



BRIAN SANDOVAL
Governor

JAMES DZURENDA
Director

BARBARA CEGAUSKE
Secretary of State

ADAM LAXALT
Attorney General

**STATE OF NEVADA
BOARD OF PRISON COMMISSIONERS**

**Board of Prison Commissioners Meeting
Tuesday, November 16, 2016
MINUTES**

The Board of Prison Commissioners held a public meeting on Tuesday, November 15, 2016.

The meeting began at approximately 9:00 AM at the following locations:

Meeting Location:	Old Assembly Chambers State Capitol Building 2nd floor 101 N. Carson Street Carson City, NV	Video Conference:	Grant Sawyer State Office Building Room 5100 555 East Washington Ave. Las Vegas, NV 89101
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1. Call to Order

Action: The meeting was called to order by Governor Brian Sandoval.

Attendance: Governor Brian Sandoval; Secretary of State Barbara Cegavske.

Attorney General Adam Paul Laxalt was not in attendance.

Department Attendees: James Dzurenda - Director; Quentin Byrne - Deputy Director;
John Borrowman - Deputy Director Support Services; David Tristan - Deputy Director Programs;
Pamela DelPorto - NDOC Inspector General

Public: Refer to [Item 1 Exhibit](#)

2. Public Comment

There was no public comment.

3. Acceptance and Approval of Minutes – August 16, 2016 meeting. (For Possible Action)

Action: The Acceptance and Approval of Minutes was passed unanimously with no changes.

4. Presentation and Discussion of Report of Chief Medical Officer pursuant to NRS 209.382-Dr. John DiMuro, Chief Medical Officers' designee (for Discussion Only).

Discussion: Cody Phinney, Administrator for public and behavioral health spoke as the Chief Medical Officers designee. Vincent Valiente, Environmental Health Specialist, from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health presented the report on behalf of Dr. John DiMuro and highlighted the findings from the report which included an overview of each facility related to nutritional adequacy, infectious disease, and sanitation practices, in addition to an audit of the medical staff. Any and all

violations that were identified were corrected and or being addressed. Governor Sandoval asked Ms. Phinney if visits were announced and if NDOC is meeting the sanitation standards. Ms. Phinney referenced the report which indicated that NDOC is within the standards for sanitation, and that the visits to the facilities are unannounced. The compliance of dietary allowance for age, activity and gender requirements in statute was addressed and all were found to be adequate. In the past compliance was not documented; only noncompliance was documented. Therefore they moved forward with a verification system that documents and confirms compliance. The NDOC is in compliance with regards to inmate nutrition. Doctor DiMuro recommended that each facility posts the nutritional document for each of the menus in the law libraries for inmate review. Mr. Valiente explained that if a correctable critical violation is observed they are corrected while he is on-site. If not immediately correctible such as a dishwasher not working, a repair order is put in. The written report was not made available to Board Members prior to the meeting. The full report was provided to each of the board members after the meeting, in compliance with NRS 209.382. Dr. DiMuro's report also provided information that medical and dental care has not been an issue at any facility. (See [Item 4 Exhibit](#))

5. Discussion on NDOC Mental Health Policy Reform program consolidation and new Mental Health Programing. - James Dzurenda, Director (for Discussion Only).

Director Dzurenda provided an overview of the mental health policy reforms that NDOC has undertaken including working to centralize mental health delivery services for the seriously mental ill (SMI). The Director provided information that SMI inmates were previously being housed in segregation at the Ely State Prison, and that practice has stopped. NDOC is transitioning the SMI population to the Northern Nevada Correctional Center (NNCC) and the Warm Springs Correctional Center (WSCC) so that NDOC can follow national research best practices for programs to deal with inmates that have traumatic brain injuries, disorders, or personality diagnosis. NDOC is working to develop a step-down unit for the transition of inmates back to the general population, after they receive treatment. NDOC has identified an Interim Mental Health Administrator, Dr. Roy Hookham, to support the direction of centralizing services, working with current staff to determine where the resources are needed and best placed. These efforts have been implemented to reduce victimization, and improve public safety. The focus is to no longer release inmates directly from segregation to the community, but to ensure there is a buffer before being released from prison to the community. As part of an integrated health system, the plan will work to decrease violence in the prison; provide additional staff training; work as a team; reduce recidivism and provide community service connections and to measure success.

