



**STATE OF NEVADA  
DEPARTMENT OF SENTENCING POLICY**

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**NEVADA LOCAL JUSTICE REINVESTMENT  
COORDINATING COUNCIL**

**MINUTES DRAFT**

**Date and Time:**

**August 3, 2022**

**Location:**

**VIRTUAL ONLY**

**MEMBERS PRESENT**

Jeff Clark  
Demar Dahl  
Dorothy Rowley  
Brenda Ingram  
Julia Murray  
Elliott Sattler  
Tick Segerblom  
Denni Byrd -- Vice Chair  
Garrit Pruyt – Chair

**MEMBERS EXCUSED**

Art Clark  
Ken Gray  
Curtis Schlepp  
Bryce Shields  
Dylan Frehner  
McKinzie Hilton  
Tim Hipp  
Clinton Zens  
Erik Levin

**STAFF**

Executive Director Victoria Gonzalez  
Jorja Powers, Policy Analyst  
Erasmus Cosio, Management Analyst II  
Jose Sepulveda, Administrative Assistant

## 1. Call to Order / Roll Call

**Chair Garrit Pruyt:** All right, good afternoon, my name is Garrit Pruyt and I am the Chair of the Nevada Local Justice Reinvestment Coordinating Council. And I will now call our August 3, 2022, meeting to order. I am happy to see all of those who made it and hope that we have a few more join us. I would like to also welcome those who are viewing online at the Department of Sentencing Policy YouTube channel. This is the fourth meeting of our 21-23 meeting cycle I will now ask Director Gonzalez to take roll.

(ROLL CALL IS CONDUCTED BY DIRECTOR GONZALEZ; QUORUM IS NOT MET)

## 2. Public Comment

**Chair Pruyt:** This will take us to the second portion of our meeting which is our first item of public comment. We designate two periods of public comment at each meeting, one at the beginning and one at the conclusion of the meeting. Members of the public have two options for submitting public comment. First members of the public may do so in writing or by emailing the Department of Sentencing Policy at [SentencingPolicy@ndsp.nv.gov](mailto:SentencingPolicy@ndsp.nv.gov). Public comment received in writing will be provided to the Commission and be included by reference in the minutes of the meeting.

Members of the public who wish to testify may also do so by telephone. Due to time constraints, public comment is limited to two minutes per person. Any member of the public that exceeds the two-minute limit may submit additional comments in writing to the Department of Sentencing Policy. At this time, I will ask staff to manage and direct those who wish to testify by telephone.

**Jose Sepulveda:** Thank you, Chair Pruyt. Members of the public who would like to testify by phone, press star nine to raise your hand. When it's your turn to speak, please slowly state and spell you first and last name. At the moment we don't have anyone waiting.

**Chair Pruyt:** All right, thank you. With no public comment to be had that'll actually close out our first period of public comment and we will move on to our next agenda item.

## 3. Approval of the Minutes of the Meeting of the Nevada Local Justice Reinvestment Coordinating Council held on May 4, 2022

**Chair Pruyt:** As listed on your agenda that would be approval of minutes however as we do not have a full quorum to do so, we will table that item and trail it to a later part of our meeting.

## 4. Update on Collection of Jail Data from Each County in Nevada

**Chair Pruyt:** This is the update on collection of jail data form each county in Nevada. Over the last several months, our staff at the Department of Sentencing Policy presented a project and plan to work with each jail in our state to assist data collection and data sharing capabilities amongst our jails. At this time staff will present an update on this project and what we can expect over the next few months as the project continues. It looks like Mo Cosio from NDSP will be presenting, please proceed.

**Erasmio Cosio:** Hello Council Members, my name is Mo. I'm the new Management Analyst here with the Nevada Department of Sentencing Policy. I just want to let everybody know that after a brief pause due to a vacancy, this project is now back up and running. A quick recap of the project, so back in March we sent out an inventory 2 survey. The purpose of this survey was to evaluate and assess counties with the purpose of collecting data from their jail systems. So as far as our records show, we have 9 completed surveys and I wanted to take this time to thank those 9 counties. We have Carson City, Churchill, Clark, Esmeralda, Eureka, Humboldt, Lincoln, Nye, and Washoe; so thank you to those 9. We will begin to schedule sit along with each county to see firsthand how the data is maintained. So, if anybody has any questions regarding this matter, I'll be the point of contact from here on and I wanted to thank everyone for letting me be here today.

**Chair Pruyt:** All right, thank you. Are there any questions for Mr. Cosio?

**Demar Dahl:** I think Elko should have been on that list. I think we did submit.

**Mr. Cosio:** All right so I will double check my records and I will get back to you on that but thank you for letting me know.

**Chair Pruyt:** Any additional questions on this item? Alright seeing no additional questions or comments on this item I will close this agenda item.

## **5. Presentation on Programs and Treatment Available to Justice-Involved Individuals**

**Chair Pruyt:** That will move us onto our fifth agenda item which is Presentation on Programs and Treatment Available to Justice-Involved Individuals. As we know the statutory mandate for our Council includes identifying needs for county-level programming and treatment for justice-involved individuals and identifying opportunities for collaboration with the Department of Health and Human Services. Today we will hear from Dr. Stephanie Woodard from the Department of Health and Human Services with information about such programming and treatment needs and the opportunities for collaboration between this Council and the Department of Health and Human Services. Dr. Woodard the time is now yours.

