

Steve Sisolak
Governor

Victoria Gonzalez
Executive Director



James W. Hardesty
Chair, Nevada Sentencing Commission

Chuck Callaway
Vice Chair, Nevada Sentencing Commission

**STATE OF NEVADA
DEPARTMENT OF SENTENCING POLICY**

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NEVADA SENTENCING COMMISSION

MINUTES-APPROVED

Date and Time: December 9, 2020, 9 A.M.

Location: VIRTUAL

MEMBERS PRESENT

John Arrascada
Christine Jones Brady
Chuck Callaway – Vice Chair
Senator Nicole Cannizzaro
Director Elisa Cafferata
Director Charles Daniels
Chairman Christopher DeRicco
Judge Scott Freeman
Justice James Hardesty – Chair
Chris Hicks
Darin Imlay
Dr. Jennifer Lanterman
Chief Thomas Lawson
Keith Logan
Russell Marsh
John McCormick
Kimberly Mull
Dr. Elizabeth Neighbors

MEMBERS EXCUSED

Jon Ponder
Judge Michael Villani
Assemblyman John Hambrick
Senator Keith Pickard
Assemblywoman Rochelle Nguyen

STAFF

Executive Director Victoria Gonzalez
Laura Arnold, Attorney, Department of
Sentencing Policy
Rhonda Buckley, Administrative Assistant,
Department of Sentencing Policy

1. Call to Order / Roll Call

Chair James Hardesty: Good Morning. I'd like to call the meeting of the Sentencing Commission to order. This is the tenth (10th) meeting of the Commission of the 2019-2021 meeting cycle. Thankfully for all the Commission members, the Legislators, the Governor, and the citizens of Nevada, we celebrate the one-year anniversary of Victoria Gonzalez as the Executive Director of the Commission. Who I think we could all acknowledge has been an extraordinary compliment to this effort. I think we can all give her a little cheer. We are delayed in getting the meeting coordinated, and attendance, addressing people's participation. Victoria looks like she is at the center of a Barnum and Bailey's circus here. She does a remarkable job and it's such a pleasure to work with her. We're also fortunate as a Commission to welcome some new members. I'd like to begin by extending a warm welcome to our newest member, Dr. Jennifer Lanterman. She was appointed by the Governor. Dr. Lanterman, if you'd wave your hand so we can see you. We really appreciate your participation and look forward to your contribution to the Commission. Also, I'd like to welcome Chief Tom Lawson from the Division of Parole and Probation. I have the fortune of talking with both Dr. Lanterman and Chief Lawson yesterday, and I'm really excited about his promotion as the Chief to the P&P. Finally, I'd like to welcome Elisa Cafferata, from the Department of Employment, Training and Rehabilitation. With all of her other duties, I'm sure she was excited to learn there is a statutory requirement that the Director of DETR be a member of this Commission. We appreciate her participation, especially with all the demands she is dealing with at the moment in handling her department. Welcome, Director, to the Commission. We look forward to your participation. We also had a lot of progress made in our Department. Victoria has made a lot of progress in hiring folks and once again, I want to extend my appreciation to the Governor's office, the General Finance Office and to CJI (Crime and Justice Institute) for the (inaudible) dollars that would make our expansion possible.

Let me introduce to you to the newest members of the staff. Rhonda Buckley, sitting to my left, is one of the administrative assistants. And Laura Arnold, who is sitting at the end of the table, is the new staff attorney. She will supply additional horsepower to the already powerful Victoria Gonzalez, in getting our work done.

Commission, I appreciate you all attending this morning. We have a pretty full agenda today. I look forward to all we are able to accomplish. As a reminder, please mute your microphone when not speaking. And unmute when you are speaking. And remember to state your name each time you speak for the benefit of minutes. Director Gonzalez would you please take the roll of the Commission.

Executive Director Victoria Gonzalez: Yes, thank you.

(ROLL CALL IS CONDUCTED BY MS. GONZALEZ; QUORUM IS MET.)

2. Public Comment

Chair Hardesty: Before we open our first period of public comment, I wanted to make a comment, for the benefit of the public and the Commission on Agenda Item No. 4. That item relates to an update on the COVID-19 crisis in facilities of the Nevada Department of Corrections. Director Daniels was good enough to reach out to me to discuss his willingness and his interest on his part and his staff, to provide some information regarding the COVID-19 impact on the NDOC facilities. He has prepared a presentation as part of that agenda item, when we get to it. I wanted to invite the public, if they have

questions, to provide their questions during public comment. And to the extent we can, if there is time available, the Director and his staff will attempt to answer some of those questions, following the end of their presentation. But I wanted to alert you to that possibility, so if you wanted to include a question, as long as it doesn't violate an inmate's privacy rights, or invade some security issue, we'll screen those and consider responses to some of those questions. With that in mind, I'll open Agenda Item 2, which is our first period for public comment. There will be another period of public comment at the end of the meeting. Members of the public may submit comment in writing, to the Department of Sentencing Policy, @ sentencing.nv.gov. Public comment submitted in writing will be referenced during the meeting and posted to the website of the Nevada Department of Sentencing and provided to members of the Commission for review. Members of the public may also provide testimony by phone today. Because of time constraints, public comment will be limited to not more than two (2) minutes. I'd like to turn this over to Rhonda Buckley, one of our new staff members and she will facilitate public comment and provide specific instructions on how one may testify by telephone. Commission members if you'll be patient here, we'll start working through the list of those who have called in and requested an opportunity to provide public comment. Ms. Buckley.

Rhonda Buckley: Thank you, Justice Hardesty. Members of the public who wish to testify by phone, please call (669) 900-6833. When prompted, enter 970 7734 7346 and pound (#) for the meeting ID. If you would like to comment at this time, press * (star) nine (9), to raise your hand. When it is your turn to speak, you will hear a message that will instruct you to enable you to unmute yourself by pressing * (star) six (6). I will also state the last three numbers of your phone number, to let you know it is your turn to speak. Please state and spell your name slowly for the record. I will wait one (1) minute for the callers to join the meeting and raise their hands.

Caller with the last three digits of '151' please state slowly and spell your name for the record. You have two (2) minutes; you may begin now.

Denise Bolanof: I am a member of Return Strong Families United for Justice of the Incarcerated. My husband, who has been in prison for ten (10) years, wrongly convicted, is currently recovering from COVID. His unit in Lovelock Correctional Center is currently locked down and has been since November 17th for COVID as many people were showing symptoms. Shortly after that, as many people were showing symptoms, multiple units at Lovelock started locking down due to COVID. This honestly did not come as a surprise to me as CO's were being called to work in Warm Springs after their massive outbreak and then returning to normal function in Lovelock. Although it was just a matter of time for this to happen and I was expecting it, the anguish I felt when I received a phone call from my friend about this was terrifying, nonetheless. My husband has a heart condition and that alongside with the horrific supposed health care that incarcerated people receive, has us fearing COVID could be a death sentence for him. The past two weeks of not hearing from my husband for days on end, and then speaking to him when he could barely breathe just to tell me he was still alive, not to worry and he would call when he was able, has by far been the most emotionally draining time in these past ten (10) years he has been inside. Already my family is dealing with a potential eviction and I am now recovering from COVID myself after being severely ill. And to add to that, I have to worry that my husband is dealing with those same awful symptoms that I had, without the comforts I had like over-the-counter medications to treat my array of symptoms. There are thousands of wives, husbands, mothers, and sisters across the state of Nevada and I, thank you. And I would like to publicly demand that Governor

Sisolak and Director Daniels attend the Town Hall Meeting being held on December 15th, being streamed on facebook live, to respond to questions from the constituents of this state on NDOC's gross mishandling and lack of transparency during this pandemic. Thank you.

Chair Hardesty: Thank you, ma'am. Okay, next.

Ms. Buckley: Caller with the last three digits '861', please slowly state and spell your name for the record. You have two (2) minutes; you may begin now.

Patricia Adkisson: Good morning, my name is Patricia Adkisson. Good morning members of the Nevada (inaudible). We're currently facing an emergency in our Nevada State prisons that require attention from the Sentencing Commissioners. (First part of sentence inaudible), custody status where they're not housed in such high-risk environments like dormitory-style living. Everyone is sick with COVID-19 and they're not being provided treatment protocol that is being administered in all local hospitals, including Vitamin D, Vitamin B supplements, over-the-counter medications, etcetera. Seeing DOC is not disclosing the test results of the inmates that are positive, our loved ones are being (inaudible) in rooms with over 150 beds where they cannot possibly social distance themselves. The inmates are not (inaudible), the authorities are infecting our loved ones, and no one is testing them. An inmate at NNCC died last night from COVID. They are being subjected to these living conditions. I spoke to an inmate who was given one cough drop, a cough drop, and he's been sick for more than ten (10) days. Their CO's are not wearing masks at all times. They wear them under their nose or around their necks, on the head. The California prisons have released inmates who are subject to these living conditions as they cannot protect themselves. I want to know when we're going to start protecting our loved ones. Does the high percentage of men in our prisons who are to be paroled or who have already been paroled, or expired on their (inaudible), are being kept solely as an additional penalty being their discharge (inaudible). NRS 193.165, use of deadly weapon, subsection three (3) states, this section does not bring any separate offense or provide additional penalty for the primary offense. One cannot be given a separate sentence if there is no offense and no conviction. You have many men sitting in prison far past their release date because of these practices of NDOC. The relevant statutory (inaudible) in Nevada provides for a (inaudible) equal to a felony before any citizen may confined to a State prison.