Secretary of State Cegavske asked about challenges with staffing and whether or not it was punitive segregation. Director Dzurenda said it is difficult to keep staff because people can earn more in the public sector. They are conducting a national search for psychologists and he said it's easier to obtain staff in the northern Nevada region. By implementing a therapeutic environment at Northern Nevada Correctional Center staff will see the impact they have on these offenders and feel successful in their mission. Also discussed were the lack of job applicants for mental health positions; the transition of staff; staffing level rates; psychologies; and working towards a therapeutic environment. (See [Item 5 Exhibit](#))

6. Revisions to Inmate Discipline and Segregation. - James Dzurenda, Director (For Discussion Only) attachments:

- a. Association of State Correctional Administrators (ASCA)'s Restrictive Housing Unit (RHU) Guidelines and 13 RHU Guiding Principles. (See [Item 6 Exhibit a](#))**
- b. Department of Justice (DOJ)'s 53 RHU Guiding Principles. (See [Item 6 Exhibit b](#))**
- c. Grant Request – Vera Institute of Justice – 1 year Technical Assistance Grant (See [Item 6 Exhibit c](#))**

Director Dzurenda explained he is taking a strong stance on reforming segregation practices. He explained that inmates who have acted out with violence and are placed in punitive segregation are the inmates that they should be concentrating additional programming on such as anger management and anger programs. Currently inmates in segregation do not receive programming. Director Dzurenda said there have to be formalized programs for these offenders that are individualized based on their history and the mission of getting them back

into the population and also eventually back into the community safely. The benchmarks are going to be the Department of Justices' 53 guiding principles. Director Dzurenda contacted the Vera Institute of Justice and applied for and received a grant where the NDOC will receive technical assistance from Vera to implement new operational and regulatory changes that will safely and effectively reduce segregation and restrictive housing placements. They will strategize and support in implementing the best way to engage staff at all levels to accept and fulfill the policy reforms that will ensure data-driven, best practice programming for inmates.

Governor Sandoval asked if there was anything they can implement in the meantime to begin accomplishing these objectives. Director Dzurenda said they began working on the seriously mentally ill inmates issue and they are currently revamping the timeline of discipline and the amount of disciplinary sanctions allowed per incident. He said they have also changed the policy for Close Custody inmates, which was not considered segregation, but general population. They were previously housed 22 hours per day in their cell which according to the guidelines is now considered segregation. Close custody is now allotted 5 hours per day out of their cells, along with programming. Director Dzurenda explained that 88% of the prison population will be discharged within 18 years back into the community. He said that they cannot move violent offenders into segregation and do nothing to help change that type of behavior whether it is mental health related or not. Therapeutic programming and behavioral adjustment programs are needed so that they go back to their community in a better state than when they went into prison.

Secretary Cegavske asked if the NDOC is working with parole on these issues. Director Dzurenda said they are working on getting more programs that will be recognized by the board as appropriate programs for release. He said the biggest challenge right now is finding housing and jobs for transient offenders. He put together a parole checklist package to ensure that 45 days before a parole hearing, everything parole requires is already in place so there is no delay in an inmates release. Secretary Cegavske also asked for an update on inmates receiving their DMV ID cards. Deputy Director David Tristan said he has met with DMV officials and they have created a pre-parole plan which will identify inmates identification needs 180 days ahead of the inmates' parole hearing. He did identify wording in a statute that needs to be changed that will assist in identifying who an inmate actually is and move the process along faster.

Governor Sandoval requested that in the future, a representative from the Parole Board should be in attendance at these meetings.

7. Discussion regarding availability of inmate beds and future scenarios. - James Dzurenda, Director (For Discussion Only).

Director Dzurenda said the current overall count of inmate population is 13,742 which is well over NDOC's capacity if they use regular housing beds. They use unconventional housing beds by utilizing large areas of a housing unit that were originally created for other purposes. These areas have been made into dormitories by placing beds in them and making sure the inmates have 24-hour access to sinks, toilets and showers. Director Dzurenda provided the capacity analysis in terms of available beds and the projections which had been understated in the past. He said they need to concentrate on having less offenders come into the system and more offenders leaving the system successfully. He believes if they do a better job while inmates are in the system there will be less recidivism and therefore less inmates coming back into the system. He said if they have better release mechanisms and wraparound services releasing inmates sooner to programs and supervision in the community, they will be less likely to return to prison. They need guidance with looking for jobs, finding resources and getting into community programs.

