



**STATE OF NEVADA
DEPARTMENT OF SENTENCING POLICY**

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**NEVADA LOCAL JUSTICE REINVESTMENT
COORDINATING COUNCIL**

MINUTES DRAFT

Date and Time:

October 16, 2024 1:30 PM

Location:

VIRTUAL ONLY

MEMBERS PRESENT

Demar Dahl
Clinton Hohenstein
Brenda Ingram
Julia Murray
James Phoenix
Stephen Rye
Denni Byrd -- Vice Chair

MEMBERS EXCUSED

Michael Chopp
Bill Ferguson
Dylan Frehner
McKinzie Hilton
Eric Kern
Chelsea Mazza
William McCurdy II
Garrit Pruyt
Dorothy Rowley
Bryce Shields
Clinton Zens

STAFF

Jorja Powers, Executive Director
Jenna Buonacorsi, Deputy Director
Marie Bledsoe, Management Analyst III
Erasmus Cosio, Management Analyst II
Jose Sepulveda, Management Analyst I
Hunter Jones, Administrative Assistant III

1. Call to Order / Roll Call

Chair Denni Byrd: All right. Thank you. I will now call to order the October 16, 2024, meeting of the Nevada Local Justice Reinvestment Coordinating Council. Good afternoon. It is good to see all of you. And welcome to those who are viewing the meeting on the Department of Sentencing Policy's YouTube channel. This is the fifth meeting of our 2023-2025 meeting cycle. I will now ask Director Powers to take the roll.

Executive Director Jorja Powers: Thank you, Chair.

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

Chair Byrd: Okay. So, I think with that being said, since we don't have a quorum, if we come to an agenda item that requires voting in a quorum, we will have to table it. Okay. Thank you, Jorja.

2. Public Comment

Chair Byrd: Now we will move to Hunter, so she can take public comment. I will now open agenda item number two, the first period of public comment. There are two periods of public comment. One at the beginning of the meeting and one at the end. Members of the public have two options for submitting public comment. First, members of the public may do so in writing by emailing the Department of Sentencing Policy at sentencingpolicy@ndsp.nv.gov. Public comment received in writing will be provided to the Council and be included by reference in the minutes of the meeting. Members of the public who wish to testify may do so by telephone. Due to time constraints, public comment will be limited to two minutes. Any member of the public that exceeds the two-minute limit may submit your comments in writing to the Department of Sentencing Policy. Callers, as a reminder, please mute the device on which you are watching the meeting. All sound will come through your telephone. At this time, I will ask staff to manage and direct those who wish to testify. Ms. Jones?

Ms. Hunter Jones: Thank you, Chair. Members of the public who would like to testify by phone, please press star nine to raise your hand. When it is your turn to speak, press star six to unmute then please slowly state and spell your first and last name. And it looks like there is no one who would like to testify for public comment.

Chair Byrd: Thank you, Hunter. I will close the first period of public comment.

3. Approval of the Minutes of the Meeting of the Nevada Local Justice Reinvestment Coordinating Council held on August 28, 2024

Chair Byrd: Moving on to agenda item three. Members of the Council have been provided copies of the minutes from the August 28, 2024, meeting. I guess if there are any edits or comments from those online, we can add them now, but we will not be voting at this moment since we do not have a quorum. Are there any suggestions, edits, or changes at this time? Okay. We will move onto; we'll close that agenda item, and we'll move onto the next agenda item.

4. Grant Discussion

Chair Byrd: Which is discussion on our grants. Our NDSP Management Analyst, Marie Bledsoe, will go over the programmatic considerations of our grant.

Ms. Marie Bledsoe: Thank you, Chair Byrd. Give me one second and I will share my screen. Can everybody see that?

Chair Byrd: Yes.

Ms. Bledsoe: Okay. Thank you. So, good afternoon. I am Marie Bledsoe. I'm a Management Analyst with the Nevada Department of Sentencing Policy. And this is part two of walking the Council through the Nevada Local Justice Reinvestment grant awards for 2024.

In the last meeting, we covered a fiscal overview looking at all the grants awarded in rounds one through six, we looked at the grant funding distribution across the state, and we did a deeper dive into what was funded.

In this meeting, we're going to cover a programmatic dive looking at, the big questions from the NLJR's grant application with an eye toward future opportunities, a peek at what was missing from the grant application, and a look at what the NDSP is calling project "buckets." One note I want to make, the first quarterly programmatic reports are due from each grantee on October 31, 2024. Those reports will cover from the beginning of each recipient's grant through the end of September. Unfortunately, we do not have any of that grant data to share with this meeting, but we can start looking at programmatic considerations and lessons learned from some application data questions.

So, let's start with the four big data questions from the grant application. What I mean by a "big" question is the specific questions that were asked in the NLJR grant application where some data can be drawn. So, the first question in the grant application was, "What type of program is this?" and the applicant provided a specific list to choose from. The list included pre-trial, diversion, work crew, and so on. During this grant process, 20 applications were received, and 11 grant applications were awarded funding and, on this question, most applicants selected more than one program type. So, for the programs that were awarded funding, this is how the numbers worked out: re-entry was selected seven times, specialty court was selected five times, peer monitoring was selected four times, and housing was selected three times, other categories were selected twice or once, and only one program type -- which was work crew -- was not selected by any of the funded applicants. When all the applications are added together -- so, this includes the applications that were rejected for funding -- we see that re-entry was selected 15 times, drug and alcohol treatment was selected nine times, peer monitoring eight times, housing seven times, and Specialty Court and Mental Health Treatment rounding out the top of the list at six applicants each. Looking toward the future, here is some food for thought: the NLJR grant application did not define these terms, leaving each applicant on their own to determine what information was being requested. So, for example, in this "All" column, we had more than one rejected applicant select all program types for a single application and then, add more items in the "Other" category essentially treating this like it was a task list. Another interesting example is applicants who provide mental health treatment, plus drug and alcohol treatment, and provide those services through a housing-type facility, in that case, the applicant checked all three of these program types, but is that really what we wanted? When we ask about housing, are we talking about assisting our target population with rent or are we asking about a treatment facility? And finally, a high number of applicants selected "Re-entry", but a read of some rejected applications lead Peer Review Committee members to conclude the applicant program would help people in re-entry if they kind of stumbled over them while doing business as usual. In several cases, these applicants were primarily focused on homelessness in general, not re-entry specifically. So, this became an issue for the Peer Review Committees and the successful applications had a well-defined process for reaching out to our intended target population before these individuals left jail or prison. That became a dividing line for the re-entry applications that got funding versus those that did not. So, NDSP would like to recommend that the Council

consider reviewing this list to create more specificity around these terms for future grant opportunities.

The second big question asked in the NLJR grant application was, “Which of these goals does the program meet?”. Applicants were given three choices to: “Reduce prison usage while maintaining public safety”, “Reduce jail usage while maintaining public safety”, or “Reduce recidivism while maintaining public safety”. We also encouraged applicants to select all that applied. Here, again, we are providing the numbers on the left for the organizations that were selected for funding. And on the right, we have the numbers for all applications received. Almost half the applicants tried to select all three goals, and the Peer Review Committees were more selective with who received funding. Again, a detailed read of the applications revealed an agreement between the applicants who selected recidivism, and the programs that were going to result from that program. The good news is that the focus of most applications was on recidivism, which is a confirmation that most applicants understood the overall goal of this grant program. The uptick you are seeing here, where we see the number ten, is reducing jail usage over recidivism which was among our successful applicants who were providing “Forensic Assessment Services Triage Team” or FASTT services to our target population.

The third big question asked in the grant application was, “Which crime types does the program serve?”. Applicants were given the choices of drug, DUI, property, violent, and other offenses, and again, encouraged applicants to select all that apply. So, drug offenses came in number one for successful applications as well as across all applications, even those that were not successful. This was followed down the list by DUI, property, and then, violent offenses. The most interesting results came from the other offenses type where applicants included, sex offenders, youth involved crimes and general misdemeanors, public nuisance like overuse of 911, alcohol offenses, offenses related to a mental health diagnosis, and following a case plan or experiencing the loss of program benefits as an offense. So, here again, we may have an opportunity in the future to expand our explanation of this section to make sure we’re getting the data we want.

The final big question number four was about assessments. And the questions we asked were, “Does this program use any assessments for participants?” and then, “Briefly describe how these assessments are used in the program?”. Our initial analysis of these questions reveals that these assessments tend to evaluate mental health, substance use disorders, and co-occurring conditions making them heavy on the behavioral health side of the re-entry/recidivism equation. So, NDSP needs to do a lot more analysis on the results from this question, so we’re going to push this one off to a future meeting.