Chair Hardesty: Ma'am, your two minutes is over. I would appreciate if you would wrap up, please.

Ms. Adkisson: That will be all. I would just appreciate if someone would do something for our loved ones in prison. Thank you.

Chair Hardesty: Thank you for your input today.

Ms. Buckley: Caller with the last three digits of '846', please slowly state and spell your name for the record. You have two (2) minutes; you may now begin.

Adrian Lowry: I'm calling in to echo what the previous person said, responsible to the health care of all the incarcerated people that are being put at incredible risk and they're being exposed without their choice to catching COVID, getting all the symptoms and possibly death. I believe that we have to do something about the (inaudible), I'm mean that's just cruel and unusual punishment to expose our loved

ones in prison to COVID-19. We must do whatever we can to reduce that, to especially to let people out if they're not a risk to society, but they have completed as much of their sentence or if they have, or the so-called risk to avoid it. Thank you.

Chair Hardesty: Thank you, Mr. Lowry. The next person, Ms. Buckley.

Ms. Buckley: Caller with the last three digits of '779', please slowly state and spell your name for the record. You have two (2) minutes; you may now begin.

Nicole (inaudible) Armstrong: NDOC has been falling behind on management of the COVID crisis from the start. Contrary what is about to be said by NDOC, there are people who are sick and some dying in the prison. A death most recent as last night occurred in a unit where sick inmates where they do not receive medical attention for days and testing was not completed. It wasn't until it was too late the person received medical attention. It was also overheard from NDOC's own medical staff that if they were not tested for COVID then they didn't die from COVID. It is saddening and infuriating as these are people, not just numbers in somebody's computer. How does COVID get into the prison? It is brought in by employees of NDOC who do not follow the COVID policies put into place by NDOC. And why not, you ask. I've seen at meetings even as recent as the ACAJ meeting a few weeks ago, and on NDOC's facebook post, Director Daniels did not wear a mask. What happened to leading by example? There are people who are sick in every facility. Perhaps dying who are not being tested. Is it an attempt to keep their numbers down so the larger facilities don't have a 90 percent positivity rate like the Humboldt Camp, Stewart Camp, Pioche Camp and Warm Springs Correctional Center? Just the facts you should know prior to hearing the inaccuracies about to be told to you by NDOC. They do not have it under control. They never did. They need to be held accountable. And if leadership can't hold their own staff accountable, and no one is there to hold leadership accountable, then perhaps it's time for new leadership. There is no transparency or accountability or communication out at NDOC. There's a (inaudible) regarding the Town Hall we're going to hold on December 15th, we would like to see them there. And at last, please, please, please, help save these people's lives. Their lives matter, too, and they don't deserve to die due to NDOC's negligence. Can we expect to see NDOC at the Town Hall on December 15th. Thank you.

Chair Hardesty: Thank you, ma'am. The next speaker.

Ms. Buckley: Caller with the last three digits of '334', please slowly state and spell your name for the record. You have two (2) minutes; you may begin now.

Darrin Scheidle: I have a loved one in NDOC and I'm very appalled at the (inaudible) that's being gone on with COVID that's been reported to me over the last six (6) months. Only recently have they been doing the appropriate testing. Before that everything that was reported was with all negatives, basically swabbing inside the nose itself like you would a baby to clean out its nose. That's not appropriate COVID testing. For those of us on the outside that have gone through COVID testing, we're aware of that. Besides the COVID testing, the test is not being done appropriately or might be now, ideas I want to propose in support of Assemblywoman Nguyen's AB 236 modification, is to see that it gets applied retroactively from the time it was signed into law, rather than July 1st, 2020. The other thing I want to bring up is AB 25 that was signed in by Governor Sandoval, but was not enacted regarding NRS Section 209.4465, which Governor Sisolak said he would sign but so far hasn't. About granting

five days a month of what the offender serves. These two things would greatly help out the current population of NDOC. And for those folks who are non-violent offenders, as long as they serve more than 50 percent of their minimal time, I don't see why they can't be converted to house arrest especially when they have homes to go to, family to support them, jobs to go to, and medical benefits they can get outside through their family members. Those are the big things I want to bring to Sentencing Board's, Policy Board's attention. Thank you for your time.

Chair Hardesty: Thank you Mr. Scheidle.

Ms. Buckley: If there is a member of the public who would like to testify by phone and would like to provide public comment, please press * nine (9), to raise your hand. There are no more callers Chair Hardesty.

Chair Hardesty: Thank you. I think that concludes public comment. From what we've been able to see on the screen I think everybody has commented when requested to do so. A reminder to everybody, there will be a second public comment period at the end of the meeting and you're certainly welcome to participate at that time if you didn't already.

3. Approval of October 28, 2020 Minutes

Chair Hardesty: I'll open Agenda Item three (3) approval of the October 28th meeting minutes. The draft has been circulated. Are there any edits, comments, corrections to the minutes of the meeting of October 28th? I'd like to entertain a motion to approve the minutes if someone is prepared to make that motion.

CHRIS HICKS MOVED TO APPROVE THE MINUTES OF THE OCTOBER 20, 2020 MEETING.

SENATOR CANIZZARO SECONDED THE MOTION.

ELISA CAFFERATA, DR. ELIZABETH LANTERMAN AND CHIEF TOM LAWSON ABSTAINED FROM THE VOTE. CHAIR HARDESTY COMMENTED IT WOULD BE THE SAME FOR DR. LANTERMAN AND CHIEF LAWSON.

MOTION PASSED.

4. Update on the COVID-19 Crisis in Facilities of the Nevada Department of Corrections

Chair Hardesty: As I mentioned earlier, Director Daniels and I have had a couple of conversations about his willingness to participate with his staff in providing an update on the status of the COVID-19 impact on the Nevada Department of Corrections' facilities. Over the last several months of the pandemic, the Director and his Medical Director, Dr. Michael Minev, have provided updates and statistics on NDOC staff and inmates who have been tested and rate of positive tests and results. Throughout the pandemic, Nevada has been recognized for the ability of NDOC staff to track and contain infections. We have also heard in public comment, criticisms about those who have loved ones in the facilities or are advocates on behalf of inmates. Most recently, there's been outbreaks at some of the facilities and I appreciate the Director's willingness, and his Doctor to be available to make a

presentation to the Commission as well as answer some questions from Commission members and address some of the comments that have been made by the public, that they're in the position to address. Director, I really appreciate our phone calls, thank you so much. Perhaps we can begin by having you introduce the staff you have with you who will participate, and we can proceed with our presentation. Whenever you're ready, sir.

Director Daniels: Good morning, Justice Hardesty, and members of the Commission. My name is Charles Daniels, I am the Director of the Nevada Department of Corrections. I have multiple staff with me today, so hopefully we can answer and address most of the questions presented today. Sitting with me I have Brian Williams, he is my Deputy Director. He was (inaudible) program, but last week has gone over to our Operations Division, so he's well-versed on both sides. I have Christina Leathers, she's from Human Resources. I also have Dr. Michael Minev, he's our Medical Director. I also have Bill Quenga, he's our Deputy Director of Industrial Programs, but also our acting Public Information Officer. I have others in support capacity in the event we need to research something while I'm communicating. So those are all the folks we have available and I would like to go ahead and start off this meeting.

First of all, as of December 8th, 2020, we have a bed population of 10,251 inmates. I will tell you that this number changes regularly. It's a fluid number. It's affected every day as long as we release inmates and inmates come into our facility. All I'm going to give at this presentation, I have an opening statement that provides where we are today. We implemented what we call a "Fire Wall Strategy." It was initially established on March 16, 2020 and that is continually modified thanks to the recommendations of the CDC, which is the Centers for Disease Control, or the WHO, which is the World Health Organization, and also, the Nevada State Medical Director. In terms of treatment, we established protocol based on a trigger event, to initiate testing of the offender population. This protocol is unique to each facility and institution. Some of those are obviously sanitation, and isolation protocol are established. We also started up debriefing, known as Town Halls at each location every Tuesday and Friday. We spoke to the inmate population as well as all of our staff. And in those meetings, we give them an update as to what is going on globally related to the pandemic, nationally, and what is going on in the State and what is going on within the prison system itself. We also limit staff contact with the vendors. For example, wardens schedule changes, so we really cut down on the day-to-day contact we had with many of the inmates who had previously been allowed to come out at all times and perform some of our basic duties. We also made sure hand sanitizer was available to all offenders upon request. And masks have been issued to all offenders. As a matter of fact, each inmate has been issued reusable masks. Each has been issued two so when one gets sent out for washing, they have a mask available with them. We also started testing all of our offender population, which started back and in June and continues weekly effective, September 8th. I'm happy to meet with families, but the primary part of my job is to run the Department. This requires me to put my focus and energy on implementing and guiding policies and procedures when it comes to staff safety, public safety and vendor safety. We are also in a pandemic which requires an 'all hands on deck,' '24/7' mentality. I started employment with the Department of Corrections in December of this past year, then of course we rolled into the pandemic in March. I want to say I appreciate the concerns and questions presented by the public. Further, advocacy groups have various places to be heard by me even without face-to-face meetings. Whether it be letters, phone calls, listening or asking questions at this meeting, the Commission meetings and other public forums. They also have the opportunity to discuss concerns with their elected officials. As I serve at the pleasure of the Governor, it becomes my responsibility and to implement the policy visions

of the Governor consistent with SAM and effective correctional policies. And above all else, the constitutional rights of the inmates. I hope to be able to meet with groups more often after the pandemic. However, rest assured, your voices are important, and they are heard.