Nevada has the least amount of parole releases to the community per inmate population than anywhere else in the country. Director Dzurenda said parole and corrections are working together as a team to improve the parole release numbers. Governor Sandoval indicated that we may not be doing enough on the back end of the sentences and that we did not want to create artificial boundaries to release, and wanted to have a conversation with the Parole Board Chairwoman on how we can change the status quo and work to ensure that the systems

were working collaboratively. There was discussion on what violations were sending individuals back into the prison system, and that we needed to address technical violations, without sending them back into prison, but to enhance the programs to help them be successful. Governor Sandoval said he wished a representative from Parole and Probation (P&P) was there as this conversation has gone on for over a year. He said he would be having conversations with the chairwoman of the Parole Board and Chief Wood to get this issue worked out. Director Dzurenda explained how when he ran parole in Connecticut he changed the mission of parole releases. When an offender violated his parole plan then the parole officer would work with them to change the plan to meet the needs of the offender to help make him successful. The goal is to find a way to adjust plans to help offenders succeed in the community and not come back to prison on a parole violation charge. For example if they are doing drugs again you have to change the way you're doing rehab with that offender, more appointments, look at the inmate's relationship with that provider, etc.

There was also information provided that 28% of the inmate population consists of out of state residents; there are approximately 1,800 veterans in the system; 1/3 of the returning inmates are there for parole violations and had no new charges. Governor Sandoval said this needs to be looked into further. Secretary of state Cegavske agreed that these numbers were alarming and there need to be changes. (See [Item 7 Exhibit](#))

8. Discussion on Second Chance Act Statewide Adult Recidivism Reduction Strategic Plan Implementation Competitive Grant and discussion on additional Re Entry and Programs to help reduce recidivism.- David Tristan Deputy Director (for Discussion Only)

Deputy Director Tristan provided an overview of the re-entry efforts in Nevada, and highlighted the focus of the Second Chance Act Grant. He explained that Nevada is one of 4 states that were awarded the grant. He said they have been working with UNR, UNLV, and P&P to put the grant proposal and strategic plan together to reduce recidivism. They are also working with DHHS regarding release planning for the mentally ill population. If successful in meeting the matrix that was set by the grant, they will be eligible for a 2nd and 3rd year grant continuation. They have already begun working with P&P, DHHS, DETR and additional agencies to reduce recidivism. They will be provided with two new Veteran coordinators through the Americorp Grant and the Veteran's Administration. They will provide additional resources to assist veterans with the goal of reducing their recidivism rate. The Board Members want to be briefed after the legislature on the program status. (See [Item 8 Exhibit](#))

9. Discussion/possible action regarding State Administrative Regulations – James Dzurenda, Director (For Possible Action)

Director Dzurenda provided an overview of all the changes to the administrative regulations, with a focus of improving both staff and inmate safety. Administrative Regulations considered:

- AR 110 Mission Statement
- AR 405 Use of Force
- AR 412 Armory Weapons and Control
- AR 422, Search and Seizure Standards
- AR 719 Inmate Visitation
- AR 722 Inmate Legal Access
- AR 810 Religious Faith Group Activities and Programs

Action: The board approved the regulations unanimously. [NDOC Administrative Regulations](#)

10. Public Comment - There was no public comment.

Adjournment - Governor Sandoval adjourned the meeting at approximately 11 AM.

APPROVED THIS DAY, MONTH OF , 2017

GOVERNOR BRIAN SANDOVAL

SECRETARY OF STATE BARBARA K. CEGAVSKE

Transcribed by Cynthia Keller, Executive Assistant, Nevada Department of Corrections

DRAFT

NEVADA DEPARTMENT OF CORRECTIONS
 BOARD OF PRISON COMMISSIONERS MEETING
 NOVEMBER 15, 2016
 ATTENDANCE ROSTER – CARSON CITY, NV

	NAME (please print)	Organization	Request to Speak	
			Yes	No
1	Cody L Phinney	DPBH		
2	Randa Lunn	ND OC		✓
3	BRIAN COVETTY	WDOC		✓
4	Chris Ferrari	Ferrari Pub Aff		✓
5	Isidro Bacc	NDOC		✓
6	Henna Kasari	AG D		
7	Heather Zana	AGO		✓
8	Ch. Ryan	WR SUN		
9	Kathy Swain	NDOC		✓
10	Scott Anderson	SOS		✓
11	Jennifer Russell	SOS		✓
12	W.C. Quay	NDOC-PI		
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**NEVADA DEPARTMENT OF CORRECTIONS
BOARD OF PRISON COMMISSIONERS MEETING
November 15, 2016
ATTENDANCE ROSTER – LAS VEGAS, NV**