So, now let’s take a minute to look at what was missing from the grant application. One question that we should have asked was, “Is the proposed project a continuation of services already being provided or an expansion of services?”. So, while we didn’t specifically ask this question, this became a big topic for the Peer Review Committees who encountered it and had to contend with it. Among the 11 successful applicants, two were a continuation of services grant project, and nine were an expansion of services. When all 20 applications were pooled together, nine applications were requesting funds to continue existing services, and 11 were expansion of services. So, in the end, each of the 4-Peer Review Committees consistently opted to fund programs that expanded services. Knowing this upfront, from the applicants, would have been very helpful for the Peer Review Committee members.

Finally, we should have asked each applicant to, “Please provide baseline data for the proposed project or program.”. So, we have our 11-individually successful grant recipients, and -- because it’s October -- I’m going to mention that NDSP is a bit in the dark with the data we should be expecting from these projects, and how these individual projects will come together to address

re-entry and recidivism, and reduce jail and prison usage in Nevada. When we get the narrative reports, NDSP will know more, but right now we are not really sure what data we should be expecting. So, more to come on that in a future meeting.

Okay. So, dark theme over. Onto the good news. We were able to find commonality among funded programs and create three project buckets. Bucket one is Mobile Outreach Safety Team or MOST and Forensic Assessment Services Triage Team or FASTT teams, we have four projects in this bucket. Bucket number two is Mental Health Court and Substance Use Disorders, we have three projects here. And bucket three is training and employment with three projects. So, adding these up comes to ten. The 11th grantee was Nevada Outreach and Training Opportunity, they presented last meeting, and they provide victim services in Nye and Esmeralda counties. So, victim services is essentially our fourth smaller bucket.

So, we will quickly go through these buckets and cover why their programmatic goals landed them in these particular places. So, first we've got, Partnership Douglas County has MOST and FASTT teams, they're using the funds to increase contacts in the community, and in a jail setting, and then, provide follow-up contacts. So, this is an expansion of services grant. Lyon County Human Services is expanding their FASTT team to include Peer Support Specialist Representatives and Community Health Workers to increase services to our target population. So, this is also an expansion of services grant and both of these grant recipients presented their programs last meeting.

Then, we have Community Chest, Inc. They had two successful grant applications – just a reminder that the NLJR grant funds were being awarded by county – so, CCI reached out prior to submitting their applications and asked if we wanted one application or two, and we told them two, and that's how they ended up with two awards. So, CCI will be presenting in a few minutes. Their grant for Storey County is a continuation of service grant and the one for Mineral County is an expansion of service grant. In both cases, they are continuing with mental health crises calls either in the community or in a jail setting.

Bucket two is mental health and substance use disorders. We have Las Vegas Municipal Court with a grant for their Mental Health Court. They are primarily trying to increase participation from 30 to 40 participants making this an expansion of services grant. They are also working on their retention goals and want to do a better job with data gathering and analysis. Staff here had a scheduling conflict and so, they will not be presenting today. Carson City Justice/Municipal Court is also using grant funds for their Mental Health Court. They are also increasing participation by ten participants making this another expansion of service grant. We hope they will be sharing information about treatment plans and supportive services. Carson City will also be presenting today.

And then, the final successful grant in this bucket is Ridge House in Washoe County, where they are transforming the way they are doing business to a new program. So, NDSP is calling this an expansion of services grant. We're looking forward to hearing about how they will identify and bring candidates into this facility's new program, the hours of intensive outpatient programming the participants will complete, and the relationship repair work that will be part of this new program. So, Ridge House will also be presenting today.

Finally, the third bucket is training and employment. In this bucket we have, Humboldt County Human Services, they presented at our last meeting about increasing the rate of employment by their participants and securing employment documents. So, this is an expansion of services grant. The City of North Las Vegas is starting a brand-new Youth Court Program where three cohorts of youth offenders will get career training and supportive services. North Las Vegas will

also be looking at key interventions with this program. They will be presenting today, and this has been classified as an expansion of services grant.

Finally, in the training and employment bucket we have, the Foundation for an Independent Tomorrow or FIT. This is a continuation of services grant where FIT identifies candidates for their program before they leave jail or prison and puts them on a positive path using robust training and employment services. They will be providing their candidate supportive services and work on relationship repair. So, FIT will also be presenting today.

All right, future reporting. So, NDSP will be reporting at our next meeting on the first IFC report which is due December 20, 2024. NDSP will also be reporting on the results from the grantee's program reporting, which is going to be happening at the end of this month, October 31st, that's when the reports are due and then, we are going to compile them. We would still like to take a deeper look at grant applications that were rejected, and we want to look at where we go next with considerations for funding.

And that, Chair Byrd, is the end of this presentation. I think you are on mute.

Chair Byrd: Sorry about that. Thank you, Marie. What questions do the Council members and guests might have for Marie? Hearing and seeing none. We will close agenda item number four.

5. Grantee Presentations

Chair Byrd: I think my numbers got off. So, I'm going to open agenda item number five for the grantee presentations. We are pleased today to welcome – is it still five? I think I missed the one, Marie you said that is not going to present today?

Ms. Bledsoe: It's actually on your list. We left them off, we knew in advance that they weren't going to be presenting.

Chair Byrd: Okay, so they're already off.

Ms. Bledsoe: Yeah.

Chair Byrd: Okay. Thank you. So, we do have five presenters today of the NLJR grant recipient agencies for overviews of their programs and goals for the funding. So, first, we will hear from the Community Chest, Inc's, Erik Schoen will be our speaker.

Mr. Erik Schoen: Good afternoon, everybody. Can you hear me?

Chair Byrd: Yes. Thank you.

Mr. Schoen: Great. First of all, it's nice to be here and Marie, it's nice to meet you. You and I have known each other for the last few months by email. Yes. Well, so, I'm here to talk a little bit about how we are utilizing your funds, but I think I kind of need to orient you to what kind of agency we are, and our history, and how this made sense given our current service profile. So, Community Chest has been providing services to rural Nevada since 1991. We started in Storey County, and we have since grown to six rural counties. We have offices in several of those counties. We provide blended Health and Human Services, everything from comprehensive mental health counseling, to substance abuse counseling, domestic violence advocacy, early childhood education, before and after school programs, summer programming, work case management programs, in-home case management, and parenting support for kiddos, parenting kiddos between the ages of zero and five, food bank, and we run the local county library here in Storey County. So, we're a bit of a different beast if you will, a lot of agencies are more single

issue than we tend to. What we found early is if we weren't providing it, generally in rural Nevada, no one was. So, we have slowly learned how to do all of these things along the way. So, I've been with the agency since 1996. If you're keeping track, that's almost 30 years, I can't believe I am saying that. I never imagined I would be here this long, but here I am and it's because I believe passionately in the work that we do. Specifically with respect to the two proposals we put into place, we are utilizing health workers because they are such a strong potent pro-social therapeutic source for providing the needed support for a lot of folks who are vulnerable in our different counties. So, both Mineral and Storey County, proposals are very similar but are slightly different. So, let me sort of talk about each one independently. In Storey County, we have been working on mitigating the harm from opioids for the last ten plus years and about six or seven years ago we put together a county wide opioid response plan with the input of all the law enforcement, first responders, Storey County Senior Service, ourselves, other providers, the public, and out of all the possible strategies or resources, the number one identified resource amongst all of this was having a central point of contact, i.e. community health worker who's trained in mental health first, first aid, signs of suicide, substance abuse, an overview of substance abuse, knows the resources and can be an external advocate for people. But the number one resource was having essentially a designated person to whom all of those referrals could flow for the vulnerable residents and others who are in need in Storey County and that quickly morphed into what you see in other counties, a FASTT like and MOST like response. So, frequently the way that happens is when our deputies are out on a call, they come across a vulnerable person, or a person of interest, or a person for whom that might overlap, they will call our community health worker to co-respond or to follow up with later. Same thing with first responders who may respond to a medical call and if there's something that looks like it needs further investigation or resources could be helpful, they'll call our community health worker to do an assessment and see what resources we can connect them to. Sometimes a community health worker is working with those people one on one and there's really no other level of referral needed. Other times, there is referrals made to the appropriate sources and they are assisted to make sure that they are connected to those resources. In Storey County as well, our community health worker will respond when an inmate has been identified in the jail as needing some additional supports, our community health work will take the time and meet with that inmate to develop a care plan for them to address their immediate needs as well as when they are released. So, hopefully we can reduce the likelihood of them ever coming back by having access to a supportive person, i.e. a community health worker, as well as a plan for connecting to human resources. So, that's Storey County. So, again, primarily plugged into I would say those different buckets, the MOST and FASTT like responses, and then, some, if you will, you know, in terms of responding to generally anybody who's in need.

