then they resolved it? How was that resolved? Are these investigations still pending, or what was the resolution to them? Just telling me that they resolved, does not make it clear to me.
- What are the job opportunities for those inmates in custody while they are waiting for an opening at Silver State Industries?

I think that should cover it for me. Thank you for the time.

***Chair Scheible:***

I am going to give Director Daniels a moment to consult.

***Mr. Daniels:***

Thank you, Madam Chair. I will go ahead and start off with Over-Watch. The Over-Watch program is not a program that is designed for police departments. We just saw a program that, for the most part, is what we are trying to do. Over-Watch simply is us utilizing technology to fill in the blanks when we do not have enough staff. For example, part of it will be our camera systems. Part of it will be two locations where we have staff, one being a sergeant or lieutenant, and the other being an IG person who watches all the cameras throughout the state. When there is an issue in any of the units on any of the cameras, we can tell by decibel level, which will alert us that something is going on, and then we can focus in on that arena. The second thing is, the sergeant, can help direct activity. For



example, "Lieutenant, this is what happened before you got here. This individual stabbed this individual. They are inside the cell and have a weapon under the garbage can by the ice machine." This would help to manage it. Also, there are multiple people involved. We have so few people who can respond to an emergency. We need someone to see and direct live time while the investigative person can roll it back a minute or so and figure out what happened. We use a coordinated effort just like you would have an individual at that facility.

We will have rules that will alert us to sound and/or speed of an incident depending on the location, but it is not just the camera system; it is many things more. It is the inmates wearing radio-frequency identification (RFID) bands. We have sensors around the facilities that tell us exactly where the inmate last was and which way they are moving. We can use that to determine, for instance, if we cannot find him—has he escaped, did he not report to something, is the individual missing. Also, let us say we potentially have an escape at night and we cannot locate an individual. We are going to have to go up on the rooftops. We do not have enough staff to send to every rooftop, and you must send in two staff members to go up in case one is assaulted. We use other integrated technology such as unmanned aerial vehicles (UAVs), better known as drones.

***Assemblyman O'Neill***

Have you done an RFI?

***Mr. Daniels:***

We have priced all the individual components, and we have started to purchase the things we need for which we do not need special permission. If you are asking me specifically what we presented, we must go through a process, and that process must go through our persons in the Office of Finance, Office of the Governor. We do not make the final decision regarding the big programs. We ask for it. They decide if they want to pursue it and move it to the Legislature. I do not know if I can say specifically this was approved, but the information and the costs have been presented and moved up the chain.

***Assemblyman O'Neill***

So you do have the cost, which is what Assemblywoman Summers-Armstrong was asking about. You are already buying technology for a program that when you try to bring it all together, may or may not bridge together. So there has been no request put out to the various technology companies throughout the country for an RFI on what your needs are and how they can be fulfilled, which would also give you a summary cost. You are trying to build a customized system instead of an off-the-shelf system. Is that correct?

***Mr. Daniels:***

I would say no, but let me tell you about the modification. We can purchase some of the items that we need without any special request. There are multiple components to it—including cameras, UAV, RFID, facial recognition—and some we can buy ourselves. We have gone to various locations. We have had vendors come out and demonstrate their product. Based on those demonstrations, we determined if it fits our needs or not. We have gone through multiple demonstrations through multiple companies. We are doing our due diligence in seeing if they have what we need and if it will work for us. We also must ensure that it is replicable because it is a statewide initiative at multiple locations, at our primary seven facilities, and there are ten other facilities. We also must have that communication piece to where we can see throughout the state from two stationary positions. There are many layers to it; not all the facilities need everything. Yes, we have had the vendors come

out, and they have given their demonstrations. There have been some things that we liked and not liked. We have also put together a package and submitted it forward with the overall cost of the individual components. I do not want to speak for the people who review and make decisions as to whether it will be approved.

**Assemblyman O'Neill:**

Have you worked with the Division of Enterprise IT Services, Department of Administration, on this technology development that you are apparently building block by block, not knowing what the total design is? Is that what I am hearing? I apologize, Director, but what I am constantly hearing from you is that you do not know what it will finally look like. You are going to buy this piece, you are going to buy that piece, and hopefully at the end of the day all the blocks will come together, and you will have a beautiful building without the design, without the architecture, laid out ahead of time. You do not have to answer that. That is just a statement from me.

**Mr. Daniels:**

Chair Scheible, may I respond?

**Chair Scheible:**

Please go ahead.

**Mr. Daniels:**

We have made the request to the capital improvement projects (CIP) process, which is somewhat time-consuming. We are also aware of the individual components in terms of what we need. All of this is 100 percent about staff safety. We want a comprehensive program and process; however, we will take what we can get, primarily, because our staff needs help. They are out there; they are outnumbered. We need to do anything and everything we can to improve their ability to stay safe. That also extends to the inmates' safety. The more items that we have that we can procure along these lines, the more our offenders can be outside of their cell. This is not haphazard, but this is also new technology.

Prior to my time in Nevada, we also operated these systems in the federal system to a different degree. We are trying to make it work in a state where we are not typically funded to the extent other corrections agencies are in other states. We are trying to make it work and still take into consideration the cost to the citizens. I am here to tell you we are doing the best we can to take care of our people. It is not a smooth process because a lot of this requires funding, approvals, study, the whole nine yards. We are doing the best we can until we can come up with a much better comprehensive program. We are not lacking in our willingness and ability to do the research and understand what we want, but we also know that there is nothing particularly "off the shelf." It is not like a city program that you pull off the shelf. We must modify things that matter to us and network in a correctional environment. Thank you.

**Assemblyman O'Neill:**

Director, I appreciate you trying to take care of staff. We can move on to the other questions. Thank you.

**Chair Scheible:**

Assembly Member O'Neill, did we get to all your questions?

***Assemblyman O'Neill:***

No, Chair. Did you want me to repeat them?

***Chair Scheible:***

It looks like Mr. Gittere is getting ready to answer at least one of them.

***Mr. Gittere:***

Regarding the question about serious versus nonserious injuries and use of force incidents, every use of force incident that occurs in our department is entered into our NOTIS computer system. The IGs review all those incident reports daily. They can off ramp any incident on their own for an investigation. An independent review process happens regularly through the review of incidents daily.

At the institutional level, every incident is reviewed through the chain of command when they happen. If any member of the chain of command in that review process feels that an incident is either unnecessary or excessive, then per Administrative Regulation 405.12, they refer—they physically click a button and refer that and flag it—to the IG to bring it to their attention quickly that this one appears suspicious and may need an independent review. If that does not happen at the institutional level, they look at the evidence, the video evidence, and the reports. If they feel that the use of force was justified based on that preliminary review, they do not refer it, but they do complete a formal review process of that incident anyway. If at any time during that review process, that happens within 20 days, they find evidence to suggest that it was either unnecessary or excessive, they stop, they refer it to the IG, and off ramp it again for an independent review. There are three ways that a use of force could be sent. The first way is the incident review process is entered into NOTIS, which gets screened by the IG's office routinely, and they can do an investigation at any time. Then the chain of command reviews it initially. They can off ramp it, and if they do not refer it to the IG, it then goes for a use of force review at that institution.

Regarding "serious" versus "nonserious" injuries, the definitions are part of the ACA definitions, and we use their definitions in our database so that we can compare our statistics with other states and nationally for trend analysis. If an incident happens, such as a fight between two inmates with no serious injuries, then that gets coded and grouped together at a lower incidence rate, less risky incident than an incident that causes serious injury. Serious injury is defined in our Administrative Regulation 405, and it boils down to if you get bumps, bruises, and scratches, or you may get stitches, that is not by definition a serious injury. But, if you break a bone or receive a head injury that causes a concussion, that is a serious injury. That definition is not so set in stone that you do not have to reach out to medical for a decision because we are not those guys. We consult with medical when it is not clear. That is serious versus nonserious injury.

We talked about the use of force incidents review, local versus the IG. The IGs always have Over-Watch on that, but we can review them separately. If we do not believe it is excessive or unnecessary, we do the reviews at the local institutions anyway, and that can be off ramped for independent review. I believe the last question was job opportunities at Silver State. I will have to divert to Deputy Director Quenga for that.

***Assemblyman O'Neill:***

That was job opportunities outside of Silver State. The person who is in custody at a facility does not attain a job in Silver State, or if their positions are all full, what are their opportunities to get some skills while they are waiting for a position at Silver State?

***Mr. Gittere:***

Thank you for that clarification. I would like to defer this to Deputy Director Williams in charge of programs.

***Mr. Williams:***

I want to make sure I understand you, Assemblyman. If they are waiting for a position within PI, what are they allowed to do while they are waiting for that position?

***Assemblyman O'Neill:***

I know Silver State only has so many positions. Is that correct? In other words, you could not send 1,000 inmates over there tomorrow, and they all have jobs. There is only a set number of jobs, correct? While I am waiting to possibly get an opening at Silver State, and I am sitting at one of the facilities, I want to learn a job skill—maybe I am only a three-year offender with a three-year hitch, and I want to get some job skills—because I do not want to come back. What job skills can I learn while I am waiting?

***Mr. Williams:***

At several of our facilities, we have vocational services offered through the school districts. For example, inmates at HDSP have culinary arts classes, welding, auto mechanic, and heating, ventilation, and air conditioning (HVAC) classes. There are several different jobs or programs that the offenders can participate in. We also have building and trades—our MC3 program, which is an apprenticeship program—at some of our facilities, which we are getting ready to start at women's as well. It teaches them the skills they need while they are waiting to get in PI. They can learn those skills while earning credits and receive a certificate in our vocational programs, our maintenance department, and in culinary arts. They can get the skills they need and then move on to PI, depending on what it is in PI. For example, at SDCC, as well as NNCC, they have an automotive service excellence (ASE) program. The ASE program is at NNCC, and we also have the automotive program at High Desert. They could be doing those programs and then get into PI. At SDCC, PI has the automotive program, the auto body shop, carpentry shop, glass, and things of that nature, while they are waiting to get into those PI programs. There are opportunities for them to gain certificates and knowledge prior to going into PI.

***Assemblyman O'Neill:***

Excellent. That is exactly what I wanted to hear. Thank you for that information. I truly do appreciate it. The only other questions I had were what full funding for the correctional officers would cost the state, and then also the differences in—the one example was a barber at the various facilities gets time credit or earns \$5 or earns \$10. I am curious why the facility changes for what the occupation would earn.