	NAME (please print)	Organization	Request to Speak	
			Yes	No
1	Sheila Lambert	NDOC		
2	David Tristan			
3	Kent Lefevre			
4	James Dzuranda			
5	Ann McDermott	DAG		
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STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



CODY L. PHINNEY, MPH
Administrator, DPBH

JOHN M. DIMURO, DO, MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, Nevada 89706

Telephone: (775) 684-4200 · Fax: (775) 687-7570

MEMORANDUM

Date: November 15, 2016
To: Board of Prisons
Through: Cody L. Phinney, Administrator
Vincent Valiente, REHS, EHS III
From: John M. DiMuro, DO, MBA, Chief Medical Officer
Re: SEMIANNUAL REPORT PER NRS 209.382

As required by the Department of Corrections with regard to the custody, care and education of offenders, the following report is submitted by the current Chief Medical Officer and is respectfully submitted per NRS 209.382:

NRS 209.382 Chief Medical Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

1. *The Chief Medical Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department:*

(a) *The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in Chapter 449 – Medical Facilities and other related entities of NRS.*

(b) *The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity.*

(c) *The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities.*

2. *The Board shall take appropriate action to remedy any deficiencies reported pursuant to subsection 1*

I formally visited the Lovelock Correctional Center with the Inspection Team which included Mr. Vincent Valiente, REHS, Environmental Health Specialist III with the Division of Public and Behavioral Health. I was present for the entire visit and was actively involved in the inspection process including visits to the various cell blocks, laundry, cantina, kitchen, and the medical and dental facilities. I personally reviewed several medical charts in order to make the recommendations set forth at the conclusion of this report. Preparation of this

document involved working closely with Mr. Vincent Valiente, REHS, Environmental Health Specialist III, working under my direction and supervision.

The seven (7) Nevada state prisons were evaluated per the statute requirements. They are: (1) Lovelock Correctional Center; (2) Ely State Prison; (3) Northern Nevada Correctional Center; (4) Warm Springs Correctional Center; (5) Southern Desert Correctional Center; (6) High Desert State Prison; and (7) Florence McClure Women's Correctional Center.

SECTION 1: NRS 209.382 (1) (a)

NRS 209.382 Chief Medical Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

1. The Chief Medical Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department:

*(a) **The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in Chapter 449 – Medical Facilities and other related entities of NRS.***

(b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity.

(c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities.

2. The Board shall take appropriate action to remedy any deficiencies reported pursuant to subsection 1

The standards noted in Chapter 449 (medical facilities and other related entities), appear to be adequately fulfilled based upon the reports furnished to me. The KITE system (**see attached exhibit 1**) is adequately implemented allowing any inmate complaint to be immediately delivered to the officer in charge of the unit so any request for medical or dental care can be dealt with most expeditiously.

Also noted is that due to HIPAA compliance concerns, the inspection team was unable to gain access to perform a random medical record audit at five of the seven institutions. However, Mr. Valiente was able to gain appropriate cooperation with each withholding institution's director of nursing (DON) and was informed that there were no medical issues of concern that needed to be reported. Please refer to Mr. Valiente's "Medical Surveys" document (**see attached exhibit 2**) for further information. Also noted is that Mr. Valiente has furnished to me a complete list of the NDOC medical provider contacts for each facility. I have reviewed the list and found it to be appropriate and will keep it on file.

Individually, each of the seven institutions were noted to have the following deficiencies since their last inspection with regard to NRS 209.382 (1) (a):

1) Lovelock Correctional Center:

- a) Infection control / hazardous waste disposal
 - i) Examination room tables had tears and/or cracks in the table coverings potentially exposing foam cushioning material, wood, or infectious fluids to the user.
- b) Sterilization
 - i) Dental autoclave was observed and tested. It was found to be inoperable.
- c) Medications
 - i) Non-secure storage of medications was observed
 - ii) Expired medications observed
- d) Medical records