I'd like to now transition to the Power Point presentation. I think it's important and we should address most of the issues that have arisen through public comment, so far. The very first slide is just some basic information. We're going to be talking about outline and COVID-19, we're going to talk once again about (inaudible) and how we got where we are. We're going to give you some data, most of it, the data, is relevant as of today, or not more than a few days ago. Also, we'll give some definitions as some of the language we use is I think everyone should know what it means and how we use them. And then we're going to talk about our protocols. What's interesting about our protocols, as each and everyone knows, our protocols have changed, they've evolved since March. And they've evolved significantly. What we want to do is break down those protocols, by first wave and second wave. First wave, going back to March, and ran all the way through August. Then we had the second wave, that went from September and is currently in effect, as it relates to how we deal with COVID. Let me give you some basic information on what's going on in the Department of Corrections. Once again, it's current as of December 8th, as of several hours ago. Let's just talk about staff. We currently have 189 staff who are positive for COVID-19. That is roughly about 2,700 staff. We roughly have 217 in quarantine, and another 189 in isolation. Currently, we have seven staff members moved to the hospital, and we have two deaths of staff members, related to COVID-19. Currently, we don't have anyone pending in tests. As you know, we typically wait for a medical test to determine even at time of death, regardless of how a staff member and/or inmate passes away, we still conduct a test to see whether or not the inmate had COVID.

Let's move to our offender population. We currently have twelve-thousand, two-hundred, thirty-seven (12,237) inmates who are positive (for COVID-19), Out of that, twelve-thousand, two-hundred thirty-seven (1,237), we have two-thousand, nine-hundred seventy-one (2,971) inmates who are in quarantine, and we have another 1,237 in isolation. There are currently eight (8) inmates admitted to the hospital. We have had five (5) inmates who have died with confirmed positive (for COVID). With that, if you're positive we're going to count it as a positive death for COVID-19. Although many of these inmates have other issues, significant issues that also may contribute to the death of the inmate. We currently, of any of the inmates who have passed, we're not awaiting any tests. So, cause of the death of inmates who have died recently, that had a positive test, we have that listed. Let me give a little bit of background, I think it's important. We implemented our fire wall protocol that I mentioned earlier. With that meant was, we suspended visitation and all non-DOC employee access. We also asked of all our employees to include temperature checks and symptom screening. We adopted a mantra, "When in doubt, keep them out." We recognized that if we were going to have COVID-19 in our facilities, our staff would be the primary carriers, as they're out in the community. And if you may recall, there's a significant lag in when each person was tested. There's a significant lag as to when they received the results back. And as we continue to move on, the amount of time increased significantly as the state lab was inundated with so many tests you have to review and get back to people. Also, we initiated a mask usage of policy within the institution. In terms of sanitation, we implemented sanitation protocol that also included a ten (10) percent bleach solution to wipe down all areas, which happen constantly in all our common areas. Showers, places where inmates congregate, or where they have access to their cells. Also, we started testing what we consider to be our vulnerable population. Our vulnerable

population included inmates in three categories. One is inmates who are receiving treatment via chemotherapy; the second group are inmates who are actively engaged in having to undergo dialysis at any interval; and the third group are inmates who are pregnant. We also implemented mandatory testing by each institution, which also included the staff. I will continue with the background and talk a little bit about PPE (personal protective equipment). Hand sanitizer was manufactured by Prison Industries and distributed to all of staff and offenders. We've had to collect the hand sanitizer back from offenders simply because some of them started to ingest it, obviously, to treat it as regular alcohol. So, we had to collect it back. However, we did provide it to our staff so they could take it to each cell, and they would provide them with hand sanitizer in small amounts, so we didn't have to particularly worry too much about them ingesting it. We once again have issued masks to all staff. Once again those were manufactured by Prison Industries. In addition to that as I stated earlier, with providing masks for our inmates, and each inmate has two issued masks. We started then with our Town Halls. Our Town Halls are briefings or meetings. We have them every Tuesday and every Friday, agency-wide, and they're for staff as well as the inmates. As I mentioned previously, it is our goal to keep the inmates informed. The inmates do have access to watching television, so they keep informed and we know that, if people who are informed, they tend to do better. And most of our inmates appreciate the fact that we communicate with them very directly and we don't have this delegate below the associate warden, typically all of our wardens are at these Town Halls.

Justice Hardesty: Director, this is Justice Hardesty. I don't know if technology allows, but at least in the main screen we're not able to see the Power Point. If you're able to post it where we can watch it as you're working through it, great. If not, we'd ask maybe if you could provide a hard copy to Director Gonzalez after the meeting and we'll be sure to post it on the website of the Commission.

Director Daniels: Thank you, Justice Hardesty. We've gone ahead and sent it to Director Gonzalez. However, I think we may be able to salvage this. Can you see?

Justice Hardesty: Yes, sir. Thank you very much. I appreciate it.

Director Daniels: We've heard a lot about the Department of Corrections being overwhelmed, we've heard a lot about the major catastrophe going on. I would like to share as my personal perspective and as Director, any death, especially related to this pandemic, is horrible. And quite frankly, we can't save everyone. But I would like to remind everyone this is a global pandemic, that if I'm not mistaken, 200,000 Americans who have passed away. So, we kind of need to keep those numbers in perspective. That this is not a Nevada Department of Corrections-generated issue, nor is it something we have failed to respond to. So, what I'm trying to say now, just to make that point, and by the way this information is from the Marshall Project, which is an organization that keeps up with statistics that they gather via each state and nationally. So, if you want to look at where we stand, the Nevada Department of Corrections, when you look at the State as well as the Federal Government, we see a State per 10,000 inmates, such as Texas, a state with 26,000, that might be 28,000, I'm struggling with my eyesight. But somewhere between 26,000 and 28,000 inmates, if you look at the slide, it will show you that per 10,000 inmates, they are shown to be at per 10,000 inmates, twenty-one hundred, eighty-six inmates (2,186) per ten-thousand (10,000). Then there is the Federal Bureau of Prisons, has roughly the same amount. But in terms of prisoners, per 10,000, they're at seventeen-hundred, ninety (1,790). Then you look at some of these other states, California, Arkansas, Wisconsin, Tennessee, they all have

some very high numbers. Of the data there, we do not collect this information. I want to make the point, we have to take in our data in context with everyone else. As we move on to the next screen, let's talk about Nevada. If you look at Nevada in the top-12, that's in the U.S. Whether it relates to the total number of COVID cases or the number of inmates infected per 10,000, we would be ranked 41st in inmates per 10,000, meaning only eight (8) other states being higher than us, and 38th in the total number of cases.

Although I deeply care about those folks who are concerned about the safety and welfare of their loved ones, we do take this very seriously. But I do believe that many of the things that we put into place, when you take into consideration that we still have to deal with the staff safety element, the inmate safety. Some of our inmates, quite frankly, are in where they can't be around other inmates. Some of them are predatory, some of them are violent, some are predatory and violent. Some of them don't do well around others. So, we have to ensure we have procedures in place to keep those who need to be sequestered or separated from the others. Everyone, I have no doubt that most people just are here because of their legitimate concerns for their families and welfare for many of those who are incarcerated. I get it. But once again, let's put this into context of where we are compared to other corrections systems. Let's put into context that this is a global issue. This is global. When we look at our data, we've done extraordinarily well. This is also touched similar with my staff members, and I've gone to funerals. It's all very heartbreaking. So, I do feel for those individuals. But keep in mind, although we'd like to have the best-case scenario, we get it, we understand it. I don't make public policy, I just execute the duties of the Department of Corrections, which is primarily, public safety. Secondly, of course offender and staff safety. I have an obligation to assure those people are kept in our confines until they are appropriately designated the right to go home. Whether it be a full-term release and/or on probation or parole, or some other type of supervision. I don't take that very lightly.

But we do not make public policy. Public policy is driven by individuals who are elected as in the executive ranks or the legislative branch. And those folks in our judiciary are actually the ones who send the inmates to us. But I have very, very limited authority to release an inmate. And that's one under compassionate release under very, very restrictive rules that makes it very hard to be able to release someone. Again, I believe that if the individuals who still want to pursue getting some of these folks released, I ask they move forward and identify the appropriate people to address and maybe they can address their grievances and maybe even work with them to come up with better solutions.