**Mr. Williams:**

I have the answer as it relates to inmates leaving the facility with debt. It is in one of our administrative regulations if I could read it to you because it is also cites statute.

If an inmate owes the department charges or debts after release, the following procedures will be performed by the inmate service banking crew to contact the inmate to collect the money owed.

1. The ISBS will send a letter to the forwarding address provided by the inmate advising of the amount due and payable in full immediately. If not paid immediately and the amount owed is considered uncollectable by the department, we will then report the inmate information and the amount owed to the State Controller's Office, who may send the information to a contracted collection agency in accordance with NRS Chapter 353 C.

I hope that answers that question.

**Assemblywoman Marzola:**

It does answer the question. Obviously, we need to change some things. I appreciate it.

**Ms. Smith:**

I believe Assemblyman O'Neill had a question regarding vacancy rates, and I can pull that data for him if he wants me to go back from 2014 to date. I need to pull that when I get back to the office, but I can get that to the Committee.

**Assemblyman O'Neill:**

That is fine. I would like to see that.

**Ms. Smith:**

I will make sure you get that. Thank you.

**Mr. Daniels:**

We are trying to choreograph responses. We cannot communicate with the folks who have gone to the airport right now, and we would like the deference to be able to follow up and get the specific questions answered that you need.

**Chair Scheible:**

Absolutely. Assembly Member O'Neill, did you have any questions that you had not posed yet? It sounds like they are looking for answers for the ones that you have.

**Assemblyman O'Neill:**

No. I do appreciate them.

**Chair Scheible:**

This is an important conversation. Assembly Member Krasner, did you have any questions?

As indicated, we are running behind schedule, but I know that the people who are presenting in the last six agenda items have been waiting all day. I am not going to cancel you or push you to another day. We are going to power through this. I did have some questions for the NDOC that I will take offline in the interest of time. I was hoping I could get a show of hands up north and down south of how many people are planning to speak in public comment. We are not taking public comment right now, but is there anybody here to give public comment?

Thank you so much, NDOC. We appreciate you being here. I know that we will have more questions for you to follow up on, but in the meantime, we are going to clip through the last agenda items. I am going to ask all the members of the Committee to follow up with everybody offline with their questions instead of doing them during the presentations. For all the presenters, I am going to ask you to limit your comments to about five minutes. I know it is really short, but I would also be open to adding some people to the August agenda. I am changing course. Let me know when you come up here or send me a private message. We try to be respectful of your time, so let us move on to the next agenda item.

## **AGENDA ITEM VI—PRESENTATION ON MENTAL HEALTH ISSUES AND MENTAL HEALTH TREATMENT OF OFFENDERS WITHIN JAILS AND PRISONS IN NEVADA**

### **A. NDOC**

### **B. CARSON CITY**

### **C. WASHOE COUNTY**

### **D. CLARK COUNTY**

#### ***Chair Scheible:***

Do we still have our partners from Carson City, Washoe County, and Clark County to talk about mental health issues and mental health treatment in jails and prisons?

#### ***Jason R. Walker, Sergeant, Washoe County Sheriff's Office:***

We are here and prepared with a brief presentation (Agenda VI C).

#### ***Chair Scheible:***

Thank you. Take it away.

#### ***Scott Iacoboni, Captain, Washoe County Sheriff's Office:***

I want to give a brief overview of the mental health situation at the detention facility ([Agenda Item VI C](#)). For Fiscal Year (FY) 2020–2021, our total number of bookings was 14,065 with an average daily population of 1,117 inmates. As of June 28, 2022, in preparation for this presentation, for the year, we have reached a high total of 1,309 inmates. On June 28, 2022, we had 1,307 inmates; year-to-date for FY 2021–2022, we are averaging 1,137 inmates, which is up 120 per day. There are 164 inmates in our mental health housing units. We have two very full units right now. We have an additional 232 inmates who have mental health issues or are on some sort of antipsychotic or psychotropic medication in general population for a total of 396 inmates who are deemed mental health. Looking at our total population, that is about 30 percent of our population

currently. We have daily mental health visits. As of June 28, 2022, we had 227 visits scheduled that have yet to be completed. When you look back just ten years in July of 2012, to give you an idea of how much this portion of our population has grown, we had 51 total mental health inmates, and that was facility wide. We have had a huge increase in that portion of our population.

As far as mental health services offered, we have a mental health team comprised of custody staff as well as our vendor, NaphCare, medical health director, mental health discharge planner, and psyche nurses. We have licensed clinical social workers on staff and then in addition to that, we have a detention services unit that does a lot as we try to move our population as they look toward release and pair them up with resources as they are discharged from our facility. There is a synopsis on my PowerPoint of what each of those positions does.

If I could get you to focus on the last bullet point: mental health housing unit and programs, which encourage them to engage in treatment and promote your behavior. We have a step-up/step-down process which promotes good behavior. We provide additional privileges. As recently as this week, on July 5 and 6, News Channel 4 in Reno came in and did a two-part series on what we are trying to do with our mental health program by encouraging good behavior and allowing inmates to be paired in a cell together. We are finding that by engaging them in things like yoga, morning workouts, games, and encouraging them to act in a group setting, they are coming out of their shell and are a little bit more participatory in their own mental health treatment. They are taking their medications, and that is leading to better behavior, allowing us to go from single-celled inmates to pairing them up, which frees up room for us because we are very overcrowded.

In addition, we have paired with a group here locally called The Note-Ables, which is music therapy. We had them come in on a trial basis last year and saw great success with that. They came in once a week for the females, once for the males. We have found funding to double that. They will be coming in twice a week, but they will be doing two classes each visit. We have also had yoga classes come in and attempt as they are able with certain portions of our mental health population, and we have seen success in that as well.

Some of the challenges we are facing are long-term management and engagement following release. As other presenters have said, this is a nationwide problem, and this is not specific to Washoe County or to the State of Nevada. We do not have the resources in our community. The resources that we have are already taxed with people who are out of custody. As we look to get people out, it is hard to find that perfect pairing to give them the stability that we are able to provide here.

The lack of inpatient services is extremely difficult to find. Most of our folks will not take advantage of outpatient mental health because they have other issues, like homelessness or substance abuse. If they cannot get stable in a home setting where they have a safe place to go, they are likely not going to get themselves down to treatment with no place to go. Inpatient facilities are very much needed. We find more success with those when we can find the bed space.

Regarding the justice system, some of the mental health inmates charged with nonviolent misdemeanors remain in custody pending the outcome of a competency evaluation, which can extend the amount of time the inmate must remain in custody. For misdemeanor offenses, an incompetent evaluation will result in the charges being dismissed and the inmate being released from custody, which is ideal and by design. If this inmate does not present appropriately for a Legal 2000 or refuses to engage in the mental health services or

treatment post release, the individual is released without resources or planning. This can result in a high rate of recidivism.

Lake's Crossing is the only state facility we have access to out here. I know that is shared statewide and is also shared with memorandums of understanding (MOUs) in certain parts of California; therefore, they are understaffed. We currently have 27 inmates on our Lake's Crossing waiting list. The young lady who is number one on our waiting list—just to give an example of the time frame we are looking at—was booked in August 2021. She was court ordered to Lake's Crossing for treatment to competency in January of 2022, and as of yesterday, I was still looking and waiting for a bed space at Lake's. When we are looking at some of their charges, if it is a misdemeanor or gross misdemeanor, while we are waiting for bed space, they would have likely time served if they were just serving time for the charges. I have been working very closely with our local public defenders and our local courts, specifically and most recently, the Honorable Egan Walker, District Judge, Second Judicial District Court, Department 7, Civil and Criminal Division, Washoe County, who is going to take over some of the mental health issues that we are experiencing here. Again, in collaboration with our public defender trying to mainstream this process, we have also been collaborating with Lake's Crossing more now than ever. I was recently promoted in October of last year. At that time, there was a lot of finger-pointing as to what the problem was or where the problem lay. We cannot do that, so we decided enough finger-pointing. Let us collaborate. Let us try to mainstream this process as best we can, and we have seen some success. Our list to transfer to Lake's Crossing has been as high as 37 inmates. We have, by collaborating and communicating much better, got it down to 27. When you are looking at our number-one lady who is next on the list, who was booked in August of 2021, court ordered in January, and yet here we are in July 2022, and she is still in custody.

We are continuing to try to partner with relationships with our local resources. Our detention services unit has partnered with over 65 local partners when it comes to not just mental health or substance abuse issues, but food, emergency services, employment, family services, financial aid, health care, and so on. If we can pair them up with someone when getting released with a discharge plan or pair them up with a commission staff member who is trained to give them an idea of what they have and to get a jump start on their Social Security benefits or their Medicaid when they are in custody, we would like them to at least have an appointment so that the day they get out or the next business day, they can get down to those offices, get the credits added to their cards, and have a chance, so we can help reduce the recidivism.

That is all I have. I know we are not going to answer questions. Please feel free to email myself, Sergeant Jason Walker, with any questions.

***Chair Scheible:***

We appreciate you being here. We will move on to our next presenters. Go ahead.

***Scott Zavsza, Lieutenant, Detention Services Division (DSD), Las Vegas  
Metropolitan Police Department:***

I am currently assigned to the Training Bureau, which encompasses the academy setup, advanced training, and accreditation. I am transitioning to the captain of the South Tower Bureau on July 23, which oversees the operations of the medical contract.

The DSD vision is to be the safest jail in America. ([Agenda Item VI D](#)) Our mission is to set the standard for American jails. Our values are integrity, courage, accountability, respect,



and excellence. Our DSD capacity is for 4,153 under the roof. That entails the Clark County Detention Center with the capacity of 3,089; the North Valley Complex, which is 1,064; and the Tucker Holding Facility, which is a temporary holding facility of 40. We have the electronic monitoring program, which our capacity is currently at 950. For our DSD booking and housing in 2021, we did total bookings of 57,754, with our average daily population of 2,954. Pre-COVID-19 numbers in 2019 were at 74,852 bookings prior to that. Our current population as of yesterday was 3,014 under the roof, and we have 774 on electronic monitoring.

Our accreditation with DSD is by the National Commission on Correctional Health Care, which is the NCCHC. We are currently accredited by the NCCHC for medical services and specialized mental health accreditation, which we received in March 2021. Our full facility reaccreditation medical survey and audit was in September of 2021. Our ACA accreditation is current, and we are currently accredited by them. Our full facility reaccreditation survey and audit is projected for September of this year.