**Dr. Stephanie Woodard:** Good afternoon, thank you everyone for inviting me here to speak with you today. I will be walking through the Sequential Intercept Model with you. It's a model that I'm sure many of you are very familiar with. My goal here is to really highlight the primary achievements that we've been able to make through investments in both state general funds as well as block grant dollars and Medicaid funding to expand the access to behavioral health services to individuals who are both at risk for criminal justice involvement as well as those who are involved in the criminal justice system.

So many of you are probably very well aware of this model but I do think that it is important to continuously ground ourselves in the model. What it does is it helps us to understand that there are many different opportunities along the continuum where we can have an opportunity to engage with individuals that are both at risk or involved in the criminal justice system. Different intercepts require different opportunities for intervention and crafting those intervention specifically to meet people where they are at within the criminal justice system is one of our core goals.

So, we know that when we can effectively encounter individuals with the Intercept Model we are able to reduce substance use, unnecessary incarceration, recidivism, risks to public safety, costs for incarceration, racial disparities, overdoses, suicide, poor treatment outcomes, and a burden on public safety and judicial systems to address behavioral health needs. One of my primary goals in my role as the Department of Health and Human Service's Senior Advisor on Behavioral Health is to actively bridge the gap between the judicial and criminal justice systems and behavioral health. We're often times working with people, the same people, sometimes in very different ways, but our two systems do work collaboratively together. The more that we can work to develop synergy between those two, systems the better off that those systems are as well as the individuals that they serve. Since this is the Reinvestment Council, I'm sure you're all very aware of AB 236

but I do take this as an opportunity to just demonstrate that this legislation was really intentional in ensuring that we were having communication between the Department and this Council as well as the Sentencing Commission to ensure that we are increasing communication and opportunities for collaboration.

So, when we are designing services and supports specifically for individuals with behavioral health conditions through out the Sequential Intercept Model, we really do prioritize the risk, need, and responsivity model. It is present throughout the legislation and really is one of the foundational principles in the development of programs. Primarily because we recognize that we have to balance both the needs of the individual and their treatment requirements as well as the needs for maintaining public safety. When we look at Intercept 1 Community-Based Services these are typically services that are available to anyone and everyone and does not require involvement within the criminal justice system. This is where law enforcement can assist with warm handoffs to local crisis care services with the primary goal of connecting people with treatment or services instead of arresting or charging an individual with a crime.

Examples that we currently have today in Nevada, as it relates to deflection include our crisis call centers. Certainly many of you are familiar with 911 the three-digit telephone number that we all use in the event of an emergency. We recently just converted to a three-digit number for individuals who are having a behavioral health crisis and that is 988. Essentially for 988 approximately 90% of the individuals that call our crisis hotline are able to be deescalated and no further additional intervention is warranted. We also have an opportunity to build out a crisis continuum of care. In this crisis continuum includes everything from the call center to mobile crisis to crisis stabilization.

We have our Crisis Response Teams (CRT teams); this team specifically is located in the city of Las Vegas it's a co-responder model where we have behavioral health providers embedded within Las Vegas Fire and Rescue and within an EMS team. So, when they're encountering individuals in the community that clearly have a behavioral health need, they're able to provide active intervention on the street where that individual is at and for many individuals there is no need to continue to transport to a hospital for a further intervention. We also have Mobile Crisis Teams and Mobile Outreach Safety Teams the state has been funding mobile outreach safety teams which is a co-responder model with behavior health and law enforcement for several years now and we have it in a handful of jurisdictions across the state.

We've been supporting crisis intervention training for law enforcement as well as overdose education and Naloxone Leave Behind Programs. Washoe County Sheriff's Office was the first law enforcement agency to adopt this model. Essentially allows anyone in law enforcement while they're out in the community to identify individuals that may benefit from Naloxone and be able to leave that Naloxone behind with them. Homeless Outreach Safety Teams are also embedded in communities actively engaging with individuals who are homeless who may also have additional social support or treatment needs, and then of course partnering with this committee and others to help lift a behavioral health field response grant program.

So, a little bit about the crisis system that were developing in Nevada, convened a large party of stakeholders which include law enforcement and the justice system, elected officials, advocates, individuals with lived experience as well as behavioral health providers and hospitals to really flesh out and design what the crisis response system in Nevada needs to look like. The goal is to reduce behavioral health crises. We strive to attain zero suicides in our state and to provide a pathway to recovery and well-being. The mission is to have immediate access to effective and culturally-informed in formed behavioral health services, crisis services, and suicide prevention.