And then, in Mineral County, it's expressed slightly different still, we have a MOST and FASTT like response, but because they are a newer program we aren't quite as far along as having a MOST like response. We do have a FASTT like response and that the jail is receptive and has graciously, I realize the value in utilizing a community health worker to support their jail population which is great. We also help to attend the weekly drug court staffing that they do there for Mineral County and finally, we also have a community health worker who is embedded in the school system who can work with kiddos, students who are referred for a number of different reasons. Same idea our community health worker can be that front line for a pro-social therapeutic point of contact as well as a resource coordinator and connector, and then, also, and what we have found in both cases we have found that often times that support, that community health worker is enough of a support that the person receiving that support is able to successfully address whatever issues and/or problems they may have always. Not always, I mean it's not a panacea, there's some who need more support, but it's remarkable how often the case is when somebody has essentially, somebody in their corner, somebody who's helping, who's being willing to be

that systemic advocate or help kind of deal with the frustration of trying to figure out what they're supposed to do, how often that is all needed to help that person kind of on the right track. So, the way that we primarily track that is we have 40 different funding streams, so we are very adept at tracking who we serve and so, all of our community health workers do an intake, they keep track of services they deliver, and we have an idea of what the outcome of those services are for all of those people being served. What the funding from you all has done for us in Story County, is it's meant that we've been able to basically enhance the program by having a dedicated person who can dedicate a time, who can actually really focus on this, which has been really helpful because prior to this funding it was sort of was not, well, we had funding, but it wasn't as dedicated, we didn't have as much concentrated time to be able to serve this function. So, that's already, fortunately, already being implemented because we had the staff on hand to hire and to just move into that position. Mineral County basically is enhancement, so our staff has already been doing everything they've talked about, but what we are hoping to do is hire somebody who can make that their primarily focus of their job. And it has been difficult – I'm not going to lie – it's been difficult to find somebody who would be an appropriate person and/or who's interested in the position. That being said, we finally have somebody that we think might be able to fit the bill and so we're hoping within the next few weeks we can actually formally on board that person to start services. So, with that, if there's any questions, I'm happy to answer those questions, if there's any comments that I can address those too, so I'll turn it back over to you.

Chair Byrd: Thank you very, very much. I appreciate that, Erik. Does anybody have questions for Erik? Okay. Thank you again for joining us.

Director Powers: It looks like Mr. Phoenix does have a question, Chair.

Mr. James Pheonix: Tried to speak up but....

Chair Byrd: Sorry.

Mr. Pheonix: No, it's okay. I just wanted to tell you, hey, thanks for all the work. As far as you know, the MOST outreach type idea that you're doing and that it does make an impact. I just wanted to ask, how you measure your success and how is it reducing recidivism, you know? Or you know, where's that data at? That's all I'm asking. You don't have to go into greater detail or show me a graph. Just kind of a short snapshot.

Mr. Schoen: Yeah, no, JJ, I think it's a great question and I don't know that we're at the level of discrimination that as a group we would like to get to, to show that it absolutely contributes to reducing recidivism. Essentially, the way we measure success is, are we successful in meeting the needs of people that we're meeting, a case-by-case basis or have we been successful in helping to reduce their barriers or access to treatment. Whether or not that leads to reduced recidivism, we're not all the way there. So, it's kind of like we're tracking outputs, the difference between outputs and outcomes, we're tracking outputs still, we haven't got to the point of outcomes. So, it's a great question and I'm believer in getting to this point of getting to the outcomes, but that is more difficult than you would imagine it would be. But just to be frank with you, we're not quite all the way there.

Mr. Pheonix: No, no, thank you for your candidness and letting us know. I was just curious, that's all. As I was listening, I was just trying to keep reoccurring asking, "Hey, how is it really impacting?". I know that it is, so, it's a great service.

Mr. Schoen: Yeah, well, yeah, and so, the same thing here. Theoretically, I think it makes sense, right? If we help reduce those barriers, you're getting that mental health support, that substance abuse support, it should theoretically reduce recidivism, but I can't prove it yet.

Mr. Pheonix: Thank you.

Mr. Schoen: Yep.

Chair Byrd: Thank you. Are there any other questions? I will scroll better across my screen this time.

Ms. Bledsoe: I have a quick question, Chair. I was just wondering Erik, because you said you operate in six counties, do you mind mentioning what the other four are? Besides Storey and Mineral?

Mr. Schoen: Sure. So, I'll just start with Storey -- where we started -- we have both an early childhood education campus, as well as a 10,000 square foot community center that houses our library, before and after school and summer programs, primary health care and mental health services. We have a building, an office building, that we own in Fernley that we offer domestic violence advocacy and counselling services out of. We also rent an office out of Dayton and Yerington. And we also, have an office rented in Mineral County, where we provide in home case management services as well as, some of the other support services that we mentioned, and we actually just took possession of their historic sixth street school that we will be rehabbing over the next year and a half, hopefully, to make it into a fully functional again, comprehensive community center. We have mobile preschools that provide services to in both Storey and Lyon Counties. As well as all the way down in Tonopah, we have a place-based Classroom on Wheels Stop, that's the name of the preschool, basically it's for kiddos from three to five and their parents to make sure they have support for pre-k services. We have in-home case management services also in Mineral, Nye, Carson City, Lyon, Churchill, and Storey County. And then, finally we provide school based mental health services and supports in both Lyon County and Fallon, in Churchill County.

Ms. Bledsoe: Wow. Thank you.

Mr. Schoen: Yeah. You're welcome.

Chair Byrd: Any other questions for Erik? All right. Well, thank you, again, Erik. We sure appreciate it and good luck with the continued projects and hiring someone.

Mr. Schoen: Okay. Yeah, thank you. Appreciate it. Take care everybody.

Chair Byrd: All right. Next, we will hear from Ridge House, and I believe Nancy Lindler is going to be our next speaker.

Ms. Nancy Lindler: Yes.

Chair Byrd: Welcome Nancy.

Ms. Lindler: Thank you so much. Thanks so much for having me. I really appreciate the opportunity. I sent a PowerPoint; do you want me to share my screen? Someone else going to do that for me? I also don't have too.

Director Powers: If you will go ahead and share your screen, that'd be great. Thank you.

Ms. Lindler: Okay. Good luck on the technology here. Was I successful?

Director Powers: Yes, we can see that.

Ms. Lindler: Winning. Okay. First of all, my name is Nancy Lindler, I'm the Executive Director for Ridge House. I want to just express our appreciation and gratitude for this opportunity for the grant and also, for this presentation. Ridge House has been in existence since 1982. We've been

in probation, parole, prison re-entry, substance use, mental health, our focus has been folks involved in criminal justice and substance use the entire time. Now is a good time for us to change our dynamic. Some of the reasons too, aren't just because of changing landscape of the severity of drugs, and overdose death, and all the things we all know are very tragic and happening, but also, because of watching clients not be successful overtime. So, one of the things we know is true about substance use treatment in general is, it's not very effective, this statistically speaking anyway. The standard statistic is it takes seven episodes of care for a real change. If this was diabetes, that would not be happening. So, I'm really looking to make some changes about things being sustainable.

We need to address crime specifically. Criminal behavior and criminal thinking have addictive qualities for a whole host of reasons that intersect with a lot of other problematic attitudes and behaviors, family styles, all the things that lead you to prison, and prison on repeat. Just really what came to my attention, and I think I mentioned this in our application, we have three individuals here, that between the three of them, they have over a hundred years of incarceration time. That is profound. So, we're really looking to have some transformative change, so folks can get freedom from these cycles that are on repeat. Also, a substance use treatment by history has been very pragmatic, very one-size fits all, very go through our program, and I've heard over the years – I've been doing this longer than I'd like to admit – but I've heard over the years, "Well, they had a good program", yeah, but did they change their life? Maybe they got signatures, maybe they did all the requirements, maybe they're just better at following along, and smiling, and nodding, and getting through, but I want to really see that the change was transformative and that it really changed their life.

The big piece that we're going to change is we want to bring a body focus, addiction at the cellular level. Everyone knows that the body is primarily involved in addiction, hence withdrawal, hence overdose, hence all the issues with cravings, and all the things that happen. What we want, we want to include these realities about how the human body and the brain interact. First of all, the body is governed by homeostatic principles, which that means, stay the same, survive, don't change. If we don't help people to understand this pattern and this process, they'll get a lot of new languages, they'll talk about things in a new way, but they won't necessarily change what they do and why they do it. Human beings are social mammals, we bond together, counseling is not magic, but family and community have a lot of magic to it, and we're really going to up our focus on creating an internal recovery community within this program.