We currently have, as of May 2022, 1,039 inmates on mental health medication, which is 36 percent of our patients. Our mental health team has what we consider mental health professional visits. In May 2022, we had 2,023 visits, and our midlevel, which is with our psychiatrist, is at 961. You can see that is pretty average throughout the year, give or take.

Step-down evaluations are when we are trying to step down inmates from more restrictive housing to give them more of a normal environment. We completed 367 step-down evaluations.

For our suicide watch stats as of May 2022, we had 186 inmates placed on suicide watch. We had two suicide attempts in October 2021, one in November 2021, one in April 2021, and one in May 2021. We have stats for self-harm without intent to die. Those are inmates who are injuring themselves and we must respond to those incidents, but their intention is not to die.

The mental health team is comprised of psychiatric registered nurses, master level clinicians, a discharge planner, as well as pro re nata (PRN) staff. There are 12 registered nurses and 14 master level clinicians on the team. Psychiatry has two full-time psychiatrists and two full-time psychiatric nurse practitioners as well as PRN staff. We have 24/7 coverage.

We have programming inside the units. This is for therapeutic and pro social group settings. These units are what we consider the psych units inside the facility, and that is where we have the programming.

Some checks and balances that we do on a routine basis to make sure that we are following high-quality of service include weekly restrictive housing meetings. Those are attended by myself, my administrative lieutenant, psych services, medical, the courts, competency court, and we also include the behavioral health unit from the patrol side. We discuss the more difficult cases that we are facing inside the jail. We come up with plans of treatment, and that way the operational side and the mental health side can be on the same page, and we can put unified meshes to deal with those difficult individuals. We have continuous quality improvement (CQI) and critical reviews of all deaths and critical incidents. We review every incident in its entirety and find any loopholes or incidents and things that we need to correct from those incidents. The monthly Medical Administrative Committee (MAC) is a stat/data-driven meeting which we review and make sure everything is falling within the contract parameters and that we are not having any issues within that contract.

We have intake evaluation and monitoring, which is medical and mental health screenings; alcohol and drug detox and medications prescribed; and enhanced supervision in booking and towers with constant video in high-risk areas to include a video monitoring officer in those in those areas. Regarding housing, programming, and reentry, classification assignments and program availability include group therapy; we have specialized medical and mental health housing that include step down programs; connections with several community providers; crisis intervention training for staff, which we include in our academy setting—they go through that before they graduate the academy—and substantial discharge planning for inmates.

Some of our initiatives that we are working on is medication-assisted treatment, which is MAT; opiate treatment programs (OTP); a comprehensive medical mental health treatment for those with substance abuse issues; MAT best practices for alcohol, drug withdrawal, and treatment; applications pending for a full audit; and accreditation of the MAT/OTP program at CCDC and the North Valley Complex.

For our behavioral health projects, we started to integrate social work interns from the University of Nevada, Las Vegas (UNLV) in 2021. We are working towards a UNLV psychiatric fellowship program with NCCDC. Most fellows, when they do their fellowship within a certain community, tend to provide services within that community after their fellowship is up. We are looking forward to working with a partnership with Stein Forensic Hospital and getting that fellowship started. We expanded our advanced training to include responding to inmate and crisis scenarios.

Some of the challenges we face include improving resources and continuation of care—from the detention center to our community partners—and recruiting and maintaining commission personnel, which is a national problem right now with law enforcement in general. We are always looking to improve innovation and technology with new and improved innovation within our profession. We must transport the Lake's Crossing transports via airplane up north, and those are usually our more volatile individuals, and that could be a challenge in and of itself—just the transport up north compared to Stein, which we just drive the less volatile individual there.

I will be open to any questions, and we will get you my contact information via email and telephone.

***Chair Scheible:***

Do we have other presenters under this agenda item? I think we have some folks in Carson City who are here to answer questions. Since I have put the kibosh on questions, I want to invite them to the table to give us some general remarks.

***Captain Earl A. Mays III, Detention Commander, Crime Reduction Unit  
Commander, Carson City Sheriff's Office:***

The Carson City jail has a maximum capacity of 228 beds. We do not have a designated mental health area inside our jail. Currently, we use our discipline pod to house our mentally ill. This is for the male and female inmates. Our current population is roughly 186 people. Our male discipline pod holds 24 inmates utilizing 12 cells. The majority of our severe mental health inmates cannot be housed with other inmates. This poses the problem with our housing, as a mentally ill inmate will take up a single cell. Currently, we have six inmates who have mental health issues and cannot be housed with other inmates, and that is now currently half of our pod. This is problematic because if we have other issues

within our facility, we cannot use our discipline pod because they are housed with mentally ill patients. One issue that arises with our mentally ill is the time it takes for them to leave our facility and go to Lake's Crossing, just like the other agencies. Currently, we have one inmate who has been in our custody for over a year, and he is still waiting to go Lake's Crossing. The longest time we have had is one year and eight months.

The Carson City jail contracts services with Dr. Joe McEllistrem for mental health services, and I refer to him.

***Joseph McEllistrem, Ph.D., Sierra Psychological Associates:***

I am a forensic psychologist in Carson City. I have been in private practice, and I have been contracting with the Carson City jail for 21 years and with the Douglas County Sheriff's Office for 18 years. What we have done with both facilities is looked at how to intervene across the spectrum. You have heard about the MOST Team, which I am closely aligned with. We communicate regularly about what they are experiencing on the street and what I might expect to see in custody if they must bring somebody in. You have the diversion.

The next level is, what do we do with somebody who is in custody? How do we address those needs? In 2013, the Forensic Assessment Services Triage Team (FASTT) was formed, where we invite the community providers into the jail every week to meet with all the inmates who wish to be seen. It might be a brief visit. It might be a time that they can get applications together for inpatient substance abuse treatment. The goal is to meet with everyone who has a need around mental health and addiction. We think bringing the clinicians in is better than expecting the inmates to leave and believe that they are going to go to four different institutions or agencies to get the help they need. We bring it in right up front. Everyone has access to the service on the day they are arrested. While they are in custody, treatment groups are also provided by FASTT. We are trying to engage and build a rapport with the inmates, so they have some motivation to continue when they leave. The clinicians who come in with FASTT and provide group services will be the very same clinicians they see, should they choose to follow up with those agencies.

The next level is postconviction. In 2005, I helped form the mental health court. There is a misdemeanor treatment court for addiction. There is also the Western Regional Drug Court. These are postconviction. We go from diversion, to custody, to postconviction. Those programs work well. All three areas work well with people who are competent to stand trial, competent to assert a plea, and competent to go forward with a trial. It is a smaller population but a very complex population group that is not competent to go forward. You have heard the problems that it comes with. Typically, the prototypical client that we encounter is one who is actively psychotic. They are disconnected from reality. They are typically paranoid. The disease process itself robs them of the ability to see that they have an issue. They typically reject treatment, and they reject medications. Then we have a volatile individual who cannot be housed with others and must be separated and then wait and wait and wait. We do what we can through diversion, in-custody programs, and postconviction programs to get people funneled so they can get in and out efficiently with the least amount of aggravation and time being held.

There are many people in custody waiting for that legal piece of competency that surpassed the time they would have spent if they could have asserted to plead guilty or gone to trial. That is one of the greatest barriers we have that we are sort of helpless to address. The rest of the things I believe are functioning well, and our community partners are great. There is a tremendous amount of communication with local teams, MOST teams, between me and

our medical group, but it is that final piece that we are having trouble with. Seeing someone suffering alone is difficult for us and the staff.

***Chair Scheible:***

Thank you. Do we have anybody else in Carson City wishing to present? Thank you for that information. I think members of the Committee will be following up with you offline with any questions that we have.

**AGENDA ITEM VII—PRESENTATIONS CONCERNING AUDITS RELATING TO NEVADA’S DEPARTMENT OF CORRECTIONS**

***A. THE LCB AUDIT (LA22-11) ON USE OF FORCE***

***Chair Scheible:***

I think that takes us to the next agenda item. We are going to hear from the LCB Audit Division about the audit that was provided as one of our exhibits today. I will let you take it away whenever you are ready.

***Daniel L. Crossman, Legislative Auditor, Audit Division, LCB:***

We appreciate the opportunity to present today a summary of our most recent audit of NDOC. One thing I want to put on the record is we appreciate Director Daniels and his team for their cooperation and collaboration throughout the audit process. It was definitely a difficult time. We recognize that when we enter into an audit, we are asking an agency to add one more thing to their already full plate; however, we know that our work is really important. We appreciate when the agencies are cooperative and assist us in our work to provide the information we need. I am joined today by Mr. Eugene Allara, an audit supervisor, who will provide an extremely abbreviated summary of the results of our audit. A copy of the report is included in the meeting packet today ([Agenda Item VII A](#)).

***Eugene Allara, Audit Supervisor, Audit Division, LCB:***

I am here today to present the performance audit titled *Department of Corrections Use of Force*. Chapter 1 of our report summarizes our review of the Department’s practices, processes, inmate allegations of excessive use of force through the grievance process, management review of use of force incidents, and our analysis of 100 use of force incidents. Our testing revealed inmate grievances alleging excessive use of force were not always reviewed or addressed timely. Inmates must use the grievance process to address any tort for civil claim related to their confinement. Grievances are the first step in the legal process for the inmates. We tested 20 use of force grievances from a population of 83 and found 13 had no evidence of review by the IG’s Office as required by Department regulation. The remaining seven grievances reviewed were untimely, with an average of 164 days. Three inmates had been paroled without having their grievances reviewed. We also assessed the Department’s process for reviewing use of force incidents by convening use of force review panels. The purpose of the panel was to determine if the use of force was justified and consistent with Department policies, procedures, and training. Our testing revealed the Department did not conduct a review panel for 9 of 25 use of force incidents tested. Additionally, for ten incidents, the Department did not complete the review timely.

Chapter 2 of our report discusses the use of prospective officers and various other administrative functions related to use of force. For purposes of our report, we define “prospective officers” as those employed with the Department prior to completing the

POST Academy. We found prospective officers worked in the Department's facilities without proper training or supervision. Four of 20 prospective officers tested were assigned to work posts alone; six prospective officers were assigned to work dedicated posts, normally requiring a second certified peace officer; and four prospective officers participated in use of force incidents against Department regulations.