Right now, I'm extraordinarily limited, and you have to understand, I've got to keep everyone safe, in spite of the fact we all have to interact, inmates have to eat, I have an obligation under the member of the constitution and that we'll house these inmates in safe and humane conditions. Now, there's a lot room in terms of how that's defined, but I can assure you this, as a corrections professional who works with a group of dedicated corrections professionals, we are not perfect, but we certainly do our best to do the best we can to keep everyone safe. On occasion if there is an issue, we address it we identify it and then we move forward. Let's move on to the next page which talks about some of our definitions.

You've heard words like quarantine and isolation. Let me talk about what quarantine is. That's if an individual has been around someone who is symptomatic, or, been exposed to someone who has been confirmed positive. Those who are in isolation are the inmates who are actually and confirmed positive. We need you to know there's always a difference. But just because we have a large group that is

quarantined, doesn't mean they have COVID-19. Moving forward, on our first wave, we spent a lot of time and effort on access to (inaudible) tools. We bought a lot of thermometers, and that was very challenging. Because if you recall, there was so many people trying to get a hold of thermometers, literally. Even at Walmart, you couldn't find any thermometers. So, we were able to acquire them with assistance from some of our State agencies. Also, in terms of access to personal protective equipment (PPE), we struggled in getting that, so we decided to make our own. Whether it be masks, protective gear, you name it, we pretty much manufactured everything but the N95 masks. We also really monitored and focused on our employee positives. As it was very obvious, if our inmates didn't have it and through testing, we had most of our facilities were COVID-free. We really needed to spend a lot of time together on testing our staff. And when they were positive, we immediately sent them home on administrative leave. And we kept them out, although we don't have reserve staff. We use staff within the agency to fill in. So, our people who worked in our primary central offices were backfilling in. We're the only agency I can think of that when we have an issue, we don't call 911. We call one another and we already have depleted resources when it comes to our staff. But I'm going to use this as an opportunity to just say my staff are talented and are hard-working and dedicated. And we literally had to force people to stay at home until we could get them cleared. A lot of that type of activity is not common we know, but, if I see it as an opportunity to share with you, we were really on top of what we were doing.

I'll also tell you that once COVID started, all agencies had to come up with a list of individuals who were essential and non-essential. Because of the nature of our job, we could never close down. We can't just close the doors. Every single staff of the Department of Corrections was designated as essential. Our staff hadn't been going on vacation, our staff hadn't been leaving. Many of our folks Had been there the entire time, 24/7.

Also, we started testing all of our inmates who were coming in from other jurisdictions, and also, we did our out-of-state offender testing. We had ninety-nine (99) inmates who were housed in private facilities in Arizona. We needed to make sure what was going on down there, so we went down there and tested our own inmates. We were happy that we did it and were able to detect the vast majority of them had actually contracted COVID-19. After having that come up, we made a conscious decision to bring our inmates home early in November. We now brought back every single one of our inmates who were housed in private corrections in Arizona and for those who are still positive we treated as if they were at home. And I'm happy to say on a good note, to those who are interested, not having your loved ones sent out of state to private corrections, we addressed that, and we brought all these inmates home.

So now, as it relates to our second wave, on what has changed, we lifted our community restrictions. Also, we understand that, and I think most people listening in would understand, that COVID fatigue has set in. And as more time went by, and due to staff burnout, we've recognized that many of them, because of having been in contact with people in the community, for whatever reason, they were getting in greater contact, as the numbers increased and rates increased, many more were coming back with COVID-related symptoms. Symptoms or having to go out on quarantine. As a result of that in and out, of just the increase, our prisoner positives have gone up and they've gone up very highly. But once again we've given you the numbers as to what's going on. We've also addressed the deaths, we've also addressed anything and everything that's going on with our population. I asked that as you were listening to the plight and the pleas of those who have questions and expressed concerns, I'm here to

deal in facts. These are the facts as we know them today. I do sincerely appreciate the fact that so many people are concerned. I'm saying this very carefully, I typically keep my private business to myself, but a couple of weeks ago, my father passed because he had contracted COVID. Then five days later his wife passed.

So, this also hits me and my family, and it's somewhat hard to hear that people think that we don't take this seriously and we're out to hurt their loved ones. That's completely untrue, and I'm going to push back on that. I'm very proud of the fact my staff do tremendous work and they still have to deal with the issue that impacts the lives of their families. Just like the people who want us to do the best for their families. On a personal note, I'm going to avail myself to answer questions and/or comments, I'll take a few. But understand we're all in this together as humans. Not as staff versus inmate, we're all in this together. My staff, my correctional staff they have worked extraordinarily hard to make all this work. We're continuously evolving in what we're doing. So, before there are any particular shots people are making about this agency, about what we're not doing, I'd rather just talk about the good work and great work we are doing. And comparatively speaking, no matter what metric you want to use, nationally or with any correctional systems, I'll tell you what, I see a problem. I see a problem today and into tomorrow. We're doing the best that we can. Thank you, Justice Hardesty. I'll turn it back over to you.

Chair Hardesty: Thank you, Director Daniels. First let me begin by extending to you and your family on behalf of the entire Commission, our condolences. I know there are a great many on this Commission who had friends or family members impacted by COVID and I'm very sad to hear of your loss, and please accept our condolences. I'd also like to thank you for taking the time, you and your staff, to assemble information for this discussion. I have a couple of items I'd like to address and then we'll ask Commission members if they have any questions. Are you able to break down the number of inmates who have tested positive, and the number of inmates who are being quarantined, by facility? If those numbers aren't readily available and present some security concerns, I understand. But I would like to see if we can secure that information and maybe supplement your power point with that information, as least as it may exist as of December 6, 7, 8 of this year.

Director Daniels: Justice Hardesty, the answer is yes. We can provide the information and we will plug into (the power point).

Chair Hardesty: The next question I have is when you have inmates who test positive, could you expand on the protocol you folks use medically to care for them, isolate them, and then could you also do the same with respect to how you quarantine inmates who have been either exposed or symptomatic.

Director Daniels: Justice Hardesty, I would be very happy to address your concerns. I'm going to turn this over to my Medical Director, Dr. Michael Minev. In addition to that I have my Deputy Director of Operations here, also. The one thing I will tell you, if there's anything that reaches over into the security aspect, I will send it to you later, but I won't make that public. But we can certainly address the questions you just presented. Dr. Minev.

Dr. Michael Minev: Hello Justice Hardesty, this is Michael Minev, Medical Director at NDOC, for the record. For inmates who test positive at our facilities, we, as of November 23rd, I sent out a directive to all of our staff throughout the entire state who had any close contact with inmates to be wearing N95

masks. Also, just recently included full protective gowns, gloves, face shields if available. Individual inmates who test positive are to immediately be evaluated at one of our facilities. They're isolated from other inmates. Their cellmates or any contacts are quarantined and tested. They're also evaluated for any symptoms and what we've been trying to do to the best of our ability, is to separate each of our facilities into an isolation unit according to CDC guidelines to prevent individuals who are positive or infected, to infect other individual inmates who are not infected. The quarantine protocol is similar to isolation. The individuals are evaluated by medical personnel at the facility for any type of symptoms. As we isolate inmates, they are evaluated again by nursing and medical staff. Individuals who are symptomatic or are clinically deteriorating or have difficulty breathing or are not doing well, are of course brought to a higher level of care, whether we call 911 or they are transported to the hospital. That is something that happens. What we're trying to do is make sure we have three isolated cohorts at each facility. An isolation cohort, quarantine cohort as well as non-exposed cohort in an effort to control the transmission of COVID-19 between those individuals who are positive or those who are pending testing.

Chair Hardesty: Thank you, Dr. Minev. I appreciate your being here and participating. One follow up, there was a question by a caller today, and I think it surfaced before, could you explain the prison's, NDOC's approach to COVID testing. What is it and is that testing protocol the same that is used on the general public?

Dr. Minev: As of the end of November, we have recently acquired a Quest (Diagnostics) contract to procure all our COVID testing for all of our inmates and staff. That contract is active until the end of December. That allows us to essentially perform testing on our inmates and staff. As of December 8th, I sent out a directive to our entire civil NDOC agency, to have weekly testing for all our inmates and staff. These tests are nasal swabs, they're the most accurate test. Right now, we also have access to the binex. It's an antigen antibody test, which provides a quicker result. The Quest Diagnostics tests right now are processing in 48-72 hours, which is a lot quicker than the State lab. Obviously, the State lab is inundated with testing throughout the state, so they're testing turnover time for results is approximately seven (7) to fourteen (14) days, and the Quest is 48-72 hours. The binex tests are available at some of our facilities, there is certain licensure requirements that we need before we can use those tests. Actually, the director was tested with the binex test yesterday. We are in the process of validating that test. The validation of the test requires that we not only take the binex test, which is a swab test, it's a rapid test, and do a PCR test so we can verify the validity of the test. We're currently in the process of doing that. We feel more comfortable using the binex test. Once we have 200 tests statewide, and we have been in discussion with the Department of Public Health in procuring a sufficient number of binex tests, which can be used in certain situations by cleared staff, particularly, because it is unfortunately not as accurate of a test as the PCR test offered by Quest Diagnostics. It offers the ability to get test results in 15 minutes.