I put this little baby here because the piece that we want to really bring a focus on is how neuropath ways in the body work. What fires together in the brain and the body wires together. You can check this out for yourself by doing a really simple thing, if you just take your hands, put them together and look at which thumb is on top, and then, you unhook them, and hook them back together with the other thumb on top, you notice you don't like the way it feels, because this is a pattern that has been there longer than you can remember. Try brushing your teeth tonight with a different hand, you won't like it, it's repulsive, it's confusing, kind of almost disorienting, that's because these patterns are deep in our processing. So, what fires together, wires together. Our earliest patterns stay in place and this driven pattern-making system continues to operate through the lifetime. We know that criminal behavior has layers and layers of patterns to it, and we want to have to address it, we want to be able to address this explicitly, so it can be reviewed and bring more of the true person up to the surface.

What's going to need to happen here is two critical processes need to be happening simultaneously and the biggest piece I'm changing about Ridge House is, it's not going to be a calendar driven program, it's not going to be four months, figure it out or get out, and that's what it's kind of been in the past. So, we're going to be more individualized and we're going to help

folks identify what it is they need to unlearn their criminal behavior, their going out on the weekend selling drugs, making 30-grand, you know, feeling important and powerful because they committed some crimes or know people who did, or all the layers and layers that happen, and I have clients tell me, "You know, I don't really care, drugs aren't my thing, I'm addicted to stealing, nobody is willing to talk to me about that. I've been shoplifting since I was seven. I can't go into Walmart and not steal something. I don't care about drugs. That's my problem.". We're going to start addressing these things.

Behaviors can become habits that operate under our consciousness, and we see that on a lot of different levels, and crime, and substance use, and mental health issues can have a lot of these patternistic qualities. The good news is the brain is always able to create new neuropathways even though the current ones won't ever be removed, they can fade overtime, because when you stop using them, they lose their strength. So, what's going to need to happen here is our clients need to learn how to tolerate things like, stability, being substance free, being independent, being financially secure and stable, having plans for the future, having their relationships be repaired, lack of chaos, being able to have a peace of mind, all those things are things that our clients tell us over and over are very uncomfortable for them, and have a lot to do with how they get squirrely, and go sideways, and are back committing crimes again, because they can't tolerate a socially acceptable life that doesn't involve criminal behavior and all the trappings that go with it. The unlearning has to happen, stop doing the destructive behaviors, and start to tolerate the healthy more stabilizing behaviors.

So, just like riding a bicycle. I picked the bicycle because it's super common in our experience and the thing about learning to ride a bike is depending on where you start, you know, you can see this little guy here on the little – what you call this – push trike or something, there's a lot happening here. His vision's coming online, coordination of the arms and legs, you've got a lot of bilateral brain stimulation happening, it's a whole wiring of the system that happens to lead into this next phase, where you start to have training and practice with support. So, the training practice phase, it takes a while, there's social support, you know your parents are saying good job, or your brother, or whoever is helping you, and you can get excited, there's anxiety with this phase because it's new, but you have that support. And so, part of this learning phase is we're going to help our clients to learn how to be stable, and to tolerate it, and to believe in themselves that they deserve it or all the individualized things that might happen with that. So, once they go through the intro phase to the training practice phase, we want to support them to start developing an early stage of competence. So, the truth about riding a bike is once you learn it, it's always there. I haven't ridden a bike in two years, I don't need to read about it, I don't need to study it, I don't need to watch videos about how to do it, I could just hop on any bike right now and ride it down the street. Because all those patterns and all that programming are deep in the system, they're deep in my memory, muscle memory, all the layers. This is true with addiction too. I have clients who are like, "Yeah, my dad gave me a beer when I was four." I can't imagine that, but there's a lot of truth to some of those things that people say they've experienced, and that creates these deep old patterns that have to be addressed, and the same is true with crime and criminal behavior when you address those explicitly.

Because our prison re-entry clients have so many layers, they also have to unlearn the prison mentality. They have to learn how to change their social values, to change their values within themselves, unlearn all the have their nervous system calm down from their years and years in prison. I can't imagine being 50 and have been in prison seven or eight times. Those are a lot, that's a lot. When you had more time in history in your life in prison as an adult than outside of prison, you could see how this process can be rather daunting.

Some of the challenges of new learning, like, I've mentioned, the person who told me that you know, his real problem was stealing. There's a lot of adrenaline with crime, sense of power, sense of belonging with peers, the social structures are a significant pull and a draw, a chaotic lifestyle, issues with their families, people at this level have disappointed a lot of folks including themselves or children, their children's mothers, their parents, their grandparents, these are all things that when they first start out they don't think, they could never see those as being repaired, we're going to help them focus on that, to own their part, and create some potential for relationship repairs. We're already doing that currently and we've seen big success with that. It really helps people sense of competence and confidence going forward.

I put this guy on the bike here just as an example. From mastery to expert. I could never ride a bike like this, I wouldn't even try, but it's kind of the same thing. So, I don't expect people to be jumping bikes off of buildings, but what we want to help them do is to get skills that they can live and breathe, that they have time to practice with us, when they get nervous, and they feel like they're going to fall down, and things are going to go a certain way, we help them figure out their own problem solving skills, and reinforce, and the community here is a big piece of that. Because people who have had those shared experiences can give each other feedback, so we're going to bring a big treatment team and community feedback piece to this process.

I'm going to back up for a second because there is something I wanted to add. I want to go back to this. So, if we track, so when a child, a human being goes through this learning process, this little guy right here is in the early stages of competence, he's probably going to fall down on his bike, he's going to hit a rock, he's going to go off the sidewalk, something's going to happen, he's going to hit a tree, he's going to fall down. He might skin his knee, and he might get really scared, and nervous to ride a bike again, and he might say, "I'm never doing that again." and quit. But somebody might say, "No, get back on there, you can do this." It'll still be there, he can do it, he won't have to go all the way back here, he won't have to have training wheels because the learning will already be in place. That's what we want to try to create here. So, clients have a deeper sense of self and identity separate from being a felon, and continuing to go back to prison, and have those relationships repairs. So, they have a support network, so they have a better chance of being successful in all areas of their life.

Then, this last piece about how whole person care is multi-directional. So, top-down programming or interventions, top-down practice is something that starts with your thoughts. So, you create cognitive change, that's top-down. Well, when we're talking about the body where every cell is involved in the addiction, because the physiology of your body has to change to accommodate and create a need for a poison, which is what addiction is. So, I mean that's just the reality of it. So, if you don't address this bottom impact with the cells and how the body is involved in how you function, the top-down doesn't really have anywhere to go. And so, what you see happening is people have a lot of lip service for the changes they want to make, but when the stressors line up and the rubber meets the road, they don't stick. So, we're going to include what's called a bottom-up approach and so, that's helping people understand how the nervous system works, understanding their own internal states, start to realize, "you know, boredom is just an emotion, I can tolerate it, and I learned how to do that, here's what it is," and have time with the training wheels on to be able to have these new states start to feel normal. So, with this new program, we're going to extend our time, we're changing our treatment focus, we're building a much stronger recovery community, and throughout all of that we're going to very explicitly address the criminal intersection of all these things, because the criminal behavior has multiples of patterns and we need to help them get exposed, so they can look at it, if you can't bring it up to the surface so you can have some clinical, a critical eye on your own experience, and your behaviors, and the why, and how you do things, how you function, it'll just be a lip service, and it won't last. So, we're really looking to impact recidivism in that way long

term. And also, Ridge House is really positioned, we're in a position and that's why this needs to change now to have a really big impact, because we've been doing this a long-time and now we're going to get current and effective, and it will help families in the community at large, and our clients be successful over time. Thank you so much.

Chair Byrd: Thank you, Nancy. Are there any questions for Nancy? I actually have one.

Ms. Lindler: Okay.

Chair Byrd: Fundamentally, your shift change and kind of how you're approaching things makes complete sense. Will you give just a few examples of where you're targeting the funding and the areas to actually make those transitions? Like, what are the big focal points that you are changing that the funding will be used for? I guess maybe that's the best way to ask.

Ms. Lindler: Oh, sure. So, the funding is really going to help me or help us with staffing. I need the right staff.

Chair Byrd: Yeah, okay.

Ms. Lindler: Because historically in the substance use world and in mental health too, but especially with probation and parole, counselors contend to try to see themselves as an extension of the court or an officer, which yeah, accountability is one thing, but if accountability was all there was, nobody would never go to prison again. So, there's more to it. So, I need staff that really get those concepts and can really meet people where they are, instead of just being, in the past, there has been really hard knocks, well you got to figure it out. Well, if they can figure it out, they would. So, we need to meet them where they are, so we can help them figure out their challenges. They're not my challenges, they're theirs, that hasn't been my life. So, we have to do that. So, the biggest piece is staffing, and then, also, to help us to be able to elongate the program. So, there's a big disconnect in this community about what you can bill Medicaid for and what you can cover. So, when we have clients coming out of prison to get a job, well they lose Medicaid, like that. So, now what do I do? So, that's a big piece of helping me make this more sustainable and effective.