- i) Inmate incarceration dates and/or dates of facility transfer were either not documented in the record or not easily accessible within the medical chart.
 - ii) Both medical and psychological diagnoses were either not disclosed or not easily accessible within the medical chart. No ICD-9 or ICD-10 format diagnosis provided.
 - iii) No clear documentation of any outside medical records or consultation notes easily accessible or present in the medical chart.
 - e) In-office laboratory testing
 - i) Office laboratory did not have acceptable ranges for the current lot numbers of the urine dipstick quality control reagents.
 - f) Staff health and safety – Laboratory
 - i) Eye wash station was observed to be in disrepair
- 2) **Ely State Prison**
 - a) Unchanged since last inspection.
- 3) **Northern Nevada Correctional Center**
 - a) Unchanged since last inspection
- 4) **Warm Springs Correctional Center**
 - a) Infection control / hazardous waste disposal
 - i) Examination room tables had tears and/or cracks in the table coverings potentially exposing foam cushioning material, wood, or infectious fluids to the user.
 - b) Medications
 - i) Expired medical supplies observed
 - c) Lack of sterilizer training
 - i) No procedural manual was available for autoclaving dental instruments
- 5) **Southern Desert Correctional Center**
 - a) Unchanged since last inspection
- 6) **High Desert State Prison**
 - a) Unchanged since last visit
- 7) **Florence McClure Women’s Correctional Center**
 - a) Unchanged since last visit

SECTION 2: NRS 209.382 (1) (b)

NRS 209.382 Chief Medical Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

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(b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity.

(c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities.

2. The Board shall take appropriate action to remedy any deficiencies reported pursuant to subsection 1

Per NRS 209.382 (1) (b), I personally examined and reviewed the relevant documents provided to me from Mr. Valiente. This included, but was not limited to, the dietician* reports (**attached exhibit 3**) related to the nutritional adequacy of the menu options as well as the printed menu offerings (hundreds of pages) at each of the seven facilities. These typically rotate on a four week schedule. We were also able to verify menu offerings and portion sizes to actual food served upon comparison to 'dead man's trays'. Additionally, a random sampling of medical records, when allowed, were reviewed to assess for any nutritional deficiencies and none were found. Please refer to Mr. Valiente's "Inmate Nutritional Adequacy Tool Summary 2016" (**attached exhibit 4**) and "Dietary Inspections" (**attached exhibit 5**) for further data. As expected, the diet of inmates and subsequent nutritional status may be adversely impacted by choices made at the institutional canteen. In one instance, I printed out and reviewed the canteen purchases of an inmate which revealed multiple high sodium and high triglyceride choices. This could obviously adversely impact his overall health if these choices became routine. Upon thorough examination, I submit the following responses with regard to the needs of an offender:

1) Religious dietary needs:

- a) Kosher kitchens are present in each facility and available to all inmates
- b) Common fare menus are available at each facility and available to all inmates

2) Medical dietary needs:

- a) Dietician reports were evaluated on multiple menu offerings including the following:
 - i) NDOC common fare
 - AA) NDOC common fare – vegetarian
 - BB) NDOC alternative meal service loaf
 - ii) ESP** men's menu
 - BB) ESP with men's camp work lunch menu
 - CC) ESP menu special diets
 - iii) NDOC women's menu
 - AA) NDOC women's menu for special diets
 - BB) NDOC women's menu with NDF sack lunches

****ESP is the name of the company that created the menu**

3) Adjustment of dietary allowances for age, sex and level of activity

- a) Double portions are available at every facility with medical necessity documentation
- b) Adjustment of the dietary allowances for sex has been implemented at the Florence McClure Women's Correctional Center and Mr. Valiente is unaware of any pending dietary concerns for inmates at that facility.
- c) Adjustment of the dietary allowances for age has been implemented as well. Inmates with the greatest need requiring physical assistance occurs primarily at the Northern Nevada Correctional Center and Mr. Vincent Valiente, REHS, Environmental Health Specialist III, is unaware of any pending dietary concerns from inmates at any facility.
- d) Each of the aforementioned dietician reports demonstrates allowances for age, sex and activity level. The individual facilities provide access to physical activity as desired by the inmate. Adjustments to the dietary allowances for level of activity pose a challenge as activity levels are optional and variable depending upon the incarceration status of an individual inmate. There are significant limitations in trying to obtain relative values of daily inmate calorie expenditure and trying to adequately subsidize those calories through regimented prison meals. Obviously, there is no mandate as to what type of exercise an inmate must perform and therefore activity levels are necessarily variable. It would be an onerous task to quantify the ideal combination of diet and exercise appropriate for the age and functional tolerance of each inmate. Each inmate is aware of the availability of the medical dispensary at their respective facility should they feel a medical evaluation is necessary.