So, when we think of a crisis continuum we're thinking about three primary rungs on a ladder but there are many different services and supports that are actually between these levels of care. The first is to have someone to talk to and that is the 988 behavioral health emergency number that I have mentioned before. That previously was the 10-digit national suicide prevention lifeline number and was recently converted at a national level through national legislation that was passed in 2020 to ensure that we have an easy to

remember a 3-digit number. We also know that we need someone to respond to go to an individual who's in crisis, when and where they are experiencing crisis to be able to provide an effective intervention for that individual through mobile crisis response teams. We also are looking to change the front door for those individuals who are in crisis to reduce unnecessary incarceration or hospitalization from jails and emergency rooms to what we call crisis stabilization centers. So also recognizing that people do often need a place to go when they are experiencing a crisis and throughout all the rungs on the continuum, we recognize that there is a need for essential crisis principles and practices including best practices such as zero suicide. So, as I mentioned 988 just went live in Nevada and nationally July 16, 2022. Our in-state call center has already seen an influx of calls with some of the national media and marketing that has occurred. Essentially as you are experiencing an emergency, you would call 911 if you needed fire, police, or ambulance but if you are experiencing a behavioral health emergency or suicidality you would call 988. We are currently working actively with all of the PSAP's across the state to really talk about how these two systems will work together and integrate, recognizing that there are going to be times that individuals will call 988 when they really do need a primary emergency response through 911 and similarly working to help PSAP's identify individuals who are calling 911 for whom a behavioral health intervention would be more appropriate so those calls could be diverted to 988.

988 is considered the foundation of crisis care; currently we know that in many of our jurisdictions where we do not have behavioral health-focused mobile crisis teams or crisis stabilization centers the default typically is that if an individual is calling 911 and they are in some kind of acute behavioral distress, that law enforcement is deployed into the community to interface with that individual. Hopefully the police officer or police officers that are interfacing with that individual have been trained at least in crisis intervention and understand basic de-escalation skills but what we also know is that we have a disproportionate number of individuals who are then initiated on a civil commitment or a legal hold. This creates a number of problems not the least of which is they will then be transported to the emergency room where the average individual is boarded in that emergency room anywhere from 18 hours to days.

On any given day in Nevada, we have approximately 90 adults waiting in emergency rooms across our state waiting for inpatient beds to become available to them. More often than not that legal hold is actually expiring while they are residing in the emergency room and in the emergency room relatively few are actually receiving specific crisis care let alone any active intervention for suicidality. So, what we see is a very big cycle of individuals who are experiencing crisis who are not receiving the care that they need only to be released back into the community without further treatment or supports. And so, what we're trying to do is establish a continuum in our community that really starts with that 911, 988 response where we can have behavioral health mobile crisis teams deployed into the community. So, 80-90 percent of individuals who call the line, their crisis can be resolved. But for those who need additional intervention, mobile crisis teams would be deployed. We know that where they have done this in other states about 70 percent of those field interventions are actually able to be resolved with the remainder typically needing transport to a crisis stabilization center. Of those that go to a crisis stabilization center there are certainly some where a legal hold or a voluntary admission to inpatient is needed but for the vast majority, we know that we can have them discharged safely back into the community and there they typically do remain stable.

With our crisis response partnerships approximately 10-15 percent of 911 calls nationally are estimated to be crisis or mental health-related. 988 is not to supplant or substitute a public safety resource but rather divert non-medical suicide or mental health or even substance use related calls out of the 911 system into the behavioral health professionals.

Moving on to deflection programs in AB 236, this is already spelled out legislation that you're aware of ensuring that we have law enforcement officer training, reinvesting the cost averted, and then prioritizing recommendations for that behavioral health field response grant.

Intercept 1 is diversion or pre booking; this is really also typically performed in the community by law enforcement and other emergency service providers who are responding to individuals with a behavioral health emergency. If they are able to be diverted into treatment as opposed to arrested or booking, we would consider that a jail diversion. Examples of those programs in Nevada include the Law Enforcement Intervention for Mental Health and Addiction (LIMA). We've been partnering with Las Vegas Metro for a handful of years now where they are successfully intervening with individuals in the community who clearly have a treatment need and if that individual is ready, willing, and able to engage in care, they are able to very quickly get that individual to the care that they need including transitional housing with wrap around behavioral health supports or residential treatment. Again, some of the same interventions that I mentioned earlier for deflection are the mobile crisis team, MOST and co responder models where you have behavioral health embedded with law enforcement. We also have civil protective custody for those individuals who are found to be intoxicated in the community and really do need a safe environment to withdraw, crisis stabilization centers, crisis triage centers, and the behavioral health field response grant.

So, the Mobile Outreach Safety Teams are the co-responder model for law enforcement and behavioral health. This really primarily a handful of teams that we've been funding for the last several years and you can see the volume of individuals that they are interfacing with on a monthly basis. So, this volume is not small, and the primary goal is to ensure that individuals are met with a compassionate response that can quickly screen and evaluate their needs for treatment and hopefully divert them into care and away from the criminal justice system.

A little bit about the LIMA program, this is a program that I highlight because the outcomes that they have demonstrated are incredibly positive and I do believe that this is a model that can be replicated statewide and even grown across the Las Vegas and Clark County areas. So, it is a partnership between Clark County 8<sup>th</sup> Judicial District and Las Vegas Metropolitan Police Department and is funded by the Division of Public and Behavioral Health. Patients are referred to services based on their needs including withdrawal management. Treatment services including those that have co-occurring mental health conditions, they provide collaborative case management, weekly meetings with the case manager and treatment team, they connect people to temporary and transitional or permanent housing, they're also assisting individuals with securing vital documents such as birth certificates and social security numbers which are incredibly important for individuals regaining some of the self-sufficiency that's necessary for recovery, and establishing a positive support system.