Chair Byrd: Sure. Thank you.

Ms. Lindler: Of course.

Chair Byrd: Does anybody else have questions for Nancy? And I can't see all the faces. Oh, it looks like JJ has a question. I see you this time.

Mr. Pheonix: Okay. No, I just had one question. How is the whole person care multi-dimensional is it supported by you know, other programs, or any data, or anything like that it's going to work, or it's a good idea, just a simple answer. I don't need something too long and drawn out, that's all.

Ms. Lindler: Sure. There are volumes and volumes of research about including the body and psychotherapy, "When the Body Keeps the Score", by Gabor Maté, he's big guy talking about how the emotional states actually work in the body and how you have to address them to get a lasting change, he's just sort of the forefront guy. All the trauma work when the body says, no, the body keeps the score, there are tons of them – I can't think of the authors because I'm not very good at that – but I've seen that we're also going to do EMDR, you have to address those trauma pieces because when they're not addressed when they surface later and derail folks. So, I don't know if that's answering any questions, but that's a piece.

Mr. Pheonix: You answered it and just to follow up with that, is just keep in mind of how you keep your records and your data on your success. You know how it is actually working or it's not working, you know, so you have that. Just for me, I keep adding that to everyone's because we got to just fill that gap a little bit. So, we can say, "Hey, it is working, and our money is going in the right spot, and this is a good program." Okay?

Ms. Lindler: Oh, yeah. Absolutely. I totally appreciate that, and I really appreciate your comment because one of the things that has always been very bothersome to me in this field, is like, "I don't know", and that's never been acceptable to me and so, one of the pieces about the body, and self-report, there's ways to create feedback about from clients that will also be something we can track for that success.

Mr. Pheonix: Thank you very much.

Ms. Lindler: Thank you.

Chair Byrd: Any other questions for Nancy? Okay. Thank you very much.

Ms. Linder: Thank you.

Chair Byrd: Our next presentation is from the City of North Las Vegas Youth Court, and I believe Erin is going to be our speaker.

Ms. Erin Tellez: Hi. Good afternoon. Let me attempt to share my screen. One moment. Okay. Can everyone hear me, okay?

Chair Byrd: Yes.

Ms. Tellez: I was having some mic issues earlier. My name is Erin Tellez, I'm the court administrator for the North Las Vegas Municipal Court.

With this award we were able to start a pilot program which is the YOUTH Court Program standing for the Youth Opportunities for Understanding, Transformation and Healing.

The YOUTH Program is a Treatment Court model for young adults between ages 18 and 24, they'd be facing misdemeanor criminal charges with the North Las Vegas Municipal Court. The goal of the program is really going to aim to reduce incarceration, and criminal recidivism, and support these young adults back into reintegration into society. We intend to do that by providing a pathway through mentorship, workforce development, re-entry preparation, and planning, and supportive services.

The judicial team at the court consists of our Chief Judge Chris Lee, he is in Department 1. We are not new to treatment courts all together. Judge Lee currently oversees the CARE Program, which is the Community Approach to Rehabilitation Engagement, which has both an Adult Drug Court, Mental Health Court, and Veterans Treatment Court. We notice that with the youth population or this young adult population. These traditional treatment court models really weren't the appropriate fit for that age demographic. We really realized that they needed more positive examples, a little bit more handholding, and a more kind of supportive community feel, which is what we are attempting to provide in this pilot program. So, this pilot program will be overseen by Judge Courtney Ketter in Department 2.

The need for YOUTH Court really for us was identified in a number of ways. In North Las Vegas we have access to a great deal of data and noticed that we really had among that population with criminal charges had high recidivism rates around 43%. Young adults specifically we've noticed really face barriers to successful re-entry whether that's through lack of education, employment opportunities for that specific demographic, stable access to housing, mental health,

and substance abuse services. We noticed that you know, impacts of the COVID pandemic on young adults really seem to have at some level of despair impact on their ability to kind of be successful in society today and some limited opportunities.

So, the YOUTH Court program structure is a bit different, like, I mentioned, than the CARE Program that we have done with our traditional treatment court models. This pilot program is working in a cohort model meaning that we are identifying six to eight participants per cohort, and they will go through the entire program together. So, they will start and ideally graduate together each court appearance they'll be going through job training together and really kind of build a sense of community amongst themselves, in addition to you know, the growth and mentorship opportunities that they're referred to. We have a number of different ways that individuals can be referred into our program. The Municipal Court, we have a team of case managers that constantly review pre-books of cases filed in our court and they're looking to identify people in the appropriate age group that might be a candidate. They would then, visit them at the Community Correction Center and kind of explain the program to them, do an assessment if appropriate, to determine if they would be an appropriate referral. We also get referrals from the Community Correction Center staff, who are you know seeing these offenders through the booking process or through classifications. We have received referrals through the police department, the crisis response teams, as well as our public defender. The timeline for these cohorts, we started cohort one, their first court appearance was October 9th. So, these individuals may have been initially arrested earlier than that and then, identified as a candidate, they would have signed a participation agreement, and an ROI prior too, but they pled into the program on October 9th and that happened for our first cohort altogether. Cohort 2, we anticipate starting in mid-November, we've already started identifying potential candidates for that second cohort and are planning to start that second cohort mid-November, and then, our third cohort we intend to start at the beginning of next year. Each cohort will be in the program for approximately six months.

So, what does that model look like during weeks zero through eight and that's approximate in that, not all of these participants are arrested at the same time or the same date. So, as we are identifying potential candidates and that clock starts ticking. They will, like I said, will be identified as a potential candidate for the program, they will meet with a case manager whether that's in or out of custody for an assessment. We currently use the LCMI as our assessment tool, it is a risk needs assessment that allows us to determine, A, what level of need these individuals have, but also their criminogenic risk. We determine their needs for housing, do they need in addition to what the program is going to provide, do they need access to vital records, do they have ID, are they prepared to start in the workforce? And then, we start developing kind of what that case plan for that individual is going to look like, do they need access to continued education, GED programming in adult education, do they need access to housing? So, we do that sort of initial assessment of needs and then, triage for those individual before the cohort actually begins and like I said, that is through individual meetings with a court case manager who's full time staff here. Phase two is when the cohort would really begin. So, that cohort introduction, they would all meet each other, they'll be meeting the judge, they commit to the program during the court session and then, for at least eight weeks they are working on-site job training with a community partner five days a weeks, approximately eight hours a day, and that's really teaching them basic skills, learning how to show up to a job on time, how to clock in, how to clock out, they're receiving feedback, they're attending classes as well, but they're getting job training and job development. Our first cohort is being referred to as Lighthouse Charities, so they're learning how to work in their community garden, how to assist with food distribution, and like I said, just really learning kind of adult life skills to be able to integrate into the workforce. They continue to have weekly check-ins with their assigned case manager through the court, they are subject to drug and

alcohol monitoring for the duration of the program, and then, we will check in with them physically in court at that halfway mark so, four weeks in. We get constant feedback from the case manager on site with Lighthouse Charities and then we'll hear back from them at the end as well, the end of the eight weeks.

Phase three is the personal development and support phase. So, after the initial few weeks of job training and development, they then begin weekly programming here at the court. So, they will have a weekly face-to-face court hearing with the judge, and they do that together as a group and then, immediately after court we have class work and training that are specific to you know the needs of this demographic. So, some weeks that focuses on financial readiness, some weeks that works with resume building, interview skills, parenting, just general life skills, nutrition planning, we have one of the current participants had unmanaged medical issues for severe – found out he's severely diabetic – and so, some of that nutrition planning has factored in as well. They are also paired with a mentor that they will meet with outside of that court time from the community. We work with them with a case manager to find employment based on the skills and job training that they've already received, they're also referred to group therapy, and other continued support services.

Phase four is the transition into you know, preparedness for graduation. We will assess them as we kind of approach that six month mark, we will assess to ensure that they have stable employment and housing, check in to see where we are on their education plan, have they successfully completed either their high school diploma or GED, we will ensure that they've been connected to mental health providers, and depending on what their insurance level is if they've already been, if they have employment or if that's through Medicaid, we will do the LSCMI assessment again as part of the pre-graduation assessment, and we'll use that to develop a post-graduation success plan for each individual. And then, finally, at that six-month mark-ish, we will have a formal graduation for all participants and part of that includes, getting their case that was before our court sealed, so it's not providing a barrier to employment in the future.