SECTION 3: NRS 209.382 (1) (c)

NRS 209.382 Chief Medical Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

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(b) *The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity.*

(c) ***The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities.***

2. *The Board shall take appropriate action to remedy any deficiencies reported pursuant to subsection 1*

I have reviewed the written report from Mr. Valiente with regard to subsection (c) of the statute. I will respectfully refer to Mr. Valiente's report (**attached exhibit 6**) to fulfill this reporting requirement.

SECTION 2: NRS 209.382 (2)

NRS 209.382 Chief Medical Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

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(a) *The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in Chapter 449 – Medical Facilities and other related entities of NRS.*

(b) *The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity.*

(c) *The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities.*

2. ***The Board shall take appropriate action to remedy any deficiencies reported pursuant to subsection 1***

All correctable violations are addressed at the conclusion of each inspection. The NDOC compliance officer, Mr. Alexander Archie (25+ years of experience), ensures corrective actions are implemented by each facility for critical violations which are unable to be addressed at the conclusion of the site visit. After a thorough review of the reports submitted to me as well as multiple discussions with Mr. Valiente and Director Dzurenda, I respectfully submit the following recommendations for consideration of further discussion and possible implementation:

1) Create a process for the culinary department to ensure diets are served via a standardized delivery system throughout all prisons.

2) Increase medical staffing at each institution. A recent audit on this topic has already been conducted and reviewed by Director Dzurenda.

3) Consider standardization of health records with transition to an EMR (Electronic Medical Record). This topic has also been reviewed with Director Dzurenda.

4) Within each facility, post the documented nutritional content of each menu in the law library so access is assured to all inmates.

 11/9/2016

John M. DiMuro, DO, MBA
Nevada Chief Medical Officer

SIGNATURE: _____

ID# _____

(Also print name and ID# at bottom of form where indicated)

Institution: _____

Date submitted: ____ / ____ / ____

Unit/House: _____

Medical:

Dental:

Mental Health:

Nursing:

Other: _____

Reason for request: (Describe below)

DO NOT WRITE IN AREA BELOW

Response to request:

- Appointment Schedule for: ____ / ____ / ____ Rescheduled for: ____ / ____ / ____
- No visit necessary
- No Show for Appointment
- Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- KOP NON-KOP
- Order Date: ____ / ____ / ____

PLAN

- Follow-up appointment ____ / ____ / ____ Return if needed
- No follow-up required

Signature/Title of Provider

Date

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

NAME: _____

Last

First

MI

ID# _____

MEDICAL SURVEYS

Deficiencies Identified During Medical Surveys Conducted Two Per Year

	Ely			Florence McClure			High Desert			Lovelock				Northern Nevada			Southern Desert				Warm Springs				
	2005	2010	2013	2007	2011	2015	2008	2011	2014	2002	2009	2012	2016	2007	2010	2014	2003	2008	2012	2015	2007	2009	2013	2016	
Infection control/hazardous waste disposal	X			X	X	X	X	X								X									
Sterilizer testing/maintenance		X			X		X	X			X		X		X			X	X			X			
Sterilizer training	X	X		X	X		X	X			X	X			X			X				X		X	
Medication (expired/storage/secured)	X	X		X	X		X	X				X	XX	X	X			X	X				X	X	
Medication administration issues					X			X																	
Physician orders					X							X													
Emergency supplies unavailable	X				X		X	X		X	X	X		X	X		X	X	X						
Medications unsecured				X																					
Inmate TB testing					X							X										X			
Staff TB testing	X	X	X	X	X		X	X			X	X		X				X	X						
Staff CPR	X			X	X		X							X	X										
Inmate dental care				X				X										X			X				
Lab staff/lab licensure				X				X			X	X		X					X		X				
Lab test (quality control/procedures)	X							X					X									X			
Physical environment													X					X							X
Inmate consent to treatment											X														
Dental tool accountability											X			X											
24 hour nursing coverage														X							X	X			
Staff health and safety													X												
Medical Records												X	XXX												

2 # 191HX3

State of Nevada
Division of Health
Bureau of Health Care Quality and Compliance

License #
32076DI-1

Mary Agnes Boni

Has been found to possess the qualifications for the level of:

Licensed Dietitian

And accordingly under the provisions of Nevada Revised Statutes Chapter 640E,
this license is issued.