Intercept 2 are initial detention or court hearings. Often times this is an area that is forgotten about where we actually still can provide some nicely developed evidence-based practices to help to support individuals who have come in contact with the criminal justice system and are moving through some of those proceedings. That includes pre-trial community supervision, forensic assessment services and triage teams--these are jail-based teams that are providing comprehensive behavioral health assessments to help to guide treatment both in the jail but also if the individual is released--and then the pre-sentencing investigation reports. So, a little bit more on the Forensic Assessment Services Triage Teams (FASTT), we are funding programs currently in Douglas, Lyon, Churchill, and Carson City and these are partnerships with local jails and community behavioral health providers. Participants are referred to services based on their needs including substance use disorder treatment, mental health, collaborative case management, and connections to temporary and permanent housing.

Court and jail-based care, an essential component as well throughout the intercept, this is known as Intercept 3, so this is occurring post-booking. The goal of these programs is to ensure treatment for substance use and co-occurring disorders. Examples of these include jail-based withdrawal management, opioid treatment programs, behavioral health treatment programming within jails, medication management, and specialty courts. An example of this would be Washoe County Detention Center. Under the direction of Sheriff Balaam, the Washoe County Detention Center has developed Nevada's first and only opioid treatment program. This

program offers all three FDA-approved medications for the treatment of opioid use disorder. What they have done is they have moved away from a detox or withdrawal only model where many jails are providing comfort care to assist individuals that are experiencing acute detoxifications or withdrawal symptoms but are not actually looking to establish that individual on long term medication maintenance for the treatment of an opioid use disorder. What we have found the research has borne out time and time again, is that this model is actually incredibly dangerous and can contribute to significant risk for relapse and overdose. Washoe County Detention Center had recognized the need to change their practices and started initiating medications for the maintenance of medication management for opioid use disorder and moved to build this program in their jails. Patients are offered screening so that we understand their risk for withdrawal; they're initiated on medication assisted treatment for withdrawal symptoms, but that treatment is maintained and then they are referred to the community for maintenance therapy and recovery supports upon discharge from the jail.

Intercept 4 is classified as Re-entry these services include linkage and referral to community-based services and supports as individuals are reentering into the community. This can include eligibility determinations and benefit enrollment which are really the best practices. If an individual is coming into the criminal justice system and is not currently connected with insurance including Medicaid, it is imperative that if that individual qualifies that they are made eligible. This only adds to the ability for them to actively engage in a continuity of care as they are discharged. Examples of reentry programs in Nevada include ensuring that individuals who are eligible for Medicaid, TANF, SNAP, and other eligibility benefits are actively enrolled. Also, the 8<sup>th</sup> Judicial District has a reentry court that is actively working for individuals that are transitioning out of the Department of Corrections back into the community, residential treatment, and transitional living programs. So, I will just highlight here the 8<sup>th</sup> Judicial District Reentry Court this is in partnership with the Nevada Department of Corrections and the 8<sup>th</sup> Judicial District. This is a grant funded program that helps to reduce the occurrences of overdose and relapse in individuals that are reentering the community following the release from prison. Participants in this program are identified prior to release and are referred to services based on their needs including medication-assisted treatment, a whole range of treatment services, collaborative case management, connection to housing, assistance again with securing vital documents, and establishing a positive support system.

Intercept 5 Community Corrections, many of you are aware of what occurs with Community Corrections including supervision through parole and probation as well as adjunct services through treatment and recovery supports. So, I won't go into AB 236 very deeply because I know that this group is very well versed, but really the legislation and the imperative around ensuring that there are training requirements on evidence-based practices, requiring the petition for early discharge from a person for parole, requirements for reentry planning and coordination with state services, and ensuring that a positive drug screen should not be the sole reason for revocation of supervision. All of these are predicated on what has been identified as evidence based to ensure that individuals who have qualified for community supervision programs are met with ensuring that their treatment needs are adequately being addressed. Often times what we find is when individuals have a relapse while they are on community supervision, what that is more of an indication of is that their treatment plans need to be reevaluated and that individual will benefit from supports to reengage in that care versus having them reincarcerated.

The pathways to the treatment model this is a model that I think a picture is worth a thousand words, as they say, really does put it into a nice picture. So, you've got law enforcement and the treatment systems really on opposite sides of the bridge, but it is the reinforcement on each of those sides that helps to hold up the scaffolding of the bridge which really is ensuring that we've got case management, collaboration, and systems communication and that they work collectively together to identify and screen individuals to ensure that individuals are receiving thorough assessments, that there is referral and placement into treatment available, that there is ongoing monitoring and reporting, and that recovery support services are also part of the continuum. With that I will open it up for questions?

**Chair Pruyt:** Any questions or comments for Dr. Woodard?

**Tick Segerblom:** It looks fantastic hopefully we can fund it throughout the state but we're obviously trying to do stuff and so hopefully this is a presentation the Legislature is going to see in February.