So, the community partnerships we're building, we've made connections with a number of agencies to work with for that job development portion, some of which include, like I said, Lighthouse Charities, the Las Vegas Employment Project, and the Chef Jeff Project. In our grant application, we really wrote that to be very loose and flexible, so that we could pivot as necessary and as this is a pilot project, we really needed to ensure that we didn't pigeon-hole ourselves into a place that we couldn't pivot out of if we determined something wasn't working well or appropriately. We are in our first week of our Cohort 1 participants working full-time with the Lighthouse team through this cohort and thus far, it is going really, really well. We're getting incredible feedback from their team, they're being incredibly responsive, we're able to go with them, do site visits, things of that nature, and so, that has been working out really, really well. But like I said, we're leaving ourselves open to develop additional relationships and really hopefully match each participant with a job training program that is of interest, and applicable to them, and where they are.

So, part of the evaluation for success in our program, we will continue to monitor evaluation to determine to continue to evaluate the program to determine efficacy. A lot of that is our ability to monitor recidivism, we obviously have the individual information to each of our participants and we can verify that they've managed to stay out of trouble, we can measure their employment rates, whether or not they were able to attain the education sought out at the beginning of the program, measure their housing stability, health and wellness -- which is a little more subjective – goal setting, and self-reflection. We've assigned a point system to that, so that we can have some base level to measure success in those ways, but we're able to measure it now at the you know, at the beginning throughout the program, but then, after graduation for each cohort, to

keep our thumb on the pulse of how successful this is being. As far as sustainability, we have a dedicated case manager that is funded through the general fund dedicated entirely to serving this client base. I also spend a significant amount of time overseeing the program, but also, we've had the ability to kind of leverage some of our existing programs in support of this Youth Court model.

As far as key staff, as I mentioned previously, Judge Courtney Ketter is the judge presiding over the Youth Court proceedings, he will also be serving as a mentor to these individuals. I am the court administrator and serving as project manager, I provide oversight and strategic direction. Shanice Edwards is our case manager. She is a social worker, and she is the one that will be working primarily one-on-one with our participants. The city also has a really incredible team in the Grant's Department, Leslie Nix, is the Director of Grants. Semeka Douglas is our grant officer for this project and Leslie Solares-Garcia is a grant accountant, which really for me, frees me up to kind of navigate this the best way as far as the project goes because they can provide so much assistance as far as, navigating what needs to be done grant wise.

So, we really feel that this is a unique opportunity to address the challenges that are faced by young adults that are facing criminal charges. We feel that this is a really comprehensive program, it's providing support, mentorship, job opportunities, the ability for growth, and the idea behind that is to obviously, reduce recidivism, promote successful reintegration, and really create an appropriate path forward for these individuals.

While this is a pilot program and obviously, we can't speak to its success yet, we do have as I mentioned before some basis for our positive outlook on this. The CARE Program, which is our more traditional treatment court model, we have thus far graduated since 2021, 88 non-veteran graduates, 33 veteran graduates, and as of today, none of our graduates have re-offended locally. So, we really feel that speaks very highly of the program, and the work with our case managers, and have been incredibly proud of the work of our graduates.

This is just some of insight into some of the graduates that we've had with our traditional CARE Corp. programs.

And that is really a summary of everything that we're offering and hoping to do with the YOUTH Court Program. I would welcome any questions.

Chair Byrd: Thank you very much, Erin. Are there any questions for Erin? Those statistics at the end are pretty amazing.

Mr. Pheonix: Yeah, I just have a couple of questions. That's all for you. If I may?

Ms. Tellez: Sure.

Chair Byrd: Go ahead, JJ.

Mr. Pheonix: No, yeah, again, I just think that the court program has a lot of data, a lot of staff, and a lot of ability to make an impact. So, I really do like that team support family idea, you know of addressing it, you know doing it that way, but like I said, to the others, just you know, I know you said you haven't been able, it's a pilot project, but again, keeping an eye on those I think you said, the YOUTH Court evaluation is great. So, you can see success and also, the failures, where you actually had to make a change and you identified some of those things, so that maybe other courts can see your example and see that they can take it forward. Other than that, thank you for the presentation and all of the information, I appreciate it.

Ms. Tellez: Absolutely.

Chair Byrd: Any other questions for Erin? Don't see anybody. I think scan it all, so please yell out if I've missed you, but thank you again, very much Erin, we appreciate it and good luck on your project.

Ms. Tellez: No problem. Thank you.

Chair Byrd: Now we will hear from Janet Blumen, an associate from Foundation of an Independent Tomorrow. Janet will be our speaker. Welcome Janet.

Ms. Janet Blumen: Hi. This is Janet Blumen and I'm the founder, and actually, the CEO of FIT, Foundation for an Independent Tomorrow. Michael and I are going to share our presentation today. Michael is our Program Director.

Mr. Michael Hollis: Can you all see our screen? The service flow chart?

Chair Byrd: Yes.

Mr. Hollis: Okay.

Ms. Blumen: So, FIT was started 27 years ago to serve unemployed and underemployed Southern Nevadans. We have not been strictly a re-entry project, but we have never, we have always had re-entry clients, we have never discriminated or refused to serve anybody, either because of their past criminal history or because of particular crimes of which they have been convicted, and that makes us very unique among service providers. We have always been successful in providing re-entry services, but about ten years ago, we decided to really specialize the program and build it to meet the challenges that we knew the re-entry clients were facing that were very different than the challenges that other clients were facing. So, there are three things, three characteristics I believe that distinguish us in our program from many others. One is, we match all clients upon their entry into the program, one-on-one with the case manager, and they deal with that case manager one-on-one from then through their graduation, through their employment, and a year of follow up. I think the second is because each plan for every client is individualized based upon their aspirations, their abilities, and their backgrounds. And third, because we are holistic, and we deal with every barrier that every client has to their success. We always keep in mind though that we have the means to our goal, is employment and we see that as the requisite of any re-entry and anti-recidivism plan. Employment at a job that pays enough to support your family, breaks old habits, it creates a new cohort of friends, hopefully, it disconnects the recidivist from the folks he was hanging out with before, and as they become self-sufficient, they gain the dignity, and self-respect, and they learn that there really is another way, that if they're short of cash, that the answer is not go sell a couple of drugs, but they're working a really good job and they have a career to advance. So, our program starts for every client with orientation, and orientation is really one day, and during that one day they learn about what FIT will and won't do, what we expect of them, and they fill out an application right on the spot. Then, they go to Job Readiness class that very week and for the next week as well, at the end of which they are matched to their case manager. There is no delay between the application process and the entry into the program and I think that's very important.

Mr. Hollis: Absolutely. And then from there, they have their first meeting with the case manager as you can see on "Service Flow Chart". This is pretty much what all the clients go through, some clients are different depending on their situation, but this is pretty much the basis of it. So, in that first meeting with the case manager, I say, this is where the magic starts. The case manager does a whole biopsychosocial assessment and at that point, they're identifying barriers to employment, and resources are provided too. A blessing here at FIT is, majority of the case managers are licensed social workers, and we are very community connected, so we have a lot of partners on site. I always call ourselves, the one stop shop. We have a lot of partners on site,

such as welfare, and social services, job connects, so we get clients triage right on site, and get their vocational plan, and things started for them to get on the path towards success. FIT is very unique because we don't do cohort style models, the case manager meets the clients right where they are, they assess them, one-on-one case management is very important to us, and as Janet stated earlier, they keep the same case manager throughout the entire program, throughout the initial part and the follow-up. So, they are building that rapport, the case manager is their counseling, their teacher, their friend. So, they just have that support system along the way, and I think that's what has made our program successful the 27 years that we have been in business.

Ms. Blumen: And they pick out their own career, and they decide what they want to advance to, and they do their budgets. So, they figure out you know, "if I get this job, I really can support my family".

Mr. Hollis: Absolutely. All the clients go through a skills assessment. So, depending on what kind of training, we want to make sure that they're able to read, to comprehend, you know that they're going to be able to be successful in training, all the trainers that we utilize, they receive industry recognized credentials. So, they do have to take some type of exam or test to pass that course. So, we want to make sure that they're successful in that. If they are not making the part to that assessment where they're scoring low, we do have tutoring in house. So, we will basically do everything we can to make sure the client is successful.

Ms. Blumen: And we interview them to make sure that they really have the motivation, that they understand what they are getting into, and as Michael said, if they are lacking the reading ability that they need, we're not just stick them in the class anyway, we're going to help them get the reading ability.