While statute allows law enforcement agencies to use prospective officers on all these functions, using them to perform duties of fully trained certified peace officers can be dangerous. The Department discontinued use of these officers for direct inmate supervision in April 2021. Regarding the administration of peace officer training, we found the Department training was not adequately tracked. Furthermore, the Department has not developed standardized restraint chair training. We reviewed the files of 104 officers and found no documentation of pregnant inmate restraint training for nine officers and staff. Additionally, six officers were issued tasers; one officer fired a blank shotgun round; and two officers used a restraint chair with no evidence their training was up to date.

*Nevada Administrative Code 289* ("Standards, Training and Certification for Peace Officers and Other Law Enforcement Personnel") prohibits officers from using weapons unless their training is current. Our evaluation of the Department's weapons management practice revealed improvements are needed. Specifically, the Department's authorized weapons list was not up to date and contained some obsolete weapons. We found 212 of 744 weapons located in the institutions' armories were unauthorized and/or obsolete. An authorized weapons list is needed to ensure weapons' reliability and quality, proper training, and for weapons tracking.

The Department's administrative regulations were also found to be out of date during the audit. Specifically, the Department uses the restraint chair at all major institutions but has not adopted an administrative regulation governing its use. Additionally, administrative regulations have not been updated for recent legislative changes related to law enforcement practices and peace officers drug testing.

Chapters 3 and 4 of the report disclose our findings regarding the reliability of the Department's use of force and the Department's body camera program. We noted that the Department's use of force data was not accurate, complete, or reliable. Errors within the data caused the Department's primary statistical report to understate the number of use of force incidents by as much as 26 percent during Calendar Years 2019 through 2021.

Regarding the body camera program, we noted the Department spent about \$192,000 on 71 body cameras, supporting hardware, and licensing fees but never implemented the program. An additional \$26,500 will be incurred annually for licensing fees unless the program is terminated.

Our report included 16 recommendations to improve the Department's processes over use of force reporting and related activities. The Department accepted all our recommendations. They filed a corrective action plan with us in June, detailing actions taken and plans to implement the recommendations. Statute also requires the Division of Internal Audits, Office of the Governor, to review the implementation status of these recommendations. The report will be completed in mid-December 2022.

This concludes my presentation. Please reach out to our office if you would like to discuss the report further or have any questions. Thank you.

**Chair Scheible:**

Thank you. That was helpful information, and we will follow up with you with questions.

**B. THE DIVISION OF INTERNAL AUDITS (DIA), OFFICE OF FINANCE, OFFICE OF THE GOVERNOR, AUDIT (DIA REPORT 22-05)**

**Chair Scheible:**

This takes us to part B of our audits. Do we have Mr. Lowman with us?

**Warren Lowman, Administrator, DIA, Office of Finance, Office of the Governor:**

Thank you for inviting us to appear before the Committee to present the DIA Report 22-05 that focused on NDOC and its physical processes ([Agenda Item VII B](#)). I will briefly highlight its findings and recommendations. The audit's overall message is that improved oversight of fiscal management and accounting practices will increase transparency and achieve more efficient and effective operations. We made four recommendations for NDOC to improve oversight.

First, the audit recommends NDOC develop offender store fund markup limits and incorporate methodology into legislatively approved regulations adopted through the public rulemaking process. Let me point out that the final copy of the audit report the Committee received and that is posted on the Executive Branch Audit Committee website includes minor edits to correct against misinterpretations related to this recommendation. The edits clarified that the offender store does not sell items that should be considered necessities. The Department provides no charge rations of basic hygiene supplies, clothing, and meals. Offender store items are purchased by offenders who can afford to buy substitute basic ration items or other food, clothing, and electronics they may prefer. The final version of the audit report also clarified that the markup on items sold in the offender store was a component of the regulatory requirement to determine criteria for a reasonable deduction for money credited to the offender store fund to repay or defray costs that are identified in NRS 209.221. *Nevada Revised Statutes* 233B.039 of the Nevada Administrative Procedure Act, exempts NDOC from the public rulemaking process except as provided in NRS 209.221, the offender store fund, and NRS 209.2473, regulations regarding deductions. While the Department has an internal administrative regulation that addresses the offender store fund, formal regulations adopted by the Legislature through the public process are necessary to comply with statute.

The audit's second recommendation was to increase oversight of the Prisoner's Personal Property Fund by adopting regulations through the public process of the Administrative Procedure Act for deductions from offender accounts. Moreover, the audit noted the director needs to determine reasonable medical co-pay fees and assessment rates charged to offenders. Offenders owe over \$10 million dollars in debt to NDOC for costs related to services and supplies that must be repaid even following release from incarceration. These charges include medical co-pays and assessment rates determined at the discretion of the director. During the 2021 Session, the Legislature capped Marsy's Law and other assessments in NRS 209.247 at 25 percent of deposits made by friends and family and 50 percent of wages for each pay period. The provisions were effective July 1, 2021. However, regulations for implementing the provision had not yet been adopted when the audit report was issued in February 2022.

The third recommendation was to improve administrative accountability to reduce use of state resources. Two previous DIA audits found NDOC incurred excessive overtime and

standby pay due to inadequate oversight of personnel and payroll practices. Nevada's Department of Corrections did not yet implement the audit recommendations to improve the oversight of overtime. In addition, NDOC inappropriately assigned state-owned vehicles to staff regardless of need or actual use and inaccurately reports vehicle use. Vehicle use for 61 percent of employees assigned a vehicle did not meet the state's minimum usage requirements prescribed in the state administrative manual.

The fourth recommendation was to improve oversight over weapons purchases by ensuring purchases are not classified as inmate-driven costs and are accounted for at facilities where the weapons will be used. The audit found 40 percent of weapons purchases were charged to inmate driven accounts and to inmate transportation. In addition, NDOC charged weapons purchases to the director's office that were designated for use at other facilities and locations.

In summary, improving oversight of fiscal management and accounting practices will:

- Increase oversight for over \$14 million in offender store sales and overtime costs;
- Increase transparency through the public administrative rulemaking process;
- Ensure offenders can purchase items at a reasonable cost; and
- Improve administrative accountability in the director's office.

Thank you very much for your time.

***Chair Scheible:***

Thank you. I have been reviewing that audit, and it is interesting. I wish we had time to go through some questions today, but alas, we are already past the time I promised to be out of here. We do appreciate you being here. We may follow up with you offline. That takes us to our next item on the agenda.

**AGENDA ITEM VIII—PRESENTATION BY THE RECORDS, COMMUNICATIONS AND COMPLIANCE DIVISION OF NEVADA'S DEPARTMENT OF PUBLIC SAFETY ON THE IMPLEMENTATION OF [SENATE BILL 212](#) (2021) REGARDING THE COLLECTION OF USE OF FORCE DATA**

***Chair Scheible:***

Now we will hear an update from the Records, Communications and Compliance Division of DPS. Go ahead whenever you are ready.

***Erica Souza-Llamas, Division Administrator, Records, Communications and Compliance Division, DPS:***

I am here today to give you an update on my Division's progress with the implementation of SB 212 (2021). I was also going to provide an update on our implementation efforts of Assembly Bill 291 (2019), SB 6, SB 7, and SB 147 (2021) as well as an update on our Nevada Criminal Justice Information System modernization efforts, but given our time constraints this afternoon, I will narrow it down to SB 212 (2021).

Section 3.3 of SB 212 (2021) requires law enforcement agencies to submit the use of force data to the Central Repository for Nevada Records of Criminal History monthly and requires them to participate in the Federal Bureau of Investigation's national use of force data collection. Additionally, the Repository is responsible for making the data available on our public website. This section of the bill becomes effective on the date that the Department determines there is sufficient funding to carry out the provisions of this section. The Repository currently has a vendor that provides the state with a uniform crime reporting program that provides crime statistics as required by Chapter 179A ("Records of Criminal History and Information Relating to Public Safety") of NRS. Consistent with current practices, we will be adding the use of force module to the current data collection system since all of the law enforcement agencies in the state that are responsible for reporting the data already have access to that system.

The Repository has been unsuccessful so far in locating federal grant money for this effort. Therefore, we have plans to approach the IFC in August to request the necessary funding for the effort. Furthermore, we expect to go to the October Board of Examiners' meeting with the contract amendment with the current vendor to add the use of force module to the reporting system. Once the funding and contract are approved, we will immediately begin working with the vendor to implement. It is a straightforward module in the system but will require a bit of customization to meet the requirements of SB 212 (2021).

That is all I have. I am glad to answer any questions anybody might have.

***Chair Scheible:***

That was impressive. We appreciate it.

**AGENDA ITEM IX—PRESENTATION FROM NEVADA'S DEPARTMENT OF SENTENCING POLICY ON SENTENCE CREDITS IN NEVADA, SENTENCE CREDITS IN OTHER STATES, DATA ON THE INMATE POPULATION AT NEVADA'S DEPARTMENT OF CORRECTIONS, AND RECOMMENDATIONS RELATED TO NEVADA'S DEPARTMENT OF CORRECTIONS**

***Chair Scheible:***

Ms. Gonzalez, are you still here from DSP? It looks like we are going to reschedule their presentation for August.

[Victoria Gonzalez, Executive Director, DSP, submitted the following meeting materials for the record:

- A PowerPoint presentation ([Agenda Item IX A-1](#));
- A sentence credit guide ([Agenda Item IX A-2](#)); and
- An AB 241 (2021) sentence credit guide ([Agenda Item IX A-3](#)).]

**AGENDA ITEM X—PRESENTATION FROM RETURN STRONG NV REGARDING FEES WITHIN THE PRISON SYSTEM**

[This agenda item was taken out of order.]



***Chair Scheible:***

I am going to invite Return Strong NV up to the podium in Las Vegas.

***Jodi Hocking, Founder/Executive Director, Return Strong NV:***

My name is Jodi Hocking. I am the Founder and Executive Director of Return Strong NV. We started as a collective of people who had families impacted by corrections; they were in prison, and some of them have come out in the meantime. I know you have heard us during public comment, and we appreciate the space to be able to not talk in two-minute segments. I want to first recognize that.

***Sonya Williams, Organizer, Return Strong NV:***

My name is Sonya Williams. I am an impacted person and an activist with Return Strong NV.

***Taniko Smith, Mentor Organizer, Return Strong NV:***

My name is Taniko Smith. I am an employee of Return Strong NV, but before I was an employee, I was inmate #53348. I spent 28 years, 8 months, and 10 days in custody. In 2021, I went before the State Board of Pardons Commissioners and received clemency; on April 13, 2022, I was released. I am extremely familiar with NDOC and the implementation of their policies, practices, and procedures.