**Dr. Woodard:** Thank you, so if I may, I actually had the opportunity to do this exact presentation for the Interim Joint Committee on Health and Human Services just a few months ago. I think that's actually where Victoria had seen the presentation and thought that it would be a value to bring to this Committee, but certainly if there's additional information that I can provide on any of the programs that I provided an overview on today please let me know and we can get that information to you.

**Vice Chair Denni Byrd:** On that Reentry Court that they're using is there a judge then presiding over that Reentry Court because it seems a little backwards to me but I'm very intrigued by it?

**Dr. Woodard:** There is. I do not know the Judge's name off the top of my head but that is information that I can get for you.

**Vice Chair Byrd:** Interesting way to come full circle.

**Dr. Woodard:** Yes, so what I would say is when we started funding a reentry program, it was not part of the Reentry Court and what we ended up finding was that prior to an individual successfully making it from the doors of the prison upon reentry to the treatment provider, we were actually losing several individuals. They were relapsing. There were several that had actually had fatal overdoses and so we recognized that we needed to bring these two systems much closer together to be able to provide the support necessary for people to make that reentry more successful. So, this really was a collaboration where we had seen this occurring in the community and the courts really stepped forward and wanted to be part of the solution. And so collectively we sat down and collaborated on what this model might look like and thus far it's been relatively successful in ensuring that we aren't not losing people as they reenter, and we are giving them the support that they need to fully reintegrate back into the community.

**Vice Chair Byrd:** I kind of envisioned it as an extra team to help parole move those people back in but thank you.

**Chair Pruyt:** Dr. Woodard is there an amount of funding that would be helpful or beneficial to continue or to expand the programs that you have been discussing here?

**Dr. Woodard:** Thank you for the question and it's a great one. I would say that while I've been able to identify really some amazing programs that we have in the state, none of them are to scale. We know that we have variable uptake in a lot of different strategies. I would say that diversion and deflection certainly are areas where additional support could be very beneficial. We actually were able to bring in a grant to embed iPads with law enforcement out in our rural and frontier communities so that when they're interfacing with individuals in a behavioral health crisis, that individual can be evaluated. What we're doing is trying to pull together all of the funds that we have available, but I can tell you it's nowhere near sufficient. It would be very difficult to identify only one strategy, one intercept to be able to intervene with because we know that it really is working with individuals across the intercept model that you really do get the greatest return on investment. If there is something specific that I can help you get even if it's just cost estimates for programs that we're currently funding, I'd be happy to find that information for you.

**Chari Pruyt:** I think cost estimates if you're able to would be very helpful just so we can have an idea on certainly for different members of counties across the state on what it may look like when we put it to scale for those types of counties to have a better expansion.



**Dr. Woodard:** Yeah, so if there's specific programs that you're most interested in that we're already funding I can work with my team to get that information for you.

**Chair Pruyt:** Thank you, are there any additional questions for Dr. Woodard.

**Demar Dahl:** What's the best way to contact Dr. Woodard?

**Dr. Woodard:** Email is my best way, it's [swoodard@health.nv.gov](mailto:swoodard@health.nv.gov).

**Chair Pruyt:** All right seeing that we have no more questions, I would like to thank Dr. Woodard for her presentation.

**Elliott Sattler:** Chairman I do have not a question but a comment. Washoe County also does have a prison reentry program. Judge Steinheimer is currently supervising that program. I believe Judge Breen was doing it for many years, but we have a similar program and if there are any questions certainly, I'm sure Judge Steinheimer would be happy to assist in discussing the model we have here in Washoe County.

**Chair Pruyt:** Thank you so much for that additional information. Any other questions or comments at this point? All right well thank you again Dr. Woodard that was excellent information and certainly a great compilation of everything that is taking place across the state so incredibly helpful and at this point we look forward to continuing to work with you and getting additional information and we are going to now close this agenda item.

## **6. Discussion and Approval of Request for Appropriation to Fund Grants Overseen by the Nevada Local Justice Reinvestment Coordinating Council**

**Chair Pruyt:** This would take us to agenda item number 6 at least to go through it as far as we can. This is Discussion and Approval of Request for Appropriation to Fund Grants Overseen by the Nevada Local Justice Reinvestment Coordinating Council. Another one of our statutory mandates is to make recommendations to the Sentencing Commission regarding grants to local governments and nonprofit organizations from the General Fund. The purpose of these grants will be to fund programs and treatments like many of those that we have just seen in Dr. Woodard's presentation that can be utilized throughout the state and recommended by this Commission. If approved by the Sentencing Commission the recommendation will be included in the budget request submitted by our staff at the Department of Sentencing Policy. At this time, I am going to turn the time over to Director Gonzalez to present a good bit of additional information and ideas regarding our request and then we will move possibly to a motion to approve. Hopefully we'll get someone back here on the line so we can take care of that item of business but for now I will pass the time you, Director.