Effective Date: 03/19/15

Expiration Date: 03/18/17

R. J. Whitley

Richard Whitley / Administrator

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the **NDOC Common Fare Menu**, (dated March 18, 2016) has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a male, 5' 10", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2500-2900 calories per day.

According to the information received and reviewed, the NDOC Common Fare Menu, for a two week cycle, meets or exceeds all minimum requirements for adult males as specified by the Recommended Dietary Allowances (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

As a group, this menu should be adequate for most men served by the Nevada Department of Corrections.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,


Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the **NDOC Common Fare Menu, Vegetarian**, (dated March 18, 2016) has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a male, 5' 10", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2500-2900 calories per day.

According to the information received and reviewed, the NDOC Common Fare Menu meets or exceeds all minimum requirements for adult males as specified by the Recommended Dietary Allowances (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

The menu meets the minimum requirements for the RDA/DRI's, including the recommended levels for total fat and saturated fat. The value for sodium appears to be on the high side as recommended by the new Dietary Guidelines for Americans. This is primarily due to the inclusion of kosher bread on the menu. Over a long period of time, this excess may be indicative of health problems.

As a group, this menu should be adequate for most men desiring a vegetarian diet being served by the Nevada Department of Corrections.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,


Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the **ESP with Men's Camp Work Lunch Menu**, (dated March 18, 2016) has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a male, 5' 11", 178#, 19-50 years old with an *active* activity level. This population requires approximately 2700-3200 calories per day.

According to the information received and reviewed, the ESP with Men's Camp Work Lunch Menu meets or exceeds all minimum requirements for adult males as specified by the Recommended Daily Allowances (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board, Institute of Medicine, National Academies.

The menu meets the minimum requirements for the RDA/DRI's, including the recommended levels saturated fat. The value for total fat is slightly high. The value for sodium is high according to the new Dietary Guidelines for Healthy Americans. This is very common with the use of processed meats and cheeses for lunch sandwiches. However, if this is a very active group of individuals, these values may be acceptable, due to sweat and increase energy demands.

As a group, this menu should be adequate for most men working on the work crew at the Ely Facility served by the Nevada Department of Corrections.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,



Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016

Venus B. Fajota
Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the ESP Men's Menu, (Dated March 18, 2016) for the Nevada Department of Corrections has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a male, 5' 10", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2500-2800 calories per day.

According to the information received and reviewed, the ESP Menu, meets or exceeds all minimum requirements for adult males as specified by the Recommended Daily Allowances (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

The menu meets the minimum requirements for the RDA/DRI's, including the recommended levels for total fat and saturated fat. According to the new Dietary Guidelines for Healthy Americans, the value for the sodium appears to be on the high side. Over a long period of time, this excess may be indicative of health problems. As a group, this menu should be adequate for most men served in this facility by the Department of Correction.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mary Agnes Boni MPH, RDN, LD'. The signature is fluid and cursive, written over a faint, larger version of the typed name.

Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 12, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to verify that the ESP Menus Special Diets, dated Aug 4-Aug 31 2012 (updated 1/10/2014) based on the ESP Menus for the Nevada Department of Corrections are nutritionally adequate. The criteria used to review these menus were based on a male, 5' 10", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2500-2800 calories per day.

I have reviewed the information. Even though specific numbers for each menu were not provided to determine a detailed nutritional adequacy, I am comfortable with my verifications as outlined below based on my professional knowledge and background on these menus.

Based on the information received my review is as follows:

Mechanical Soft - meets or exceeds all minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

Pureed - meets or exceeds all minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

3-4 gm Sodium - meets or exceeds all minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

1500 Kcal Diabetic – does not meet all the minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies. This diet, by design, is low in

calories. The male on this diet will lose weight. All other nutrients appear to be adequate for the adult male.

2000 Kcal Diabetic – does not meet all the minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies. This diet, by design, is low in calories. The male on this diet should (depending on activity level) lose weight. All other nutrients appear to be adequate for the adult male.

Low Fat/Low Cholesterol - meets or exceeds all minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

Renal/Protein Restricted – does not meet all minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies. This diet, by design, is low in protein and sodium. With a decrease in protein, calories will also be low. To ensure adequate calorie intake, the carbohydrate and fat levels are increased causing a higher than desired amount of total fats and saturated fats. This is a disease specific diet and is appropriate with a doctor's recommendation (and monitoring).