***Ms. Hocking:***

For the past two years, we have been coming forward during public comment and in any space we could. We have focused on areas that we were seeing as problems through the pandemic and through the personal experience of not just our own family members, but also our 3,000 members. People write to us about their life experiences within Nevada prisons. One of the struggles has been figuring out what can be done to improve prisoners' rights within Nevada and how to address some of the things that are going on both for incarcerated people and for families ([Agenda Item X A-1](#)).

We look at it like an umbrella. What we have realized by working with other organizations across the country is that what we really need is oversight and accountability. Today we are going to talk about a couple of different areas. One is generally building an independent oversight panel. The other two things we are looking at are eliminating the cost of incarceration and talking about visitation, but they all fall within that same scope.

We would like to start with what would be some best practices for prison oversight bodies. We have been working with a woman named Michelle Deitch. She is on vacation and out of the country right now, but she will be working with us on this going forward. She is seen as the number-one person regarding prison oversight accountability panels. She is out of the University of Texas, Austin. She is the premier person in the country who does some of this work. She has agreed to help us navigate how to build an independent oversight body.

The oversight body has to be independent. One of the struggles that we have had is that there are two very different sides of the story that come forth. I do not think it is necessarily that one side or the other is being untruthful about things, but we see things from very different perspectives. There is a middle ground there somewhere. We have asked for investigations before, but I think it needs to go to an independent investigation, and it needs an oversight body that would be independent. The director of the oversight

body would be removable only for cause because, obviously, they are going to be pressing back about certain issues within the prison, and they cannot be removed for no cause.

The second important thing is the best practice that is called "golden key access." Professor Deitch talked to us a lot about this. The second key to having successful prison oversight bodies is that they must be able to access and inspect prisons on demand. An oversight body should have the ability to enter at any time, go anywhere in the facility, and should also be able to investigate complaints, monitor facility conditions, and the quality of services provided to prisoners. Taniko was going to share a little bit about his experiences and why access would be important.

**Mr. Smith:**

The SDCC did not have hot water in the kitchen for over two years to wash the trays or whatever it was. They would have maintenance switch the pipes whenever the people would come in and check. The only reason they knew they were coming was because you must get clearance before you can come into prison. They knew what to do, and it went on and on. The trays were not clean. It was extremely frustrating. Whenever we would tell our families about it, nobody would believe it. How could they do this? But it was done.

**Ms. Hocking:**

What about when they do visits with the director and the governor?

**Mr. Smith**

Whenever the director or the deputy director would come, they would usually lock us down at Southern Desert. I spent seven years at Ely, five years at High Desert, and two and one-half years at NNCC. The rest of my time was at Southern Desert, which is where I was released from. Whenever they would come, we would have to paint and make stuff look nice. Whenever they would bring the tour, they would lock us down. We could not talk to them because we would be in our rooms. We could never explain to them what was going on. Access will be needed because they knew what was going on at the institution, and I even believe the directors knew.

**Ms. Hocking**

That is something that we have regularly received letters about. Recently, Governor Steve Sisolak visited NNCC. We received a bunch of letters from people who were saying it is crazy because every day they climbed over piles of garbage to get to the chow hall, but when the Governor came, the garbage was moved behind the building so that he could not see it. They shield it from people who are supposed to be there, whether it is inspectors, politicians, or the directors. They get shielded from some of the things that should be coming out. That is why we believe that golden key access is so important. Those on boards around the country have built those types of panels where they are allowed to talk to incarcerated people; they are allowed to talk to staff members; and they are allowed to talk to families. It is the responsibility then of that panel to make sure the information that is coming through is accurate and that it is being dealt with appropriately.

The other thing is that the panel should have access to documents and data. I know when FFJC did a Freedom of Information Act (FOIA) of 2016 (Pub .L. 114-185, 30 Stat. 538, [2016]) request recently, it took forever to get any type of information back. We understand that. We submitted one on medical neglect, and it took at least eight or nine months to receive the information. We put it in last fall, and we did not get information

until early spring. Then it is real time. There are things going on with people, and you cannot figure out what is real and what is not.

That panel should also have confidentiality and the ability to communicate with staff and incarcerated people and families.

**Mr. Smith:**

The hallways are like a lockdown within a lockdown. In 2010, a former warden—now a deputy director—implemented closing the gates. That is, you are behind the gate where the bubble is over here, and it is just inmates in the back, and it is not safe. You have a mentality of either you are going to be hurt or someone can hurt you, but you cannot flee. You cannot go to the bubble even though they may walk, or they may do whatever. Once you get in the room, you do not get help. You could die. I do not know how many people want to die like that but then they lock you down in your room for another modified lockdown. This is also complicated because you do not choose who you live with. They have a policy of no convenient bed moves. Now, not only am I locked behind the gate, now I am locked in a room with someone that I may not know, someone that I may not like, or someone that may not like me. Access will show that they are spending more time there in the room than they are outside the room. It is not safe. On paper, it says that the officer does this or the officer does that, but I have never seen an officer help someone while it was going on. They come afterwards when access is needed.

**Ms. Hocking:**

There is a current case in the news about a young man in his early 20s who was housed with somebody with severe mental illness at High Desert. He was stabbed some 96 times. Those situations are not as uncommon as you would think they are.

I remember when Taniko was telling me about the hallway, my husband is in Southern Desert. They were in the same unit before they were released. My husband talks all the time about being stuck in the hallway like you can never get out of here. You cannot do anything. Yard time is so restricted. He never really explained to me about the hallway and what it felt like to be there and the fear of a riot or a fight breaking out, that it is life or death. He does not really talk to me about that. Taniko said it is really terrifying to be in there. You have no way out if something happens or goes wrong. At this point, we can bring these hallway incidents and concerns to everybody. We can bring them in public comments. We can talk about what they are, but nobody can go in there and see what is going on. I think there have been too many questions about what really is happening in there. You have the lived experience of people on one hand, and you have reports, which may be completely accurate for what the report is asking, but if it does not ask all the right questions, you are not getting the right answer.

The next thing we were going to talk about was being responsive. Do you want to talk a little bit about grievances and responsiveness and how difficult it is?

**Mr. Smith:**

The grievance process does not work; at Southern Desert, whoever you write a grievance on, they get the grievance. They are the first ones to respond to your grievance. The warden or the warden's designee either confirms it or usually denies your grievance. That is one of the reasons the court system is so piled up with civil lawsuits; it is not addressed correctly within the prison. It also brings retaliation from the officers saying that you wrote

a grievance. Now it is other officers in your room, or you are being harassed or taken to the hole for something. You may have a violation, but instead of a write-up, you will go to the hole pending the write-up. The grievance process should not work like that. That is the only thing we have to protect ourselves against the ones who are supposed to protect us. If it is faulty, it is no good. I am not saying that because of what I have seen, I am saying it because of what I know. I have written grievances for 28 years in prison. I wrote grievances over half my life, and I think I won one grievance. Access is needed for someone else to look at it and decide instead of the prison itself.

***Ms. Hocking:***

Right now, there is nowhere to go whether you are an incarcerated person, a family member, or a stakeholder. Even the ACLU has struggled to get the answers it needs. Now we have a quarterly meeting that has just started, but it has taken years of fighting to get there. One of the things that has been difficult is the lack of response. The reason we believe that we need this independent oversight is—I know the Legislature has received my “Where do you go when you cannot get answers,” my frantic middle of the night rantings—there is nowhere to go. We do not have an ombudsman, but I am not even sure that is really the answer. Where is there a neutral party that can investigate what is the truth? The audits made that more apparent than ever because it became clear that we need a third party. We need something neutral.

I had one other example for you, which is the security threat group (STG) and what happened with that.

***Mr. Smith:***

They have something in prison called STG designation. It is supposed to identify the security threat groups within the prison. The administrative regulations (ARs) and the operational procedures (OPs) and maybe the NRS are a certain way, but that is not how it is implemented. I was STG in 2011 for old tattoos. I tried many times. I wrote several people; I wrote the director; I wrote deputy directors; and I wrote someone named Shields. I even had a hearing in 2021 to get taken off this STG designation. I have never received a gang write-up since I have been in prison. [I have] no gang paraphernalia, no new gang tattoos, but they would not take me off. This is a problem because you get points on your parole, which would prevent you from getting out. It will stop you from going to camp. In some circumstances, you cannot even go to the Pardons Board with an STG designation. The papers say the ARs and OPs and maybe the NRS are read a certain way, but it is not being implemented like that. Access is needed for that also.

***Ms. Hocking:***

That is one of the other things—there is nowhere to go. We have another person who we are supporting for the Pardons Board. We have somebody now, and the answer from the Pardons Board is STG. He has grievances going back at least eight years where he has been asking NDOC to be moved to a protective custody (PC) unit. He has done everything, but you cannot get any type of answer. There is nowhere to go, which is the answer. If that answer is not coming back and it is not fair, then there is just nowhere else.

The last thing is the panel or that commission needs to be fully funded and fully staffed. It needs to be diverse and representative. One of the best practices when we were talking to Professor Deitch is that it should include somebody who was previously incarcerated, a representative who has a family member who is currently incarcerated, medical experts,

legal experts, and somebody else. It should be diverse and representative to make sure that all avenues are filled.

I am going to go into the other two pieces under that oversight, which are not specifically about the panel itself, but about two issues that Return Strong NV and families would like to have addressed. We believe the only way to fully address them is through legislation.

The audit came out, and for years, those of us who have had a loved one incarcerated have always known something is not right with Nevada's commissary pricing—it is so much higher than other states. New Mexico, California, and Washington all use the same vendor, but their prices are significantly less—close to one-half of what we pay. We were able to find out, thanks to my volunteer paralegal over here, that it is not specifically because the pricing is higher in the contract, but it is because NDOC takes a significant markup that other states do not take. That cost of incarceration is getting passed on to families, which has become even more problematic with the pandemic, and inflation, and everything else. We are already dealing with double households and a loss of income. Now on top of it, \$14.2 million dollars in two years is being made off the backs of struggling families.

***Mr. Smith:***

In prison, we need a package. We need food. We need clothing. In the culinary, they do not feed you right. It is not only nasty, but it is not enough. When I first came to prison, a long time ago, they used to feed you. You ate. You had three hot meals. There was a lot of food. They throw away a lot of food now, but back then, they would give it to you. Now you must get a package just to survive because you cannot live on the culinary food. It is expensive, and it is harder on your family. When the people were making the public comments, I will never forget where I came from and how long I spent in prison. It brought to the forefront that this is what my family was going through because I was incarcerated and struggling to get a package, wondering why you were not able, or why I have to wait for a certain time. It is needed. Even though the clothing that you get from the package is not top-shelf and has defects, they are better than what the state gives you. It is so expensive, and they tear up so fast. It needs to be changed, at least to help the families. They vote.