**Director Gonzalez:** Thank you Chair, I have included slides with your materials. I am also going to share those now. So, before we get to some of the more specific ideas for this Coordinating Council, I want to provide a quick summary of the Projected Amount of Costs Avoided Report that was approved by the Sentencing Commission and submitted to the Governor and the Legislature on August 1<sup>st</sup>. A copy of that report has been included with your materials and is available on our website. The Sentencing Commission is required to calculate the cost avoided resulting from the enactment of AB 236. The policies of AB 236 are intended to slow the growth of the prison population while reducing recidivism and maintaining public safety. As enacted, AB 236 promised to save over \$640 million in corrections costs from 2018 to 2028. A significant amount of the costs that could be saved are attributed to avoiding the need to build an additional prison and remodeling existing facilities to fit more prison beds. As of May 31<sup>st</sup>, the prison population is the lowest it has been since 2000. The findings in the report show that based on the current prison population and the projected prison population, we will not need to build a new prison or remodel any existing facilities to accommodate more prison beds for at least the next 10 years. This means that the state is on track to avoid \$470 million in corrections construction costs. The report also finds that the state is on track to avoid \$170 million in additional corrections costs which rudimentarily calculates to \$21 million per year. The Commission

recommended investing \$42 million of the initial amount of costs avoided for the last 2 years since AB 236 went into effect.

The report identifies that the Commission specifically recommended that funding be prioritized to the following reentry, vocational, educational, substance use, transitional work, and mental health programs at the Nevada Department of Corrections. Reentry services and treatment programs at the Nevada Division of Parole and Probation, behavioral health field response programs implemented by the Peace Officer Standards and Training Commission, the Housing Division of the Department of Business and Industry, and \$3 million to this entity, the Nevada Local Justice Reinvestment Coordinating Council. These priorities align with the statutorily required priorities that the Sentencing Commission is to consider when identifying how to reinvest costs avoided. One of the things we talked about in our last meeting, and which was also addressed in the Sentencing Commission meeting was that the funding here should be considered an upfront investment on reinvestment. We talked about that the Justice Reinvestment Initiative anticipates being able to fund programs that will reduce recidivism while maintaining public safety and when AB 236 was enacted obviously we didn't have any costs avoided realized at that time. So, at this point we recommend that these public bodies both consider again what we're calling an up front investment on reinvestment to start making sure those programs are being funded appropriately and as needed to ensure that the prison population stays down that those that have needs those needs are being met, and that we'll still be able to maintain public safety while achieving the goals that were intended by AB 236.

So, consistent with the recommendation of the Sentencing Commission and the findings in the report we have put together in general what this council could consider. This Council could consider that the Sentencing Commission recommend that our department, the Nevada Department of Sentencing Policy, request \$3 million in additional agency funding to support the funding of grants administered by this council. The grants would fund similar programs and treatments as those recommended by the commission but at the local level. The \$3 million would fund program and treatments that will reduce recidivism and will be prioritized to the following, programs for reentry, education, substance use, employment, and mental health. Housing to support reentry of offenders and behavioral health field response programs as similar to what we heard about today would be the type of funding that this Coordinating Council if the Council had the grant money to fund programs such as those.

The way that this would work in terms of budgeting is that as a state agency the Nevada Department of Sentencing Policy submits a request to the Governor's Office and the Legislature requesting what our funding looks like for fiscal year 24 and 25. So if this were approved by both this council, and therefore as including the recommendation by the Sentencing Commission, we would request \$3 million in a one-shot appropriation to our budget which would then be set aside for this council to administer to fund grants that are consistent with the priorities listed here. With that I'd be happy to answer any questions or address any other issues related to this that we could help this council so that this council can be best informed on how it would like to move forward with this when we have the appropriate number of individuals to move forward making an official recommendation. But at least we can have here on the record for this council to pass along to the Sentencing Commission. Ill turn the time back to the Chair. Thank you, Chair.

**Chair Pruyt:** Thank you Director, I was actually very happy to hear your remarks on this just based upon the conversations we've had at our last two meetings. It seems like the framework that we were envisioning is there but having a number that fit with the recommendations seemed to be our challenge at first as to how much to request, what was even in the realm given that we are a new commission. So, this is fantastic news but at this time I would like to open this up to general discussion for any comments or questions to the Director about the proposal to make an appropriation request of \$3 million through the Sentencing Commission from the general fund for us to later then appropriate at the local level.

**Mr. Segerblom:** Would these be cities and counties, would this be for 2 years, would they submit proposals for what they would want to do then you would have some kind of a process to evaluate those and then total then give back the money or how does that work?

**Director Gonzalez:** Yes, that's correct. So, what would happen is within the scope of the statutory mandate of this council if this council has grant money mandated, to design the requirements for applying, receiving a grant, and maintaining a grant. So then upon notification that the funding has been appropriated this council would then get to work on identifying what parameters we want in place. We would solicit those applications and then decide what are the requirements for approving the grants. Then also what measures need to be met in order for those entities to keep their grant funding and the grant funding would be at the local level so we'd be looking at, it could be city, it could be county it could also be private entities or anyone that could offer the type of programming or treatment that's within the scope of what we identified here as priorities that would advance the policies of AB 236.

**Mr. Segerblom:** The money would just come out of the state General Fund there's no federal grants that we would be looking for?