Chair Hardesty: Great. Thank you. As part of the testing issue, I believe my memory, the Director has provided us numbers on the percentage of inmates who have been tested at our last meeting. It was a pretty sizable percentage. Do you have those numbers, currently, or could you supply those as to the percentage of inmates who have undergone testing?

Dr. Minev: I could say with certainty we've had our entire inmate population tested, at least within the

last 90 days. I would have to look and give you the exact numbers as to when everyone was tested. We are again, as of this week, we are testing all inmates on a weekly basis.

Chair Hardesty: Alright, thank you. Let me extend an opportunity to other Commission members to pose any questions they may have. I'm going to just go through the list since we're on the screen and could be chaotic otherwise. So, if I could begin by asking Ms. Gonzalez to read the name of the Commissioner and if you have some questions or comments, make them and then we'll move on to the next Commissioner.

Ms. Gonzalez: Judge Freeman.

Judge Freeman: I would like to ask a question, very briefly. Do you house both positive folks who are dangerous offenders with a kind of dangerous offenders COVID area, and a minimum-security risk COVID area, or are the people who are testing positive for COVID intermix?

Deputy Director Brian Williams (NDOC): Deputy Director Brian Williams, for the record. I'll comment on that. I've been in close contact with our facilities. We basically house inmates based on their classifications. So, if there's offenders we have with other dangerous offenders, we don't intermix. That's been our toughest challenge with most of our facilities. We have a minimum wing and maximum custody inmates, and we're keeping them separate. But it's more to your question, no, we don't house a violent offender with a low-risk offender.

Judge Freeman: Thank you.

Ms. Gonzalez: Mr. Hicks.

Mr. Hicks: I have just one question. I was looking at the play book that's been released about the release of the vaccine, and according to the publication I have is the first tier includes correctional employees and within the second tier, vaccine distribution includes the Nevada Department of Corrections inmates. I notice that is actually ahead of people in tier three, that includes transitional housing for offenders and homeless individuals for people with underlying condition that are at increased risk for severe illness. So, I'm curious, Director Daniels, if you have any kind of idea when that vaccine may be administered or provided one, to your employees and two, your inmates that are in your facilities.

Director Daniels: Thank you for your question. I'm going to turn this response over to Medical Director, Michael Minev. Dr. Minev.

Dr. Minev: Thank you for your question. I've been in constant communication with Dr. Ihsan Azzam, the Chief Medical Officer for the State of Nevada. Our last discussion he mentioned to me that the tentative date for the vaccine rollout to the State of Nevada was December 17th. That has been changing lately. But, that was the last date he was given. I actually spoke to him right before this meeting in regard to a petition to make the vaccine available to our vulnerable inmates. I'm particularly concerned about the inmates at NNCC (Northern Nevada Correctional Center). Many of the inmates obviously have chronic conditions that would make them extremely vulnerable to the virus. There was actually in a meeting taking some of the data we provided him, some of which has been provided at this meeting. I believe he is in discussions in terms of petitioning for our inmates, at least our vulnerable

inmates. It would think it would be very advantageous if they receive the COVID-19 vaccine. It's something in discussion. He said that he would update me with any changes in the tier in regard to our inmates receiving the vaccine.

Director Williams: Mr. Hicks, we've also been in contact with P&P and the Parole Board as it relates to inmates who are being released. Any inmate who shows signs of COVID or had a recent positive test for COVID, of stopping their parole. So, we developed a procedure with P&P to present to the Parole Board, if an inmate shows signs or symptoms as well as testing positive to stop that parolee from entering the community. Temporarily.

Chair Hardesty: Any further follow up, Mr. Hicks?

Mr. Hicks: No, and thank you. I know how difficult the work is you're all trying to do and so, I applaud the efforts.

Chair Hardesty: I'd like to follow up on Mr. Hicks' question if we could, Doctor. Will the administration of the vaccine be voluntary or mandatory? That is to say, can a staff member decline? Or an inmate decline, if offered?

Dr. Minev: At this time, to my knowledge, we are not able to mandate the vaccine for NDOC staff or inmates.

Chair Hardesty: And to do so, with respect to staff, what would be required? Is that an employee negotiation issue? Is that a statutory issue? An HR issue? If you know?

Randall Gilmer: Hi Justice Hardesty. With permission, this is Randall Gilmer. I serve as General Counsel for NDOC. Although, this is a little bit outside my lane because our personnel division in the attorney general's office knows that better. But my understanding from speaking with the personnel division on this issue, is that there's several issues. One is which is a statutory issue, some of which will need to be addressed through the NAC and employee regulations outside of our realm. As well as obviously with the collective bargaining issues going on that may be an issue that we address there. But yes, I believe this is a legislative, statutory fix or administrative fix and not something we can do short of seeking court orders perhaps, and having the courts step in. It's obviously something we need to deal with as necessary. I think that's the best I can answer that question. But obviously to the extent we have a lot of questions, and I would be happy to provide additional information as we can.

Christina Leathers: Good morning, Justice Hardesty. This is Christina Leathers, Personnel Analyst (with NDOC). When we send out communications about the vaccination being available to staff, we got some employees who were willing to quit if they were forced to take the vaccination. So, we're definitely treading lightly on this topic to ensure that we have support from State HR if we need to mandate. Thank you.

Chair Hardesty: Thank you, both, for the follow up. I asked the question because I anticipated there are challenges for the Department and just because the vaccine's available doesn't mean it be administered to everyone. It presents a whole set of additional complications I think the Executive Branch and the Legislative Branch are going to have to take a look at, as appropriate. It's going to be a whole new round of issues or problems, and I'm not taking a position one way or another, I just

wanted to put on record that that is an ongoing problem that we'll face as the vaccine unrolls. Victoria, next Commission member.

Director Daniels: Justice Hardesty, this is Director Daniels. I did want to follow up on a previous question regarding legality. I'm going to turn it over to our Chief Counsel, Randy Gilmer.

Mr. Gilmer: Justice Hardesty, I applaud everyone who asked a few questions both regarding inmates as well as employees. I did my best thinking this could be an employee question but best addressed as an inmate question. With the people here at NDOC who are responsible for drafting bill draft requests, and as you suggested, is probably one of the legislative fiscal services, if necessary. We have been in discussions about drafting a bill request and I believe one has been submitted pertaining to changing the statute that currently requires NDOC to test for tuberculosis. So, we would add some language to that particular statute to the extent that we could get it through the Legislature. So that is something they are trying, NDOC is working with the Legislative bodies to try to get a Legislative fix or at least the consideration of. So, I apologize for not giving you the inmate portion of that answer the first time.

Chair Hardesty: Don't worry, Randall. Thank you very much for your involvement and your information.

Ms. Gonzalez: Sheriff Logan.

Sheriff Logan: Yes, good morning. Director Daniels and his staff, I understand that with your staffing to choose, in occasions access and ability for inmates enter the things to expand and help for those folks to get information out to, because a lack of communication and sometimes false information it creates a lot of the comments driven if that kind of stuff happens. And what steps are you taking to try to get that communication back in line with folks back home.

Director Daniels: Thank you very much for your question. I'm going to turn this over to my Deputy Director of Prison Industries, Bill Quenga, who is also serving as our Public Information Office. Deputy Director Quenga.

Deputy Director Quenga: Good morning, this is Deputy Director Quenga. Mr. Logan would you please repeat your question. I didn't hear the whole question.

Sheriff Logan: The question is, are you taking extra steps in trying to restore communications between inmates and their families, friends, or people outside the facility, or to try to dissuade some of these fears?

Deputy Director Quenga: Yes, I've been in communications with a couple of the advocacy groups. One instance that just came up is the Nevada Advocates for Incarcerated Persons, which communicated with me, they're going to come out to see our facilities. They're looking at releasing balloons to show support of the offenders who are in there, their loved ones, to show support. I've been talking also with the news media, going through facebook. We're answering some of the requests on there, but we can't answer some of the questions because of security issues. But I am reaching out to some of these family members and I direct them to any website I can provide as far as COVID information on the website. Of course, we update our protocols and any other information we can supply to the website and assist them any other way we could.

Dr. Lanterman: Yes, good morning, Director Daniels and staff. I appreciate the update on Department of Corrections procedures and data. I do have a question regarding vulnerable populations related to an earlier comment. Are there any special regulations in place related to older inmates given the National Institute of Corrections data, on older, the national average of older inmates having three chronic illnesses, and COVID risk related to age and preexisting illness? Is there any new regulation related to older inmates given what we know about risk related to COVID?

Director Daniels: Thank you for your question. I'll have our Medical Director Michael Minev respond to your question.

Dr. Minev: This is Michael Minev, Medical Director at NDOC. Can I rephrase your question? You ask whether or not if our older inmates with multiple prior conditions may be given certain considerations for ...