***Ms. Hocking:***

Right now, they are taking markups. I know the audit said around 41 or 42 percent. When FFJC did research on the audit, it looks like that percentage was calculated incorrectly. It is closer to a 66 percent markup on these items, which falls in line closer to what we see with other states. When you look at the audit, it is saying that it was not those profits that were used for inmate costs, but then there are questions in the audit about what did go for inmate costs. It becomes another issue. We want to address this legislatively.

Last year with SB 22 (2021), you were able to address those issues when it came to restitution deductions. The word then was that the director had the ability to decide what was reasonable, but unfortunately, the pattern that we see when it comes to financial decisions is that those decisions are not reasonable. It is not reasonable for a 66 percent markup. It is not reasonable for 80 to 100 percent markups or deductions. There needs to be oversight on that. There also needs to be not only legislative relief, but also the ability to then hold them accountable. The only way that happens is through oversight and the rulemaking process, which was instituted in 2010, I believe. I did not even live in Nevada then, but I believe it was 2010 that the rulemaking process started. Not one time when it comes to a financial decision under emergency circumstances or any other has that ever been accessed by NDOC to have it go through that seven-step process. It is great if we

create legislation, but if we do not also create a way for accountability, then we are going to lose and the burden shifts somewhere else.

I would like to address visiting. I was in shock when I saw that the visiting vending machine was part of that profit. I have been going to visitation for a long time. It used to be \$3 for burgers in the vending machine that have jalapenos on them. Then they were \$3.25 at one point. They were \$4 or something before the pandemic. Last month, my first visit since the pandemic, those burgers were over \$6, and they are making a 66 percent profit. We have tried to go in there and it is just bad.

The other thing that we wanted to talk about was medical co-pay. There is a \$4 prescription co-pay, an \$8 medical co-pay, and somewhere between \$65 and \$85 for a man-down co-pay depending on if it is a nurse or a doctor. Taniko told me about one that was not in the documentation that we got in the FOIA.

**Mr. Smith:**

I do not know where they got the \$4 from. It is \$8 to write a "kite." If you do not go to that appointment, you get charged \$8 at Southern Desert. When you go see the doctor, if you get any type of medication, it is \$8. When I first came, it was like \$2 for everything, but it is \$8 even just to write a kite. If you refuse, you get charged. I have dislocated almost all my fingers in prison. I have never gone to the doctor for it. It is too late by the time they answer you. You used to be able to walk to the sick hall, but I think COVID-19 changed a lot of things, but now you do not even get a response or an appointment into a long time, like four or five months, and that is not right. I watch people. I was there during COVID-19, and I have seen those lockdowns where we are locked behind the doors, but they tell us that COVID-19 is airborne. Why would they not let us outside? When I went to NNCC for the Pardons Board, the unit had COVID-19. They would let the unit out, even though they would be by yourself and that made more sense. If the ventilation is not working right at Southern Desert, a former warden, now director, put screens on the windows where some windows cannot open. How can people in the house get the ventilation? How can you get well? In going to the doctor, the only thing that was given to us for COVID-19 was a cold pack. At times, we got to where we did not want to be locked down so much. They would not even test us. They allowed us to do it ourselves, and so a lot of people, instead of getting a lockdown, they would—it was selfish—but we figured we were going to get it anyway. I do not know how many times I had COVID-19. I wrote a grievance about being around a staff member who had COVID-19, but we would test ourselves and not really test ourselves—because you are supposed to put it up so far—because we did not want to be locked down anymore. Going to the infirmary was not going to do anything for you.

**Ms. Hocking:**

The sports co-pay . . .

**Mr. Smith:**

I believe a sports injury was \$150 if you hurt yourself doing sports. Southern Desert used to have the proper stuff on the basketball court. It was one of the nicest in the system. They used to allow fundraisers where people like the NAACP were a part of that or we could have drives to put the stuff on the floor. Now it is slick. They put on regular wax. I was a gym worker right when I left, and we put wax on the floor, which you are going to get hurt. Somebody is going to slip and fall. If we complained, the only thing they would do is take it

from us. Now there is nothing done to make it better. Once you get a sports injury, they would make sure that you pay that money.

***Janette Savon, Member, Return Strong NV:***

I have a loved one over at LCC. I just wanted to add that during COVID-19, he also had a sports injury where he sustained a collar fracture and went out for medical care. The physician in Lovelock suggested that he be taken to a surgeon to evaluate it and fix it. It was during COVID-19. It never happened. The collar fractured healed on its own, and he has since not seen a surgeon regarding that risk injury, which is a break. Lovelock is very rural, so they do not get very good care at all. They just got an ophthalmologist there after three or four years, and they have all been getting their eyes checked now.

***Ms. Hocking:***

As far as medical and co-pays, Return Strong NV started collecting data and declarations from incarcerated people. When we started doing it, we only had about 1,200 members. At that time, fully over one-third of them have written to us about medical neglect. I think part of the concern when it comes to co-pays is that people are putting in requests to see a doctor and waiting years to see a doctor, COVID-19 or no COVID-19. If we are incarcerating people, we have a responsibility to do it humanely, and medical treatment is part of that. What has happened is that people will put in requests, and those requests do not get responded to or answered. It is months or years later and then they must call a man down. Now we are charging them the higher man-down fee because we did not see them when they needed chronic care, or follow-up, or sick care. Now we are charging them an additional fee. That leads to the question about medical neglect.

According to the audit, when incarcerated people leave prison, there was \$10.4 million in debt to NDOC for costs related to services and supplies that must be repaid. My husband sent me a piece of paper that got posted a month or so ago that said if you have medical debt when you leave prison, they are going to seek collections against you and will report it to your credit report if it is not paid. Even though the successful collection rate is around 2 percent, is that really something that we need to be sending people? We have a member, a young man named Elijah, who had filled his whole savings and trust accounts. He had the \$550 in there. That was his transitional money. Imagine leaving prison, and you have \$550 to live on. He had an accident in an old wreck yard in NDOC and had—I cannot remember the exact number—a little under \$7,500, and they took all the money that was on his debit card except the \$25 that the debit card is going to cost him in fees just to have it. They took all the money, sent him to medical, and he is getting medical collections on the balance of that amount of money as he is trying to get his life back together. These are not unique stories. We could come here with hundreds of them.

The last thing that we wanted to talk about is all those financial things. The second thing is about visitation, and we are going to make it as quick as possible. We believe all families deserve contact, and they deserve visitation. One of the current visitation policies, like the application process, is a little confusing with the question, "Have you ever been arrested?" People get confused with that because if they did not go to jail or prison, they will say no. If you say no, it is marked down that you lied on the application and you will not get visitation. People do not know how to fight it, and there is no neutral party to go to and say, "I was not trying to lie." People will get denied for juvenile offenses that should have been sealed records, and they did not put it on the application, and then they do not get visitation.

We started working with William Gittere, Deputy Director of Operations, NDOC, on resolving some issues, but then we ran into probably 20 people right now who have written to us to ask for help in getting a denial overturned. The reason they were denied was because their family member had a previous felony. I think one of the things to remember is that by barring people, we continue that cycle against families and communities who are already marginalized. This morning, I was talking to a man who is one of our Return Strong citizens. He is released now. He just graduated from the Nevada Prison Education Project. He was originally incarcerated at 16, and his mother had a vehicular manslaughter. She was on prescription medication, drove on the medication, and somebody ended up killed in that accident. As a 16-year-old, he was never allowed to visit his mother because she was not allowed to come to the prison because of the way NDOC wrote the denial, which said that because she was an ex-felon, her visiting a correction center is not conducive to a corrections environment. Of the 20 people, most of them have not had an offense in 20 years. They had addictions. They maybe had shoplifting and theft. One of them had a possession of marijuana when it was a felony in the early 2000s. She has not seen her son in 15 years. Another one had the same situation—20 years, 15 years, 20 years. In trying to work through those situations, I had a conversation with NDOC and was told there is no statute of limitations on a felony when it comes to corrections. That is not fair or right.

I understand visitation is not a right; it is a privilege, but they should have that ability. We understand that conversation must be hashed out. Maybe there is a statute of limitations or maybe there are certain things or amount of time, but to say that a parent can never see their child again, we do not believe that that is right. That should not continue any further. The only way to fix it is to legislate what that looks like.

The other two things around visitation that we want to say is we are hoping that at some point video visit is implemented. If you look at our membership, families in Nevada are from all over the world. What we have in common is a loved one who is incarcerated in Nevada, but our people live everywhere—other countries, every time zone, you name it. We would love to see video visit implemented, and I think it is important for families, and connections, and rehabilitation. We would like to see it implemented without predatory practices. We have been on the receiving end of that enough at this point. While we are fixing things, we would like to look at that in a preventive way as opposed to having to clean it up after the fact.

We think it is important to also protect “in-person visitation” for everybody. We do not want to see what has been happening across the United States as video visit is implemented, which is in-contact or in-person visitation is then either suspended, limited, or goes away altogether. We are looking for legislation that would protect in person. I think the pandemic has shown us clearly that the drug problem in NDOC was not because of families. It was worse than it has ever been in those years that there was no visitation. We want to make sure that that does not get blamed on families and that it becomes a safety and security reason why we no longer have in-person visitation. I always think of people on death row, or people who are lifers or have life without parole, or people who are terminally ill. They never get to hug their loved ones one more time or see somebody. I think it comes under the oversight.

**Mr. Smith:**

Visitation, for lifers especially, shows them how you can still deal with family. You can still deal with your wife, your daughter, your son, the baby, whoever it is, how to pull out a chair, the softness instead of being around men all the time. You can visit a family member, your mother, you can hug them and learn to relate to what they are doing at home and cut



their food. You can do all the things that a man is supposed to be doing instead of being emasculated by what is going on in prison. You could be that man and get ready to adapt to society. I had life without. I had two lives without with more time, and I used to love my visits. I would get a visit at least once a month. I would love to see my girls. That does something to you, you prepare for it. It even gives you a different mental state about the next week or the next coming days. I believe that in-person visits should still be implemented.