**Director Gonzalez:** Correct. Consistent with the statutory mandate both through the Sentencing Commission and through this council it requires that the funding for these grants come from the general fund. The idea is that it is tied to the outcomes of AB 236. It's not concrete funds that were taking away from one place and moving to another. The idea here is we request from the general fund that money be appropriated for this purpose to this entity and so then it would be housed in our budget. So, it would be housed in the Department of Sentencing Policy's budget, but we'd be using it for the purpose of funding the grants that are administered by this council. So, it would be from the General Fund to our state agency and then through this council to the grant recipients.

**Mr. Segerblom:** Would we then as a committee vote on those or is that just going to be staff?

**Director Gonzalez:** Everything would go through this council, the applications, the approval, and then any issues that were coming up with the grant. In terms of the measures that are required to be met, the council would review outcomes from the recipients of the grants to make sure that they are complying with the expectation of the grant. The total oversight of the grants are through this council; it would all be handled through the Council.

**Mr. Dahl:** You said that cities, counties, and private entities could apply for these grants. Can you tell us an example of what private entities would likely be making those applications?

**Director Gonzalez:** We don't have a list right now, but I could tell you that it would be somebody who offers, and someone right here might have an idea of what that would look like. It looks like the Vice Chair has an idea so I'll let her share an example of what that would look like if someone would ask for a grant through this council that's not a public entity.

**Vice Chair Byrd:** I could foresee in our community here in Humboldt we have a treatment facility that offers both mental health and substance abuse services and so when the state notice of funding went out a while back, they applied for different portions of that grant. So, they're an entity that's able to house funding like that and actually bring providers in to provide the treatment so it's a non-profit within our community that would be appropriate to be providing those treatment services and house that money.

**Mr. Dahl:** Okay, thank you.

**Director Gonzalez:** Another thought I have is a non-profit say that they have some beds where they can house individuals and offer them classes or anything else that can help them it would be something like that; as well as anybody who would fit in with the scope of the requirements we've laid out here and then advancing those policies to AB 236. It doesn't just have to be an agency. It could be an entity like that that's

offering any sort of program or treatment that would help somebody whether it's getting a job, counseling, like I said housing any of those things.

**Mr. Dahl:** I wonder if that could include tribes?

**Chair Pruyt:** For those who are working within that I don't see a preclusion that would cause that not to be there. I know certainly for Carson City we have about two separate reservations that I mean neighborhoods touch neighborhoods. That's the closeness so we have a lot of tribal services available, and I haven't seen anything within our mandate that would have a preclusion to that.

**Vice Chair Byrd:** Here in Humboldt, we have a lot of like the Fort McDermott clinic up there works very closely with our task force on these same types of projects so I can see that intermingling appropriately.

**Julia Murray:** I was just going to offer you some other examples of places where I've seen similar type of grant funding utilized in the private or non-profit sector as opposed to a government entity. We see down here in Clark, we see a number of grant beds that are at specific rehab facilities so it might be a private rehab facility, but they've applied for funding on a specific number of beds. Those beds then become available through their grant program to those that would otherwise not be able to afford them. Similarly some of the things that we discussed at our last meeting, access to service style issues. Grants can be applied for things like transportation when you're talking about someone who is in one of our, what I'm going to call like our, extreme rural counties where they're hours from anywhere that they would otherwise access services. Other agencies in some of those areas that are more populated that have the services can seek grants to bring those people back and forth to be able to have access where it otherwise wouldn't be available to them in their communities. So, there's a lot of creative ways that I think if people wanted to start digging in and finding access especially out to the rural population that we're seeking to touch here. There would be a lot of opportunities for ways to get there that aren't necessarily your traditional, we're just looking to get up and provide funding for our own infrastructure, there's ways to actually move bodies throughout the state and create access.

**Chair Pruyt:** Thank you, any other thoughts as it pertains to what we've been discussing for the moment? No, so I guess I'll pose a different question here. As it pertains to the \$3 million amount does anyone have any concerns with making a request of that amount or would they like to request more or any thoughts specifically as it pertains to the amount of money that may be our recommendation to request.

**Vice Chair Byrd:** I say our question got answered for us and we go with it. It seems like its fitting.

**Jeff Clark:** I would just say we certainly need to establish a starting point and I think \$3 million is a good starting point. In future fiscal years, we may ask for more based on the applications that we receive for this funding.

**Chair Pruyt:** Thank you, I would definitely agree. Any other thoughts on the \$3 million amount that's recommended.

**Mr. Dahl:** I think it'll be really important that we keep good track of where that money goes and how much good it does, and then when we come back next year, we might want to ask for an increase, a considerable increase; there could be some great potential coming out of this.

**Mr. Clark:** One more thing as well is that I think we need to establish some percentages or something to ensure that the rural counties get as much vice versa so either the rural counties don't get the majority or the major counties don't get a majority as well. There are probably a lot more needs in rural counties than say Washoe and Clark, but I think Julia would agree that even in the major counties there are needs in this area and funds should be available for the entire state.