Mr. Hollis: Absolutely. Then, next, is a drug test and background check. We drug test all of our clients because we want to make sure that they are ready for training. If they are having any issues, we will identify that. We do have partners on site that we can assist with CADC and things like that, counseling. And then, the vocational plan at this point, the client has done the labor market research with their case manager, the client has identified their career goal, and training has been planned out, and funding. So, the case manager will draft up a whole vocational plan tailored to that client. Then, the enrollment, the client will attend training. Trainings are different, depending on length, depending on the actual training, vocational training is very important to us because we realize that from training to lease employment, and employment is a key factor in reducing recidivism or the likelihood of the client returning to incarceration.

Ms. Blumen: And not just any employment, not flipping a hamburger, but at a job that will lead to some career advancement that will be able to support their families, and that will give them some self-satisfaction, and feeling of belief.

Mr. Hollis: Absolutely. We have a lot of different vocational trainings that the clients can choose from, some that are in high demand and they're all different. Electrician training, for example, the price is \$7,300, that includes tuition, that includes workforces pre-recs, and all that. This program is at no cost of the client, so we cover all of that. CDL, commercial drivers license, HVAC, welding, forklift operator, plumbing, professional cook, these trainings are in high demand. We offer a lot more, but we tailor those clients to the re-entry population. We have a job developer on site that works with Second Chance employers, we have about 33 right now that we work with right now to get those clients squared away once they finish training. And we realize that training from just being here at FIT, we realize the training offers employment opportunities, reduction in recidivism, increase self-sufficiency, reduce reliance on social services because our goal is for all clients to be self-sufficient, breaking the cycle of poverty, opportunities for family

support, employment that enables the clients to support their families, which can improve the overall well-being of the client, and the generations to come, building positive community relations, personal development, employment is part of our character and identity, so that is restoring the confidence and dignity for our client. And then, it's helping with further education, sometimes the training that the client goes to is the first step on a career ladder, so we definitely want them to advance.

Ms. Blumen: We measure our success in four quantifiable objective measurements, we always have, since 2009, I think we have all the statistics. The first quantifiable measurable success is the number of people employed. We, of course, keep track of how many people we serve, but more important to us is that they become employed. So, the first objective measurement of success is number of people employed, the second is the amount to which their income increases because we want them to be self-sufficient, and the third is the amount by which their dependence on public assistance decreases, again, the goal is decreased to zero, and fourth, we measure, of course, the recidivism. I just have to tell you how proud I am of our staff led by Michael -- who again, I'll brag -- is right now a doctoral candidate at UNLV, but the ongoing recidivism rate with a long history and we're not talking months or weeks, but years. The national average recidivism as you well know, over three decades has been 43%, the statewide recidivism is about 24.43%, our recidivism rate runs between one and four percent, which I think is unbelievable. This year we're averaging three?

Mr. Hollis: Three.

Ms. Blumen: I just couldn't be more proud. We have 825 people have become employed through the re-entry program this year because of FIT. So, I actually would invite each of you to come for a tour of our facility to see how we function because I think it's a program that the clients certainly enjoy it.

Mr. Hollis: Absolutely.

Ms. Blumen: So, do you have any questions of us?

Mr. Pheonix: Denni, I have a question or more of a comment.

Chair Byrd: Go ahead. I was trying to get my mute off. Yes. I was looking to see if your hand was up. Go for it.

Mr. Pheonix: No. That's okay. No. Thank you for your hard work, and your dedication, and continuing to reduce recidivism. The only thing I didn't see was your actual chart that showed all what you just talked about. The recidivism rates and things like that, I don't know if you showed that or not, but I can just hear it in your language, that you guys are a good program, and you are making an impact in your area. The only thing that I would like to see is just you know, again, the actual what you just said on paper that shows me that you know, this is a success, I know you're telling me, I just like to see it. Other than that, great program. Thank you.

Ms. Blumen: How many years would you like us to go back?

Mr. Hollis: Yeah. We got data. We love data. So, we have it.

Mr. Pheonix: No, you don't have to go too deep, maybe if you wanted to get some historical data and moving forward, but if you just had something present, so that people can see and measure your success, and you can actually show it on paper that we are doing these things and it is making an impact in vocational training is our bail wake over here. So, much appreciate it. Thank you.

Ms. Blumen: I think you will see when you see our numbers too, how much impact money from organizations like yours mean to us because our numbers are the number we can serve. It fluctuates up and down depending on funding and we are very appreciative to have been included in this program.

Mr. Pheonix: Thank you.

Chair Byrd: Any other questions? Alrighty, I don't see any others. Thank you, guys very much for your presentation and good work. Thank you.

Mr. Hollis: Thank you so much.

Chair Byrd: Our final speakers today are Cody Drews and Maxine Cortes – sorry, if I said that incorrectly – from Carson City Judicial Municipal Court. So, Cody and Maxine will be our speakers.

Ms. Maxine Cortes: Hi, everyone. I'm Max Cortes. Cody actually took the lead with, but I'll be available if there's any other questions.

Mr. Cody Drews: Good afternoon, everyone. Before I get started, the same old question that we always have, can everybody see my screen, okay?

Chair Byrd: Yes. We can.

Mr. Drews: Okay. Perfect. So, I'll go ahead and get started. Thank you, everyone again, for this opportunity and thank you for being here this afternoon. So, my name is Cody Drews, I'm the Assistant Court Administrator for the First Judicial Carson City Justice and Municipal Court, particularly what I am here to talk about today is our Mental Health Court Program.

So, our Mental Health Court Program is actually one of five specialty courts that we have in the First Judicial District. The focus specifically for Mental Health Court is on supervision and monitoring of participants via individual treatment plans -- I'll go into that more later why we take that approach -- but it's really challenging with some of these individuals because they have a lot of different problems that are posed by being in that Mental Health kind of society if you will. So, it's hard for courts, it's hard for law enforcement, it's hard for those individuals because they have social issues, they have economic needs, housing, job placement, etc. So, those are the individuals that are Mental Health Court specifically attempts to help.

Before I get too deep into our Mental Health Court Program, I kind of wanted just to start with a overview. So, the Mental Health Court in Carson City for the Carson Municipal Court has been around for 19 years. Depending on the individual, it takes anywhere from 18 to 36 months to actually complete the program. Aspects of the program are like monthly supervision, drug testing, daily, or weekly, or monthly, depending on the individual. It's also important note, this is a multi-jurisdictional program, so it's located here in Carson City under the Carson City Justice Municipal Court, but we also have participants from the District Court and surrounding counties, Douglas, Lyon, Washoe, we're really open to any individual who can benefit from this program. Some of our treatment providers are like, rural clinics, we have a licensed clinician, Community Counseling Center, a clinical psychologist, we have housing, Spirit of Hope – which I will go into more detail as well – there's some statutory authority that gives us the ability to run this program. Currently, we actually have 27 participants, but because of the grant funds we actually can go up to 45 and then, just some statistics, so within the last year and a half, a little more, we've had 16 graduates and of those 16, four of them have re-offended and were back in the system.

So, like previously mentioned, this Special Court Program is for participants who are diagnosed with a mental illness and who have committed crimes, because of that, there are certain criteria

that we're looking at to actually be accepted into the program. So, these are some of the examples, but obviously, it's not limited to this of what you have to be diagnosed with in addition to committing a crime to enter the program. There's also some other facts, as such as, your sentencing judge, whether it's from our court here in Carson City, or Douglas, or Lyon, whatever the case is, they have to agree this is the best approach for the participant and that they're actually appropriate for the Mental Health Court Program. And then, obviously, they can't be felony, domestic violence, or felony DUI, those people are not eligible for the program whatsoever.

So, let me briefly kind of introduce you into our Mental Health Court team and then, I'll talk specifically about some of the ones that we're using some of the grant funds to kind of help in the program. So, the Mental Health Court team is to put it simply, it takes a lot of people, a lot of time, to ultimately run this program. So, it starts with the judge, but we also have the District Attorney's opinion, we have public defender, we have our Department of Alternative Sentencing who's responsible for supervision, drug testing, etc., licensed psychologists, we have a licensed clinician, we have housing, so specifically like I highlighted here, Spirit of Hope is one of them, we also have community counseling, there's a bunch of treatment providers, Health and Human Services, Sheriff's Office, State Parole, us at the court, and even the State Department. So, you can see this slide, there's a lot of individuals that it takes just to run this program, just so that we can get through the day-to-day of it and operate it as smoothly as we have.