***Ms. Hocking:***

One last thing regarding this move to ending solitary, which we know has been a conversation before, we need to look at this wider than the traditional conversation around solitary. The pandemic completely changed what that looks like. We have realized in meetings and working with NDOC that things that have the same impact as what we traditionally think of as solitary confinement, the mental health impact, and the suicides that are going on—Florence McClure Women’s Correctional Center has had a rash of suicides and attempted suicides that have been going on regularly. We get letters from the women who say it is because people cannot stand being by themselves anymore, having no contact, and not being able to talk to their family. In our last meeting with NDOC, they talked about how they would like to clarify the language. I understand the differences between administrative segregation, disciplinary segregation, lockdowns, isolation and quarantine. Modified operations, which at the end of the day are, “We do not have enough staff, so we are continuing to isolate people as a safety and security risk.” We have to find answers to that because continuing to just isolate people and dealing with the mental health impact is not just or fair or humane.

I want to add this last thing. What Kevin Ranft from AFSCME said was on the right track about looking at a stakeholders table that brings all the voices together. Corrections officers are as deeply impacted by the things that are going on inside of Nevada prisons as incarcerated people, as families, and we need a shared space where we can find answers to these problems. I think we need to start looking at using alternative ways of dealing with community problems besides just incarceration. If we start using those alternative methods and start lowering our prison population, we can use that money to do something different. I am not a professional policy person, but to me, there are clear areas of consensus that if we work together, we can start to make some progress. That is all I have. Do you have anything else?

***Mr. Smith:***

There used to be a warden who worked at Southern Desert, and he had a slogan that said “The only thing we are going to stand up for is count.” As I leave, I would like him to watch me stand up and leave.

***Chair Scheible:***

Thank you. I am going to ask you to stay where you are because we get to ask questions. I think you are presenting in conjunction with the FFJC. I understand we have a representative in Carson City from FFJC. I will go ahead and let him share his insights with us, and then we will ask questions of the whole group.

***Mr. Shepack:***

I think Return Strong NV covered what we need to cover. What I produced for this meeting is a report on the cost of incarceration ([Agenda Item II C-1](#)). You should all have that

report. It references exhibits specifically. This report is intended to be informational only; there is no opinion. We have submitted a request and what we think should happen, but this report shows the cost of incarceration that was covered. Everything from the highest medical co-pay in the country to this debt is extremely concerning to us. One audit found an individual had over \$100,000 in debt. Collection rates range between .5 percent to 1.6 percent over the last three years, year-to-year. We are not collecting this debt; however, we are sending people out of prison with it. We need to find ways that are best practices. We need to look at other states and find ways to bring down these costs. A 66 percent markup is unacceptable on commissary items, especially on commissary items that people need, such as menstrual products or denture cream. We need to look at this in its totality. When we passed SB 22 (2021) unanimously in this body, we decided that we would protect families of the incarcerated financially. What our research since then has found is simply that the costs have shifted and that the costs are exorbitant in many areas. If anybody has any questions about the report specifically, I would be happy to field those. Otherwise, the impacted members of Return Strong NV are probably best suited to answer most of your questions.

***Chair Scheible:***

With that, I will go ahead and open it up to questions from members of the Committee. Anybody in Las Vegas? Senator Harris, go ahead.

***Senator Harris:***

I wanted to thank you all for coming and presenting and for doing such a great job. It is a pleasure to have you, and we appreciate you bringing this perspective to the Committee's attention. I am sure we will all consider the information presented as well as any potential legislation that you propose in due course. No questions. Thank you for being here.

***Chair Scheible:***

Are there any questions from Carson City?

***Assemblywoman Summers-Armstrong:***

I have no questions, Chair. Thank you to the presenters for their candor and courage.

***Chair Scheible:***

I have a quick question as a follow-up from a long time ago. I appreciate that Return Strong NV has been an important part of our community in the conversation for two years now. When you were talking about some of the expenses that people who are incarcerated face—like the medical co-pays, the other charges, the commissary charges, and the communications cost to make and receive phone calls—are people presently incarcerated able to access any kind of itemized bill or invoice to know what charges are being assessed on their account?

***Mr. Smith:***

We used to have a paper monthly statement, and you would be able to challenge it if something was wrong, but now you must pay to get that back if you find something wrong. On the kiosk, you can punch it in, and you will see they do not charge you right then. It could be a couple of months afterwards. Now they have taken your money and you did not know that was a couple of months ago. You have access to it whenever they post it.

***Chair Scheible:***

The reason that I am asking is to clarify that when we are talking about some of these figures, it is not that you are deducing that or guessing that. Somebody has actually looked at the kiosk and said, "Yeah, I went to medical on October 8, and here it is on November 8. It is a charge for \$8."

***Ms. Hocking:***

Are you asking if those fees have been confirmed? I believe the \$8 medical co-pay and the man-down co-pays definitely came through the FOIA, but there was not anything about the \$150 sports co-pay. There is some confusion with the \$4 co-pay because it is in letters from people that they are getting charged \$4 for prescriptions. We did not receive any of that in the FOIA, and we did not receive any information on the sports one, but we know of people who have paid it.

***Chair Scheible:***

Thank you.

***Ms. Williams:***

I would like to add one thing. When Eric passed away and I got his accounting statement for the money that was remaining on his books, they deducted from his books or his main account the medical co-pays. He was on a Boost energy drink-only diet, so he is getting charged for each drink, and it was crazy.

***Ms. Hocking:***

He had money left on his account, so instead of having it be a collection issue after the fact, they make sure to take all the money out even though he had passed away and had a child that that money would have gone to.

***Chair Scheible:***

Thank you for clarifying and sharing that with us. I think you know I echo my colleagues in thanking you guys for being here. I have one more question because I thought that you guys gave a great presentation about the aspects of an oversight committee or commission that would be necessary. I am wondering if you looked at other models or could point us to a state or a jurisdiction that has an oversight committee like the kind that you are envisioning.

***Ms. Hocking:***

There are a few, and I can get more information on it. I am going to be honest, in the past month, we became aware that this was even around, so we changed our whole presentation at the last minute. Washington is one state that we have been told has one of the strongest, and we are working with the national campaign called Unlock the Box. They have about 60 people across the country in 20 different states and everybody is in various phases of working on these things. Washington, New Jersey, and Connecticut have all implemented different oversight committees that have different strengths and different areas that still need work. We are also working with FAMM, which is doing a lot of prison oversight work.

When we are talking about the diversity of their staff, they are paid neutral staff and not connected to anything with NDOC. The way that it has happened before—I think it was in Connecticut—is they submitted suggestions of somebody who would be nominated to be on this board, and it included an incarcerated man, an incarcerated woman, somebody with a family member who is currently incarcerated, a medical expert, and a legal expert. A stakeholders' group made suggestions of who they would like to see on the panel, and then the legislative committee decided yes or no if those people were on the committee. I know that is how it happened in Connecticut. I do not know all the specifics with New Jersey and Washington. Those three states have some of the strongest oversight committees right now or use the best practices.

***Chair Scheible:***

Great. That is very helpful for us to look at examples of best practices. Thank you for your presentation. I do not see any more questions.

***Assemblywoman Summers-Armstrong:***

Several times, there has been this reference to a man-down charge. It was mentioned that this charge was \$150. I do not have a clear description of what a man-down is. What does that mean? Can someone please explain that to me?

***Mr. Smith:***

I believe a sports injury is the more expensive one, but a man-down is \$75. That is when the nurse must come see you or you must be taken to the infirmary. If you cannot breathe, they call a man down so the nurse could come see you and maybe put you on the cart and take you up to the infirmary. That is what is called a man down.

***Ms. Hocking***

I want to give some examples. People call man down, and it does not mean that somebody comes immediately. I want to make sure that we understand that. There is a young man who just recently passed away at HDSP who had what appeared to be a stomach bug. He was given a COVID-19 test. He was given cold medicine, and within five days from start to end he was brain dead. He actually had E. coli, but he was calling man down, and nobody came. The cell buttons were not working. There is a price to man down, but I want to be clear that to think that that is some type of emergency responsive process is not accurate.

***Chair Scheible:***

Thank you. Did you want to add something?

***Ms. Savon:***

I am a psychiatric nurse but also have a background with diabetes. A man down could also include someone who is in insulin shock or having a diabetic low blood sugar attack. It is important because you may have one night nurse on for the whole prison. Staffing in the state of Nevada, especially for all of our facilities, regardless if it is mental health—because I am a psychiatric nurse for the state—is a big issue right now. It involves the safety of inmates, corrections officers, peace officers, mental health staff, and nursing. It is something that we must look into and now be competitive with pay because if there are more places, especially Carson City, offering better salary, we are losing good people who could possibly make a good career choice and stay with the state. It is not going to be

resolved until we get that issue under control of making it a better working environment for everybody. Thanks.

**Chair Scheible:**

Thank you. Excellent information. Very helpful. I think that brings us to our conclusion of this agenda item. We appreciate you being here, and we will move on to our next agenda item. We are going to take a ten-minute break. I am going to ask for your indulgence as the members will be eating lunch up here on the dais while you present. We will give you our full attention, but we do not want to cause any undue delay.

[Return Strong NV submitted a redacted letter for the record ([Agenda Item X A-2](#)).]

**AGENDA ITEM XI—PRESENTATION FROM THE AMERICAN CIVIL LIBERTIES UNION AND THE MASS LIBERATION PROJECT RELATED TO CORRECTIONS IN NEVADA**

**Chair Scheible:**

We are going to move to the next agenda item. I know that the ACLU has graciously agreed to come back and present to us in August, but I was not sure about Mass Liberation Project. I am not seeing anybody coming to the podium. The invitation is also extended to Mass Liberation Project to come back in August, and we will follow up with you offline with all those details and make it official.

[Lilith Baran, ACLU Nevada, and Jagada Chambers, Mass Liberation Project, submitted the following meeting materials for the record:

- A presentation on corrections, recommendations and reflections ([Agenda Item XI A-1](#)); and
- A link to a report by Partnership for the Public Good titled *Save Money, Save Lives: An Analysis of the Fiscal Impact of the HALT Solitary Confinement Act* ([Agenda Item XI A-2](#)).]

[Lilith Baran, ACLU Nevada, submitted an overview of SB 187 (2017) ([Agenda Item XI A-3](#)).]

[Lilith Baran, ACLU Nevada, and Jagada Chambers, Mass Liberation Project, submitted the following meeting materials for the record:

- A link to a report by the Vera Institute of Justice titled *The Safe Alternatives to Segregation Initiative: Findings, Recommendations, and Reforms for the Nevada Department of Corrections* ([Agenda Item XI A-4](#)); and
- NDOC Administrative Regulation 494 ([Agenda Item XI A-5](#)).]