**Ms. Murray:** I absolutely agree with that sentiment. I think maybe as we continue to look at how money gets assigned and impact that money can have, I think we'll see the greatest impact growth change if we're looking at the smaller numbers that touch in the rurals, but we might be able to see with smaller investments into the larger counties, we might be able to increase access in a way that we're not quite foreseeing touches and assists the rurals in turn as well. I think there's some interplay that can happen here where investing back in the larger counties even though it might sound like it won't add much as being just a small drop in a large bucket, could really have a trickle out impact that does increase access elsewhere as well, but I do sort of think the rurals are probably the greater of the needs in the immediate.

**Chair Pruyt:** Thank you both. I actually agree with both of you. Just having crossed the bridge, I think of, what we're looking at requesting. It opens up a lot of work that we that we have to do not only in the equitable distribution of funds, the manner in which we're going to review applications, the criteria we're going to use the manner in which we're going to then determine whether those funds were properly utilized. So, I guess for everyone on as part of this group we're going to have a lot of homework going forward to make sure that this is done in the best way possible since we're starting from square one, so I think we have a great deal to look forward to. The next question I have would have to be for Director Gonzalez. As we do not currently possess a quorum to where we could have a motion, a second, and a vote on this issue what would you recommend being the best manner in which we proceed from here in order to move forward still?

**Director Gonzalez:** Thank you Chair, my recommendation would be here- I think the record of the meetings of the Coordinating Council support what the Commission has already preliminarily recommended in the report and so I would recommend that based on the record we built here from this meeting and previous meetings I would say that Chair, you are ready to make a presentation to the Commission at the next meeting on August 24 that would show what the record and findings have been of the Council in that context. So, I would say here just general sort of outcomes from presentations that we've had and discussions that have been had in the meetings and that the Commission can use this to then make their recommendation for what we do for our budget. I think there's enough here for you to present to the Commission if you're comfortable with what we have presented here on the record as here are just general outcomes that have come from our meetings that would support a request from the Commission if they were to make it. So, we kind of move the record along that way because they do have the final say.

**Chari Pruyt:** All right that makes perfect sense and as I think back to the importance of even court records, while the vote is not a binding vote because we're not a quorum, I would love to have a vote just so that we have a clear amount of people who are in favor of requesting the \$3 million. So, if I could get, I guess we'll call it a non-binding motion to request \$3 million from the Sentencing Commission that would then be requested from the general fund. Anyone willing to make that motion?

**Mr. Segerblom:** I'll make the motion that we authorize or request \$3 million to be given to us to then turn around and grant to the state and local governments and I assume non-profits but maybe even for-profits.

**Mr. Dahl:** I second the motion.

NON-BINDING MOTION PASSED UNANIMOUSLY

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

**Chair Pruty:** That would move us on to item number 7. We have one more scheduled meeting before the end of the year. Our next meeting will be December 7, 2022, at 1:30 pm. Vice Chair Denni and I will continue working with staff on more topics however if anyone has anymore topics, I would love to hear from them now and I won't confine it. I know that we've had a great deal of discussion about different programs and that but we may need to even open this up to topics on administration of grants, applications, and those types of things. If you do have fellow colleagues in your counties who already do this type of work, it would probably be of great benefit to this group so that we can adopt and develop a model that will give us the greatest

success should we be awarded the funds to then distribute to the different counties. So, if anyone has any thoughts on meeting topics, I'd love to hear from them now.

All right, I'm not seeing any hands raised or comments or anything else. Should you come across any or have any thoughts on that, please feel free to email myself or Director Gonzalez and we will make sure to get that taken care of and put on our next meeting.

## **8. Public Comment**

**Chair Pruyt:** That will now take us to our last section of public comment. This is agenda item number 8. I'm opening the second period of public comment just as we did with the first period of public comment. Those who wish to testify may do so by telephone. Due to time constraints, all live testimony will be restricted to 2 minutes anything in excess of the 2 minutes may be submitted to the Department of Sentencing Policy at [SentencingPolicy@NDSP.nv.gov](mailto:SentencingPolicy@NDSP.nv.gov) in writing. At this time, I will ask staff to manage and direct those who wish to testify.

**Jose Sepulveda:** Thank you, Chair. Members of the public who would like to testify by phone, press star nine to raise your hand. When it's your turn to speak, please slowly state and spell your first and last name. We currently have no one.

**Chair Pruyt:** Thank you, that concludes our second period of public comment.

## **9. Adjournment**

**Chair Pruyt:** I want to thank everyone for coming. Having you all here is incredibly important, and I think as we move forward it is going to become more important. Hopefully, we can get more at our next meeting so we can complete all of the business we need to. I do want to thank you for all of the work that you have already done in communicating with different members for your councils to assist with the jail inventories. I would ask that as we go through this next period of time, if you come across ways that you believe would be the best to officiate this money or you've come across community partners, please direct them to myself or Director Gonzalez so that we can place ourselves in the best position going forward. I look forward to our next meeting. Hopefully we have a little more news that comes from the Sentencing Commission. I'll be honest, I don't know 100 percent know their timelines of when they're going to tell us exactly what their number is for recommendation to Legislature but once we know you will all know as well. So, as always please contact Director Gonzalez should you have any questions or concerns you would like her team to address but as for now, our current meeting is adjourned and I would like to thank you all for your time.

DRAFT