Dr. Lanterman: Earlier, during the initial presentation, there was a discussion about the groups the Department of Corrections defined as vulnerable. And testing or management that might treat related to COVID. My question is specifically to older inmates, which of course is a growing issue in corrections including the NDOC, they are by definition, nationally, a vulnerable group generally because of the problems of chronic conditions. So, with due respect to COVID and age and preexisting illness, are risk factors for contracting illness and more severe illness. My question is, how, if at all, the DOC is managing the older population? Generally, is there a focus on just older inmates who also have diagnosed chronic conditions? How is the DOC responding to the older inmate population?

Director Daniels: NDOC medical, under my direction, is treating all inmates as vulnerable. Obviously, those individuals who fall into age groups we discussed were vulnerable to complications with COVID-19, one of the things we've been doing is again, in relation to our vulnerable inmates, most of our vulnerable are at NNCC currently. I have been in constant discussions with Dr. Azzam, and just this morning before this meeting, trying to get at least the COVID-19 vaccine for those inmates. Obviously if we could get it for all inmates it would be advantageous. Particularly with our vulnerable population at NNCC, another idea I've floated with not only our staff here, but Dr. Azzam, is to limit the spread of COVID-19 to populations within our facilities that are vulnerable, such as NNCC. For instance, individuals who have tested positive for COVID-19, and have cleared infection according to CDC, they have completed a 10-day isolation and have not been hospitalized and are asymptomatic they can be considered to be cleared of COVID-19 infection. The literature shows those individuals are at a lower risk of reinfection for at least 90 days after they've tested positive for COVID-19 and of course they have cleared the infection. One of the strategies I have instituted within just the last couple of days, is to try to, obviously we're closely monitoring all of our staff and inmates for the infection, mostly as everything evolves. One of the strategies I want to try actively instituting at this time, is to strategically place officers or NDOC staff, and clear the infection in facilities where inmates have not been infected or there are not vulnerable inmates. That strategy would limit the possibility of those individuals transmitting the infection out to our more vulnerable inmates, who I consider all of our inmates the most vulnerable at NNCC.

Dr. Lanterman: Are there different regulations related to inmate movement, or what they are permitted or not do, say at NNCC, given the higher disproportionately at-risk population melled into what inmates are permitted to do at other institutions? Are there additional strategies in place at NNCC with that

population? Or is it simply, hey, we're essentially managing inmates in the same way at every institution, but we are trying to maybe now strategically place inmates, sorry, staff cleared of infection at institutions that hold a disproportionately high percentage of those at-risk inmates at NNCC? The Reader's Digest version of my question is, why are regulations related to this specific vulnerable population, older inmates with chronic illness, are those regulations centered around staff? Or are they centered around the movement or restriction (inaudible)?

Brian Williams: Brian Williams here for the record, Director of Operations. All our facilities have procedures in place as it relates to COVID, prior to movement of inmates. If certain units were to have positive inmate tests, inmates who test positive for COVID-19, that unit only would be quarantined, or restricted from other inmates. We've also taken measures to where we try to spread our inmates out in various groups. For example, we have culinary workers; they come from the same housing unit we try to spread them out. Of course, if we have an outbreak in one unit, we could still have them perform in culinary. Things like that we put in place to put ourselves in a position to still operate our facility and prevent them from spreading their COVID throughout the facility. So, we do have methods as far as movement and place, and what was the other part of your question?

Dr. Lanterman: More specifically, whether or not the attempt to mitigate the spread of illness, are focused on, primarily focused on staff, primarily focused on inmates? Or is there an attempt to balance that policy and those regulations to mitigate risk relative to staff and inmates? So, what is the philosophical (inaudible) to manage the disease?

Dr. Minev: This is Michael Minev, for the record. Due to the nature of COVID-19 and our inability to really predict how it will, the distinctions of the infection in each individual, even healthy individuals can quickly clinically deteriorate. Obviously, individuals who have multiple chronic conditions, who are more susceptible. But there are more specific CDC guidelines in terms of different care for individuals who have multiple chronic conditions. One of the strategies we've been using at NNCC, is to take individuals who, ... just this morning I was speaking with the Warden of NNCC, and those inmates at NNCC who have cleared the infection, obviously were healthy enough to get through the infection without multiple complications, we're diverting those inmates to Warm Springs, where we had a recent outbreak. Those individuals are being moved to, basically being co-horted with other inmates who have been previously infected. That gives our staff at NNCC more time to spend with the sicker inmates who are existing at NNCC. That's one of the strategies we're using right now, is to maximize the clinical effectiveness of our medical providers at NNCC, to take care of the sickest inmates at NNCC, by diverting inmates who have cleared infection to our other facilities where they may not need as much medical supervision.

Chair Hardesty: Okay. I have just one other question, Director (Daniels), and we'll move on to the next agenda item. My memory of the last time we visited, the numbers you were talking about were about twelve-thousand, four hundred (12,400) or twelve-thousand, two hundred (12,200) inmates in the prison and that was about, I think, two or three (2-3) months ago. Today, you're reporting 10,251 inmates. Do you know or do you have an understanding as to the why the numbers have dropped, if my memory is correct, by almost two thousand (2,000) inmates?

Director Daniels: Thank you, Justice Hardesty. I haven't done the forensics as to why. I suspect on the front end, the enforcement end, and the adjudication end, that has subsided somewhat, which then has an impact on us. Or as inmates are releasing, few are coming in and that would have a direct

impact in population. Amongst other things.

Chair Hardesty: I wanted to bring this issue also put this issue out there for the benefit of the Commission. It's my understanding there are large numbers of unresolved criminal cases because district courts are unable, principally in Clark (County), and maybe to a little lesser degree in Washoe (County), to conduct trials or to complete those cases. The Supreme Court is reaching out to various courts to determine the extent and nature of those backlogs because I think the entire criminal justice system, NDOC, P&P, the courts, maybe even the Supreme Court, are going to get a real shock when this current backlog and log jam, I'll characterize it as, breaks, and I think it influences some of the numbers we are seeing. I also want to bring this up because I don't want anybody to think that the decline in the population of the prison is going to be some permanent relief. Probably the opposite is going to be true once some of the many cases that are pending are finally resolved by plea or by trial. Okay, unless there are any questions or comments from Commission members, we'll move on to the next agenda item. Director Daniels, to you and your staff, thank you very much for being available and to participate in discussion, and address some of the questions and concerns the folks have. Thank you very much, I appreciate it.

Director Daniels: Thank you very much, Justice Hardesty. I also thank the Commission and all the people who called in regarding public comment. We're all in this together so I appreciate the time and effort to present what is legitimately going on. Thank you.

5. Report from the Executive Director of the Nevada Department of Sentencing Policy

Chair Hardesty: Okay, let's open Agenda Item 5, the report by our Executive Director. Victoria would you like to proceed?

Victoria Gonzalez: Thank you, Justice Hardesty. At this point I will now give a report of the recent activities of our Department. And, I would like to say I am allowed to celebrate my first anniversary with this Commission and the Department. If this were a wedding anniversary, the gift would be paper. And luckily, we have enough money in our budget I can buy some paper to help celebrate this first anniversary. Not only am I excited to share updates about our progress, throughout this meeting, we get to show you so much of what we've been working on. And I've been really excited about that each meeting, but now as our team continues to grow and our work product continues to expand, we get to show you more and more. I'm really excited to have be able to have all this prepared today for this agenda. To get us started, I've prepared a two-page handout for this Commission, which I'm sharing the PDF, it looks like this. As I did previously, I've organized a summary of our recent activities, based on our core functions. These are just bullet points of highlights. As we have talked about, I make sure to share weekly updates with the Chair about all of our activities. These are the highlights you can see. One of the things we had to do being a brand-new department, we had to write our own policies and procedures. There were models we could look at from other agencies, but we really wanted to make sure the policies and procedures were specific to our Department and met the needs of our Department. Sherry (Glick) and I started working on those back, probably late winter, starting in February and March. We've been working it since she came aboard. The process has been a very learning experience. One of the things we're very excited to celebrate as we are approaching this year, when Sherry joined us and my year, one of the things we had to do was write and submit our