**AGENDA ITEM XII—PUBLIC COMMENT**

**Chair Scheible:**

We will move on to the final item on our agenda, which is public comment. There is no one in Las Vegas to give public comment. Is there anybody in Carson City wishing to give public comment at this time?

***Tonja Brown, Advocate for the Inmates and the Innocent:***

During the February/March meeting, under public comment, we presented this Committee with our recommendations in the criteria. We have also submitted them to LCB by today's deadline for the August workshop. We hope that you will consider and pass our recommendations. For those who do not know the history of why I become an advocate, I will make it brief. My brother spent 21 years incarcerated for a crime he did not commit. In 2009, the Washoe County district attorney (DA) was ordered by the court to turn over the DA's file in my brother's case. In the file were the handwritten notes of the prosecuting attorney showing he never turned over the exculpatory evidence that shows there was another suspect who disappeared the day after the crime occurred. Just as my brother's attorneys were about ready to file motions for a new trial and bail, Mr. Klein, my brother, passed away from lack of medical care. That is how he died. Two years after my brother's death, I hired a private investigator to locate the Sparks Police Department prime suspect. The information that was provided to the private investigator by the suspect would support my brother's claims of innocence.

I want to discuss Return Strong NV. I thought they did a wonderful presentation. There were questions asked by the Committee, and I think maybe I can answer a couple of those. With the oversight committee, I see that they had a lot of things that we had prior to the passing of SB 201 in 2011. There were some additional things that have never been touched on, but it was raised in this Committee. One of those was the modeling. According to Mr. Kant in 2002, they were looking to "an inmate mediation program upon the successful program for the federal inmates." That is how they were going to model it. There were questions about—it might have been Assemblyman O'Neill who brought up grievances in the process. Because of the wrongful death suit, I was able to obtain a copy of the NDOC file that deals with the offender's summary information, everything, and anything that the inmate does. When an inmate files a grievance and proceeds forward, it is appealed and goes through the process, when you look at the file, you think it is over with. He got the grievance. He was disciplined and everything else. What it does not show is that that person has litigated, took it to court, and won. How this is detrimental to the inmate is because it is not removed from the file. That information about all these grievances and everything else is now submitted to the Parole Board and to a pardons board. When they are asked about these grievances, they cannot argue it, or they just assume that is it. In 2000, what came out of the wrongful death suit—I discovered in 2011, that in 2007 when the notice was implemented, according to testimony, it flipped and put false felony charges in inmates' files. I still get complaints, and there are still court proceedings going on about inmates who got false charges in their file due to this notice.

***Chair Scheible:***

It has been three minutes now, if you can wrap it up.

***Tonya Brown:***

There are some other issues. I will follow up with the OAG and look into what they are going to be doing. Perhaps they can come next time, talk to you about it, and maybe get some funding if they do not have the funding.

***Chair Scheible:***

Thank you for sticking with us to make public comment at this late hour. It looks like there is someone else in Carson City. Please go ahead whenever you are ready.

***Pamela DelPorto, Executive Director, Nevada Sheriffs' and Chiefs' Association:***

I would like to request that additional information be obtained from the outlying counties in regard to their jails and mental health. They need some help. They would request long-term housing. They will be more than happy to collaborate with any process and procedure to get the assistance they need.

***Chair Scheible:***

Thank you. We appreciate that. I do not see anybody else in Carson City for public comment. We will go to the phones.

***BPS:***

Chair, your line is open and working, but there are no callers who would like to give public testimony at this time.

***Chair Scheible:***

That brings us to the conclusion of our agenda for today. We will have our final meeting on August 12, 2022. The new format for that will be informational conversations and presentations in the morning, and then we will have our work session in the afternoon. As usual, we will take a very short break in between them, and as usual, we will try to accommodate any scheduling necessities or changes.

I want to thank everybody for sticking with us at this late hour. I apologize to people who had to wait a very long time today and especially to the people who got bumped to August. I hope you understand that it is not for lack of interest in what you have to say but the opposite. We want to be able to listen to you in August, ask questions, and give you the time that you deserve. My apologies to the people who got cut short today. Do not worry; we will still follow up with you with questions.

### **AGENDA ITEM XIII—ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 5:30 p.m.

Respectfully submitted,

---

Julianne King  
Assistant Manager of Research Policy  
Assistants

---

Patrick Guinan  
Senior Principal Policy Analyst

APPROVED BY:

---

Senator Melanie Scheible, Chair

Date: \_\_\_\_\_



## MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<a href="#">Agenda Item II A</a>	Christie Kovello, Member, Return Strong NV	Public Comment
<a href="#">Agenda Item II B</a>	Nicole Williams, Member, Return Strong NV	Public Comment
<a href="#">Agenda Item II C-1</a>	Nick Shepack, State Deputy Director, Fines and Fees Justice Center (FFJC)	Preliminary Report on the Cost of Incarceration in Nevada
<a href="#">Agenda Item II C-2</a>	Nick Shepack, State Deputy Director, FFJC	Sample of Nevada's Department of Corrections (NDOC) Commissary Markup and Keefe Contract Amendment
<a href="#">Agenda Item II D</a>	Kiera Rashaun, Member, Return Strong NV	Public Comment
<a href="#">Agenda Item II E</a>	Ann Z. Cox, J.D., Member of the Public	Public Comment
<a href="#">Agenda Item II F</a>	Annemarie Grant, Advocates for the Inmates and the Innocent	Public Comment
<a href="#">Agenda Item II G</a>	Nancy Farrey, Member of the Public	Public Comment
<a href="#">Agenda Item II H</a>	Morgan, Member of the Public	Public Comment
<a href="#">Agenda Item II I</a>	Desiree, Member of the Public	Public Comment
<a href="#">Agenda Item II J</a>	KaTia Cambell, Member of the Public	Public Comment
<a href="#">Agenda Item II K-1</a>	Mercedes Maharis, Member of the Public	Public Comment
<a href="#">Agenda Item II K-2</a>	Mercedes Maharis, Member of the Public	Press Releases
<a href="#">Agenda Item II L</a>	Sherida Devine, M.N.M., L.M.S.W., Prison Education Program Manager, Office of Academic Affairs, College of Southern Nevada	Public Comment

<b>AGENDA ITEM</b>	<b>PRESENTER/ENTITY</b>	<b>DESCRIPTION</b>
<a href="#">Agenda Item II M</a>	Kimberly, Member of the Public	Public Comment
<a href="#">Agenda Item II N</a>	Yared Retta, Member of the Public	Public Comment
<a href="#">Agenda Item II O</a>	Lisa Foley, Member of the Public	Public Comment
<a href="#">Agenda Item IV A-1</a>	Kate Bryan, Policy Analyst, National Conference of State Legislators (NCSL)	PowerPoint Presentation
<a href="#">Agenda Item IV A-2</a>	Ashley Krider, M.S., Senior Project Associate, Policy Research Associates, Inc.	PowerPoint Presentation
<a href="#">Agenda Item IV B</a>	Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services	PowerPoint Presentation
<a href="#">Agenda Item IV C</a>	Christy Butler, Supervisor, Mobile Outreach Safety Team (MOST), Washoe County Human Services Agency; and Ryan Connelly, Lieutenant, Reno Police Department (RPD)	Information on the RPD's MOST
<a href="#">Agenda Item V A-1</a>	LaShawn Smith, CCS III, Acting Assistant to Director, NDOC	PowerPoint Presentation
<a href="#">Agenda Item V A-2</a>	Kirk Widmar, Chief, Offender Management Division, NDOC	Sentencing Credit Examples
<a href="#">Agenda Item VI C</a>	Scott Iacoboni, Captain, Washoe County Sheriff's Office	PowerPoint Presentation
<a href="#">Agenda Item VI D</a>	Scott Zavsza, Lieutenant, Detention Services Division (DSD), Las Vegas Metropolitan Police Department	PowerPoint Presentation
<a href="#">Agenda Item VII A</a>	Daniel Crossman, Legislative Auditor, Audit Division, Legislative Counsel Bureau (LCB); and Eugene Allara, Audit Supervisor, Audit Division, LCB	Audit Report
<a href="#">Agenda Item VII B</a>	Warren Lowman, Administrator, Division of Internal Audits, Office	Audit Report

<b>AGENDA ITEM</b>	<b>PRESENTER/ENTITY</b>	<b>DESCRIPTION</b>
	of Finance, Office of the Governor	
<a href="#">Agenda Item IX A-1</a>	Victoria Gonzalez, Executive Director, Nevada's Department of Sentencing Policy (DSP)	PowerPoint Presentation
<a href="#">Agenda Item IX A-2</a>	Victoria Gonzalez, Executive Director, DSP	Sentence Credit Guide
<a href="#">Agenda item IX A-3</a>	Victoria Gonzalez, Executive Director, DSP	AB 241 (2021) Sentence Credit Guide
<a href="#">Agenda Item X A-1</a>	Jodi Hocking, Founder/Organizer, Return Strong NV	PowerPoint Presentation
<a href="#">Agenda Item X A-2</a>	Jodi Hocking, Founder/Organizer, Return Strong NV	Redacted Letter
<a href="#">Agenda Item XI A-1</a>	Lilith Baran, American Civil Liberties Union (ACLU) Nevada; and Jagada Chambers, Mass Liberation Project	PowerPoint Presentation
<a href="#">Agenda Item XI A-2</a>	Lilith Baran, ACLU Nevada; and Jagada Chambers, Mass Liberation Project	A link to a report by Partnership for the Public Good titled <i>Save Money, Save Lives: An Analysis of the Fiscal Impact of the HALT Solitary Confinement Act</i>
<a href="#">Agenda Item XI A-3</a>	Lilith Baran, ACLU Nevada	Overview of SB 187 (2017)
<a href="#">Agenda Item XI A-4</a>	Lilith Baran, ACLU Nevada; and Jagada Chambers, Mass Liberation Project	A link to a report by the Vera Institute of Justice titled <i>The Safe Alternatives to Segregation Initiative: Findings, Recommendations, and Reforms for the Nevada Department of Corrections</i>
<a href="#">Agenda Item XI A-5</a>	Lilith Baran, ACLU Nevada; and Jagada Chambers, Mass Liberation Project	NDOC Administrative Regulation 494

The Minutes are supplied as an informational service. All meeting materials are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/Library/About/Contact/feedbackmail.cfm>.