So, like I mentioned, specifically, I wanted to go into more depth with two of those team members. The first one is Spirit of Hope. So, the Spirit of Hope, Sunrise House, is we're currently using some of the grant funds from you guys to continue this service. So, this service is vital and critical to the program and to the participants. Individuals who have mental health, they can't just go anywhere, there are certain criteria that we have to kind of vet out because they may not get along with this person, they may not get best practices, as far as specialty courts go, we don't want to intertwine them with other people who don't have mental health issues, whatever the case may be so, we leverage this Spirit of Hope, Sunrise House, to provide that clean, sober, drug, and alcohol-free place for them to live. It is a transitional house; they don't stay here forever in the program. The goal of this house is just to have that solid base, so that an individual who is in the program can ultimately have the feet or – excuse me – the ground underneath them to stand on, so they could be successful in other aspects of the program, such as, getting job, you know, it may be co-occurrences, so they may have some drug related issues, they have their mental health disorder that they're dealing with as well. So, by having this option that Spirit of Hope provides, it allows the participants and the team members to place individuals in this home, and it's one less thing that individual has to worry about right off the bat, and we can kind of start focusing on what's really important, and that's their mental health aspect or if there is co-occurring instances, and we can get those individuals essentially on the right step. Without this Spirit of Hope home, that wouldn't be a possibility for some of them because, like I said, placement is extremely hard and challenging for these individuals, so.

This is just a couple of some more statistics for the Spirit of Hope, Sunrise House. So, again, within a little over a year and a half, that house is constantly full. So, you can see, it's got about a 98.5% occupancy rate. I can say within the last six months, probably actually closer to eight months, that house has been occupied 100%. There is a wait list for people to get into that home. So, once somebody leaves, there's somebody else to replace them. We've had over that period about 4,200 beds filled, meaning, those individuals have slept in beds during that period you know, 4,200 times. So, again, it's specifically right now, just for the Mental Health Court participants and their average stay is usually about six months, it kind of depends on the individual, depends on where they are in the program, depends on how the team, the Mental

Health Court team is feeling, if they need a little longer, if they need shorter, those are all items that we take into account depending on the individual.

The other piece that I wanted to speak more about was the licensed technician. So, this again is an individual who is on the team, and they are critical because they are working closely with the psychiatrist to figure out the mental health side of the individual, so what's best for them, what medications potentially the need to get on, what the actual treatment plan looks like. So, this individual, like I said, works closely with that psychologist and the other team members to make sure that those individuals are attending counseling, they're doing what they are supposed to, they're taking their medicine, they're progressing in the program, and their not just stalling out, and staying where they are at. So, this individual is critical like I said, and grant funding is currently for this individual to expand because we were prior to grant funds, we were about 30 people and now with the grants, we can actually have this individual, and we can have more participants of the program. So, like I said, 30 was what we were at about last year, with the grant funds we were able to go up to 45.

So, those two specific areas that I spoke about, as well as the rest of the team, they all are working to accomplish these Mental Health Court goals. So, it's not only the comprehensive mental health services for the eligible defendants, but we're also trying to protect public safety, reduce recidivism, reduce jail, prison, some of the participants are looking at either significant jail time, or prison time, and this is a diversion program. So, if they can complete it successfully, then they may not actually have any more jail time, or any more prison time. The other critical piece of this program is, it's long-term. We want to develop after care for these individuals, so we don't just want you to come, and get accepted into the program, complete it, and then, you know, not have any resources after the fact. So, we want them to know that you know, with their mental health disorder, that this is what they should be doing. With housing, we want to work towards long-term housing for them, job placement, things of that nature. So, it's really that after care linkage in multiple facets of these individuals lives that the Mental Health Court really is focused on. The other piece is we're just trying to engage these participants into treatment. So, it's like I mentioned earlier, it's challenging because of the nature of the individuals that we're dealing with in this program, but with all those team members involved, the Spirit of Hope and the licensed clinician, it makes it that they have a lot of resources at their exposure and they can ultimately have the pieces that they need when they need it, so they can be successful, not only the program, but after they leave the program as well.

This kind of goes with the goals. So, again, what we're really trying to do with the core of at the Mental Health Court Program is to break that mental health court participant cycle. So, you could see, it starts with mental health issues, they commit a crime, then the courts get involved, there's usually some kind of incarceration, if no treatment is there, then it just goes back to the mental health issues, and the cycle starts over again. So, by accomplishing those goals and having all those individuals, having the resources at their dispense, we're hoping to ultimately break this cycle, and by breaking the cycle you know, it's better for them, it's better for the public, it's better for the courts, it's better for the law enforcement, it's better for everybody. So, that's ultimately when it really boils down to it what the goal of the Mental Health Court is.

Hopefully, if we can break that Mental Health Court cycle, then, they can actually graduate from the program. So, these are some requirements for the graduation of the Mental Health Court. Again, this is a team approach, so they don't graduate even if they have six months of sobriety, and 90 days of no sanctions, they don't have any more criminal behavior, they're attending their meetings, but they really have to be signed off by that Mental Health Court team, which includes the Treatment Council, the Mental Health Court Judge, and all those players I listed in an earlier slide. If anyone feels that individual is not ready, even though they may have everything on paper

to graduate, we're going to invest more time and more resources to make sure that when they actually complete the program and graduate, they can stand alone, they do have a job, they do have long-term housing, they are productive members of society. So, that is ultimately the goal and it's easier said than done sometimes, because these individuals that we deal with, like I mentioned before, there needs to be an individualistic approach because what works for one individual does not work for the other one. So, it's not like we can just process these people in and out, and follow the same pattern, it takes significant amount of time from the team members, from everybody who's involved, to ultimately get them to where they need to be, and where everyone is comfortable that the individual can actually move on and be a productive member of society.

So, pretty much to conclude, so the Mental Health Court Program really is a non-traditional adjudication approach that provides each participant with support and understanding for their mental health condition, because that's critical to their long-term success as well as a balance of holding people accountable for their actions. This is a diversion program, so in no way is it meant to just get out of jail, I will admit some participants probably look at it that way, but once they really get into the program, they realize that it's a benefit to them, and it's more than what face-value of the program looks like. So, without really a program of this nature, and the services provided, by funding, from this grant, individuals suffering from mental health issues are prone to continue their criminal behavior, their substance abuse, and repeatedly sentenced to prison and jail. So, the whole reason the Mental Health Court here is to kind of break that cycle, give the participants what they need, and allow for them, like I said, to be members of society that can contribute and are no longer in jail, no longer looking at prison time, and can live on their own.

With that, are there any questions that you have or any comments that I can clarify?

Chair Byrd: JJ, should I just look to you first?

Mr. Pheonix: Yes. Sorry.

Chair Byrd: Go for it.

Mr. Pheonix: Just real quick like. Thank you, sir, for the program overview. Again, like some of the other programs, I'm just looking at the cycle of your MHC success rates for each category. So, you can kind of help show and demonstrate over the last year, how things are actually you know, going, like reducing any crime, that type of thing, that would just help illustrate a little bit more to see the measurable qualities of your program. Other than that, thank you very much for your service and I know it's a lot of hard work.

Mr. Drews: I appreciate it and that's definitely something that I will look into.

Mr. Pheonix: Thank you.

Chair Byrd: Any other questions for Cody? Or Maxine? She's still there. All right. Well, thank you very much for your presentation. Mental Health Court, so part of the team here. So, I have a lot of passion for them.

Ms. Cortes: Before I sign off, I just wanted to say on behalf of the courts, thank you very much for the grant funding opportunity. It really has helped the Mental Health Court, really appreciate it.

Chair Byrd: Thank you. Any other questions? Alrighty. We're going to go ahead and conclude this agenda item.

6. Future Meetings

Chair Byrd: We're going to move onto agenda item six. We're going to talk about dates for the next Council meeting which will be posted soon. If there's any suggestions for a day of the week or time, please let us know. So, does anybody have any comments on that at this moment? As always, our staff is already working on more topics and items for discussion, but does anyone have anything to be considered for future meetings that they'd like us to share or hear about? And yell at me if I am missing anybody. I really am trying to scroll and see. Alrighty. I guess we will close that agenda item.

7. Public Comment

Chair Byrd: And move to our last public comment. I will now open the second period of public comment. Just as we did during the first period of public comment, those who wish to testify may do so by telephone. Due to time constraints, public comment will be limited to two minutes. Any member of the public that exceeds the two-minute limit you may submit your testimony in writing to the Department of Sentencing Policy at sentencingpolicy@ndsp.nv.gov. Callers, as a reminder, please mute the device on watching the meeting. All sound will come through your telephone. At this time, I will ask staff to manage and direct those who wish to testify by telephone. Ms. Jones, I turn it to you.

Ms. Jones: Thank you, Chair. Members of the public who would like to testify by phone, press star nine to raise your hand. When it is your turn to speak, press star six to unmute then please slowly state and spell your first and last name. And we have no one who wishes to participate in public comment.

Chair Byrd: Thank you. That concludes our second period of public comment.

8. Adjournment

Chair Byrd: Well, great work everyone. Thank you to staff, the members of the Council and our presenters, we appreciate all of that. We look forward to our continued efforts. The meeting is now adjourned.

DRAFT