prohibitions and penalties. This is a list of certain acts and behaviors and what the penalties are for violating those in our Department. What each agency needs to do is write those, then they submit those to the personnel commission at HR. I'm happy to report that recently, through a very long on-going process, and with the support of HR, our prohibitions and penalties just got approved at the most recent Personnel Commission. So, we're really excited to see another thing checked off our list. As you know, we have been preparing for the onboarding of our new staff. That has kept us very busy. They've had no problem settling in with the Department. I can tell you the growth we've already experienced in the last three weeks has been exponential. Which I think is a credit to me and Sherry both, for what we set up and I will say we sort of prepped the soil. As we've brought on our new team members, to see what we've been able to accomplish in the last three weeks is invigorating and I'm really proud of our team. Moving on to the budget core function, we continue to learn how to monitor our budget. It is a mandate for my position to monitor and keep track of our budget. We have the support of the Department of Public Safety, which we appreciate. One of the most recent things that developed along with the on-going reductions we've had to face since basically our inception, was a recent request for twelve (12) percent budget reductions. Recently, the economic forum met, and my understanding from the Governor's Finance Office is, after review of the results and the outcomes from those updates, we will have a more concrete expectation of our reductions. At this point the reductions are considered confidential. What that may look like. But I'm optimistic that we won't have to come to the full twelve (12) percent, but we'll have to see. We are a team player when it comes to Nevada. I've communicated to the Governor's office I care very much about this State and I know the rest of the Department does. We will do our part as much as we can. And we will see what we can do to avoid any more cuts so we can continue to grow. And I will keep this Commission up to date on the status of those reductions. Plus, in our budget is an update on the subaward which is actually later on in the agenda. But we are learning how to invoice. We've learned so much about applying for a grant, receiving a grant, getting work program approved at IFC, so I'll share more details about that but that's been our main activity in in the budget core function. In the Commission core function, what's kept us the busiest in the last month since we met, was working on these minutes from the previous meeting, which we handle internally because we do not have the budget to have that sent out. That keeps us busy. We've been preparing for this meeting, and you can see the materials are a great example of what we've been working on. And we've been working on trying to fill these vacancies. We've had some interesting turnover over the last year just because it's the way things go, and promotions, people moving on. I'm happy to report we're down to one vacancy. As Justice Hardesty mentioned at the top of the meeting, we have welcomed two more members, actually three members, including director Cafferrata, who is statutorily required to be a member for participation. So, we only have one more left, and that is a vacancy previously held by a member of the ACLU. We're continuing to work with the Governor's office to get that filled.

Next is our AB 236 core function. This includes us meeting with the agencies, which you'll hear more about in our next agenda item as we continue to work on figuring out how to collect that data and how to bring it to this Commission so this Commission can work on making those data-driven policy recommendations. I was invited by the Department of Corrections to make a presentation to their staff both up North and down South, as far as giving them some information and the policy behind AB 236. I want to thank the Department for that invitation. I continue to appreciate my collaboration with all the agencies. And knowing they felt they could reach out and ask me to do that and I appreciate it. I

continue to get to meet new staff at the Department of Corrections and I'm very grateful for the work that they do and the opportunity to go meet more of their staff and see what they do. Lastly, under the AB 236 core function, is the Nevada Local Justice Reinvestment Coordinating Council. As I previously mentioned we are working on preparation for that. Laura, our staff attorney, will be the lead on that, and now that she's here we'll be able to get a lot more of that moving. The next steps for that, are soliciting appointments from the counties. As previously reported, I made a presentation to the Nevada Association of Counties inviting those appointments. We would like to have appointments by July 1. The next steps I would like Laura and I to take, is to introduce ourselves individually to each county board and start providing more information about what we're looking for, for the Council, and be prepared to provide any support we can when soliciting those appointments.

Under reports you can see we've been very busy with this core function. There are four deliverables required by this Commission. As we know, one was submitted in August, the Projected Amount of Costs Avoided. Most recently we submitted on behalf of the Commission the Statement of Costs Avoided, which was due on December 1st. The next two deliverables are the Comprehensive Report, that is due in January, and what we are referring to as the AB 236 report, that is due in February. And you will receive more information about that and our status in our recommendations for those reports later on in the meeting. With our legislative core function, we continue to monitor different interim committees and activities. One of the things we are keeping track of was the activities of the Advisory Commission on the Administration of Justice, as they were specifically discussing and working through recommendations and changes to the AB 236. A couple of items we talked about in our previous meeting, we talked about technical corrections in our recommendations. I submitted that as public comment. We will discuss that further in our meeting, but I've also included that as part of your meeting materials, on behalf of the recommendations we discussed. Next, for the legislative core function, we need to learn how to track BDRs (Bill Draft Requests) and bills on behalf of this Commission and our Department. There's a couple of things we'll be looking for. After the last meeting, I did mention this is something on our 'to-do' list and again, I appreciate staff members of NDOC, without being asked, offered their support and showed us what they do, and I really appreciate that. I continue to promote collaboration between the agencies, and I appreciate all the help we're getting and hope we can always return the favor. Then we'll be figuring out how, especially with seeing how session is handled especially with how closed it's going to be. We'll be learning how to monitor meetings, and offer support in those ways, and of course be prepared to make presentations regarding our budget.

The last core function is outreach. We've revised our procedure a little bit for tracking the phone calls we get, the emails we get and the mail we get. Now that we have more staff we continue to collaborate and brainstorm about what's the best way to respond to these. It's important to us to track the data, so you can see here we're figuring out best practices for tracking that internally. And continuing to evolve with those. As you can see I've got some information here to present. In the outreach core function, I was down south to make that presentation to the staff at NDOC. I had the incredible opportunity to tour facilities in Southern Nevada. I want to thank again, staff at NDOC for providing that opportunity. For those of you who have been to facilities, it's really important for you to see what each of these look like. They are so different, one from the other. We went to High Desert State Prison and Southern Desert, and they're right next to each other and they're very different for different reasons, obviously as far as security, but just issues they face. And being able to see the facilities in a pandemic, was also very

enlightening. I'm looking forward to the opportunity to see facilities after the pandemic has passed and compare my experiences of what I've been able to observe. I'm very impressed with the work of the wardens down there. I had an opportunity to meet with them. I recommend to anyone else who has not toured a facility to take that opportunity. So, I'm looking forward to seeing, especially when the pandemic passes, to visit other facilities. Not just once but hopefully on a regular basis and be able to get to know what's happening and what it is the Department faces on that level.

Last, here is a summary of part of the outreach function. This is just some of what we've received in the last month since we last met. Here are the letters we received from various facilities they came from. I'd say it varies depending on who's communicating and who's passing on information. Generally, about half of the letters we've received have individual requests asking the Commission to offer assistance. We remind them we do not offer legal representation or advice, but they are welcome to ask questions about the Commission. You can see here four of the letters we received did ask for very specific questions regarding the last meeting. They want to stay up to date on what this Commission is talking about. We are happy to share our agendas and if we can, if we have the ability, we will share minutes and any sort of summaries about what was discussed. Here are the trends of the letters. You can see it's slowed down in the last couple of months. I'll continue to keep you updated on this so we can keep track of what sort of communication we're getting from the public and what sort of peak times. We can see during the summer is when we were talking about when we had those meetings regarding the COVID crisis at some of the facilities. I don't know if that's necessarily why it slowed down, but members of the public are also finding out what we can and can't do. It's interesting to watch these trends and I'll continue to keep this Commission updated. What we've started, is when individuals either call or write to the Commission, we make sure to ask if this is something they would like shared with the Commission, specifically. If they do not specifically request in their letter that their name be shared with the Commission, we do not share it. Last time, if you recall, we had a summary of about a page of the various names that asked to be shared with the Commission. I'm sharing with you these individuals who wrote to us. We can supply these letters upon request from the Commission because I want to make sure we protect any sort of information that would be personally identifying. As I'm reflecting on the past year, I think there's been some observations about how the year went for individuals and one thing I'm noticing, especially on social media and different conversations, I see that people are posting information they've lost time during pandemic. Or they were on a pause during pandemic. I just want to reassure you and for our own just celebration, we did not lose time. We did not pause. We never, ever relented. And what did we do during pandemic? We built a department. And I couldn't be more thankful for 2020. And I just get excited for whatever comes next. With that, I'm happy to answer any questions about my report from the Commission.

Chair Hardesty: I would just add to her report, as you know, throughout the whole year, Victoria has provided a weekly report to me. We have engaged weekly on the Commission's activities and the Department's activities. If she doesn't get it to me by Friday, she takes the time to do it on Sundays. We share church together, I guess. Are there any questions from Commission members on the director's report? Seeing none, let's open Item No. 6.

6. Report on Collection of Data Required Pursuant to NRS 176.01343

Chair Hardesty: At the October 28 meeting, Director Gonzalez provided an update on the collection of data that is required to be submitted to the Commission by the various agencies. The Department continues to work with them, of course. Since AB 236 went into effect on July 1, this is the first round of collection data to establish a baseline. Director, if you'd like to proceed, and we have an agenda distribution that has data outcomes.

Director Gonzalez: Thank you, Chair. I wanted to provide a road map of my presentation today. First, I will review the assessment that I provided to the Commission at our last meeting. The assessment is comprised of three phases. Then, I will present the outcomes from the first phase. The focus of today's presentation will be regarding phase 2 of the assessment I designed. I will review what was requested of the agencies, then I will present the outcomes of phase 2, which is a summary and evaluation of what the agencies reported. I will present the outcomes of each agency, stopping for questions before moving on to the next agency. Representatives from most agencies are in attendance and will be available to answer questions as well. I will conclude with explaining the next steps for this Commission, and request guidance regarding our recommendations concerning the data. Along with your materials, I included a copy of the statute, which is NRS 176.01343. I've highlighted to help mark certain benchmarks in the statute so we can all go through that together. I can pull that up on my screen if you want to review that together. The assessment I designed, was after I started receiving data. I designed it to measure our progress. I tried to explain what's really important is, we need to step back and figure out where do we want to go, where are we, and then how do we get there. And sometimes we need to spend more time on one than another and I want to emphasize these phases are not linear. Sometimes we have to go back, and maybe clarify where do we want to go. It may be going back to phase 2 and we need to look again and say, where are we. One of the ongoing practices in assessing, is we assess and then reassess. We assess and we reassess, and that's how you know the assessment is working.

Going back to phase 1, which is where do we want to go. And I wanted to provide the outcomes of phase 1 before I go into the what the outcomes are for phase 2. The outcomes in phase 1 answer that question of where do we want to go. I have identified two specific answers to that question. First, we need to track and assess the outcomes from the enactment of AB 236, we know that. Broadly we know we want to track and assess these outcomes. But before we can start tracking, we need to establish a baseline that we can use for future comparisons. For the purposes of this presentation, I'm going to refer to this as the AB 236 baseline. Our first outcome of where we want to go, is we need to create a baseline of what our data looked like before AB 236 went into effect. To create this baseline, we are going to collect as much data as possible. Related, we decided it might be worth trying to establish a historical baseline as well. For the purposes of this presentation, I'll refer to this as the historical baseline. There is a second outcome in phase 1 of where we want to go. I articulate this as the ability of the agencies to collect, track and report for the data required by AB 236. In other words, our goals for improving the criminal justice data collection and sharing in Nevada. This means, the other outcome of where we want to go is an evaluation of the criminal justice data collection and sharing. It's not just the actual data we collect, it's also how can we improve what we are doing with data collection. As we move to phase 2, the outcomes of phase 2 will be categorized into one of these outcomes from phase 1. Either the outcome will be that we have data that we will use to create one of the baselines, or the outcome will be we are using that to identify areas for opportunity for improving the criminal justice data collection and sharing. As I mentioned, I included a PDF of NRS 176.01343. I highlighted some parts of this section. I highlighted paragraphs in yellow to help us navigate those data measures that broadly

are required. I highlighted agencies in blue, and I highlighted some of the general articulation of the of the measures in orange. The data required by NRS 176.01343, is to be used by this Commission is to track and assess the outcomes of AB 236. To create the AB 236 outline, we asked the agencies to provide as much data as they could, as required by the statute. In creating the historical baseline, we asked for the previous five (5) years through June 30, 2020. The data was due to our Department by October 1. Each agency fully cooperated and reported what they could by the October 1 deadline. Throughout this process, we met with the agencies on a regular basis in preparation for this data being reported. After the data was submitted, we continue to meet with each agency. After we met with them in preparation for this meeting, we met again to continue to collaborate and review what we are assessing what we need and what the agencies are able to do. The data from each agency is organized in this manner. I will continue to organize the data in future reports to this Commission. I intend to compare how many data measures are required by each agency, how many data measures are tracked by each agency, and how many data measures were actually forwarded to our Department. This is important as there are data pieces that the agencies are able to collect. It's just that maybe they've never been asked to actually supply those to somebody outside to share. That would be an area we can look at, at how to improve sharing and reporting. That doesn't mean the agencies don't have the information. I will also inform you how much data we have for the historical baseline. I will identify areas of opportunity. These may be areas of improvement or where we predict challenges. Challenges mean opportunities for us to learn about criminal justice information sharing and how we can improve. If available, I'll present to this Commission, samples of the data reported and models of what we intend to do with the data in the future. I would also like to know in response to the data we received from the agencies, upon reflection of the staffing limitations of our Department, we recently created templates for the agencies to complete. This was after the data was already submitted to our Department. These templates are based on statutory requirements, incorporate data indicators provided by the agencies and also offer suggestions. If the templates are approved by this Commission, it is our intent to use these templates in the future to request data from the agencies. The templates will help us promote consistency by being easy to read, and easy to assess where there may be gaps in criminal justice information sharing. Because we're in the process of developing our procedure for collecting data, there may be differences in the numbers you see today, and the numbers included in the final report. This is because data measures are live. This means they are automatically updated each time new information is added to the data base. After presenting the outcomes of each agency, I will pause to answer questions from the Commission. Again, we have representatives from most of the agencies to answer questions as well. Let's start with the Department of Corrections. Consistent with the organization of the statute, we have organized the data required into one (1) of three (3) categories. If you were to look at the copy of the statute I provided, those would be in orange. If you look at paragraph A, which is NDOC, those three orange areas are the bigger categories we refer to. These could also be referred to as caseload types. They are admissions, releases, and total population. There are specifics required within those but those are the bigger categories. We have identified that NDOC is responsible for finding over three hundred (300) measures. And you can see the breakdown of those measures are across the three categories. The count on these measures is based on the template we created. We simply counted the empty fields in the template to determine how many measures are expected. We only recently designed this template, and we are still in the process of finalizing the template with the agencies, and pursuant to the input and approval from this Commission. These numbers and organizations may change slightly as far as the total measures we expect. Our hope is that we will get

this all finalized during our first year of collecting data so the number of total measures we expect does not change, and the template will remain the same. That way every year the agency know exactly that they will be sending this template to our Department. We'll know how to analyze it, and this Commission will get used to reading and analyzing the template as well. In your meeting materials I included a copy of the template we designed to collect and track measures specifically for NDOC. And NDOC has already given us feedback on this template. We've only had one meeting regarding this template, and we're going to continue to provide the template to NDOC after this meeting to complete and submit to us in the first week of January. That's our plan. After we get the completed template, we can provide actual numbers for the data required, track and report as far as those totals. We'll be able to provide totals on how much is being tracked, how much is being reported, and reported means to our Department, and then how much is required in comparison to how much is required. NDOC has indicated, in terms of that historical baseline I talked about, NDOC has indicated they will be able to submit five (5) years' worth of data. They are in the process right now cleaning that and aggregating it in a way that can be reported to us. Due to the pandemic and budgetary issues, NDOC only recently hired the staff support needed to aggregate, prepare and report the data required by AB 236. I appreciate the report they were able to supply to us. But they have promised they are working on the five-year baseline and they've already given us some ideas of what that's going to look like. On the next several slides I want to share with this Commission samples of the data that was reported from NDOC. As you can see, NDOC was able to report a substantial amount of the data that is required by AB 236. The data we collect right now is being used for the AB 236 baseline. We are gathering data in the future, so that in the future we'll be able to track and assess the outcomes of AB 236 in a meaningful way. Next year we will fill in the data that is being reported, identify trends we see, the Commission can identify trends in the data and begin evaluating and make meaningful data-driven recommendations for policies. I remind the Commission that these numbers may change slightly after we receive the completed data template. But this slide gives the Commission an idea of how that data will be compared in the future. You can see I have a field here where next year we can see the numbers submitted and we can make some comparisons to the baseline we're creating right now. This data also informs us how NDOC tracks and collects. We used this report to design our template and create categories of data that are aligned with NDOC while still complying with the statutory requirements. I will also note that in the future, we will add total lines to the bottom of these tables, or tables like this, so again, the Commission can make some comparisons of what each of these categories represent, but also how that relates to the total being reported. This data related to the release and returned is from the 2016 COHORT. Next year we'll receive data from the 2017 COHORT. One of the things we'll have to consider when we get that data, and in light of the templates that are completed by NDOC, is how we would like to compare these two COHORTs. That will be something we bring to the Commission and solicit ideas. These are more samples of that COHORT of the data that was shared. These are included in your materials. I shared this to show what NDOC did to clean up their data and organize it, and what they were able to report to us. I put on the bottom of this slide so you could see what the number is, the overdue list at the time the data was reported was 341. We're still looking at any additional information we want to collect regarding that and working with NDOC and NPP on that. One of the things we wanted to discuss, and we'll discuss with some of the recommendations as far as technical corrections to AB 236, is clarifying some aspects of the statutory language. Specifically, statutory language requires prior criminal history. This does not define for the purpose of data collection and reporting.

TIME ON ZOOM 52:05

7. Presentation of Outline of Report Required Pursuant to NRS 176.01343

8. Presentation of Outline of Report Required Pursuant to NRS 176.0134

9. Recommendations for Technical Corrections to Assembly Bill No. 236 (2019), if any, from the Nevada Sentencing Commission

10. Update on Subawards

11. Discussion of Potential Topics and Dates for Future Meetings

12. Public Comment

Justice Hardesty:

Ms. Buckley: Thank you, Justice Hardesty. Members of the public who wish to testify by phone, please call (669) 900-6833. When prompted, enter 970 7734 7346 and pound (#) for the meeting ID. If you would like to comment at this time, press * (star) 9 (nine), to raise your hand. When it is your turn to speak, you will hear a message that will instruct you to enable you to unmute yourself by pressing * (star) 6 (six). I will also state the last three numbers of your phone number, to let you know it is your turn to speak. Please state and spell your name slowly for the record. I will wait one (1) minute for the callers to join the meeting and raise their hands.

Caller with the last three digits of 'xxx' please state slowly and spell your name for the record. You have two (2) minutes; you may begin now.

13. Adjournment