2600 Kcal Diabetic - meets or exceeds all minimum requirements for adult males as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

Lactose Intolerant – meets or exceeds all minimum requirements for adult males with the substitution of fortified soy milk and "Milk Replacer" as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,



Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the NDOC Women's Menu (dated March 18, 2016) has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a female, 5' 5", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2,016-2,202 calories per day.

According to the information received and reviewed, the NDOC Women's Menu (dated March 18, 2016), meets or exceeds all minimum requirements for adult females as specified by the Recommended Daily Allowances (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

The menu meets the minimum requirements for the RDA/DRI's, including the recommended levels for saturated fat. The value for total fat is slightly high. The value for sodium is high according to the new Guidelines for Healthy Americans. This is very common with the use of processed meats and cheese for lunch sandwiches. Over a long period of time, these excesses may be indicative of health problems.

As a group, this menu should be adequate for all women served by the Nevada Department of Corrections.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,


Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 12, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to verify that the NDOC Women's Menus for Special Diets, based on the **NDOC Women's Menus**, updated February 11, 2015, for the Nevada Department of Corrections are nutritionally adequate. The criteria used to review these menus were based on a female, 5' 15", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2000-2200 calories per day.

I have reviewed the information. Even though specific numbers for each menu were not provided to determine a detailed nutritional adequacy, I am comfortable with my verifications as outlined below based on my professional knowledge and background on these menus.

Based on the information received my review is as follows:

Mechanical Soft - meets or exceeds all minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

Pureed - meets or exceeds all minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

3-4 gm Sodium - meets or exceeds all minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

1500 Kcal Diabetic – does not meet all the minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies. This diet, by design, is low in

calories. The female on this diet will probably lose weight. All other nutrients appear to be adequate for the adult female.

2000 Kcal Diabetic – does meet all the minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

Low Fat/Low Cholesterol - meets or exceeds all minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

Renal/Protein Restricted – does not meet all minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies. This diet, by design, is low in protein and sodium. With a decrease in protein, calories will also be low. To ensure adequate calorie intake, the carbohydrate and fat levels are increased causing a higher than desired amount of total fats and saturated fats. This is a disease specific diet and is appropriate with a doctor's recommendation (and monitoring).

2600 Kcal Diabetic - meets or exceeds all minimum requirements for adult females as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies. Since this diet, by design, is above the recommended calorie count for the average female, a weight gain would be expected.

Lactose Intolerant – meets or exceeds all minimum requirements for adult females with the substitution of fortified soy milk as specified by the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,



Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016

Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the **NDOC Women's Menus with NDF Sack Lunches** (dated March 18, 2016) has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a female, 5' 5", 19-50 years old with an "Active" activity level. This population requires approximately 2,267-2,477 calories per day.

According to the information received and reviewed, the NDOC Women's Menu with NDF Sack Lunches, meets or exceeds all minimum requirements for adult females as specified by the Recommended Daily Allowances (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

The menu meets the minimum requirements for the RDA/DRI's however, the value for saturated fat and sodium are high according to the new Guidelines for Healthy Americans. This is very common with the use of processed meats and cheeses for lunch sandwiches. However, if this group is very active, these values may be acceptable, due to sweat and increased energy demands.

As a group, this menu should be adequate for most women on a work crew served by the Nevada Department of Corrections.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,



Mary Agnes Boni, MPH, RDN, LD

Mary Agnes Boni, MPH, RDN, LD
5055 Offenhauser Dr
Winnemucca, NV 89445
775-623-5649 (o)

October 10, 2016
Venus B. Fajota
Acting Chief of Purchasing
Department of Corrections
P.O. Box 7011
Carson City, NV 89702

Ms. Fajota:

This letter is to certify that the NDOC Alternative Meal Service Loaf, dated March 18, 2016 has been analyzed and reviewed for nutritional adequacy. The criteria used to certify this menu was based on a male, 5' 10", 19-50 years old with low activity level (30 – 60 minutes per day). This population requires approximately 2500-2900 calories per day.

According to the information received and reviewed, the NDOC Alternative Meal Service Loaf, meets or exceeds all minimum requirements for adult males as specified by the Recommended Daily Allowance (RDA) and the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board Institute of Medicine, National Academies.

The meal loaf served twice daily meets the minimum requirements for the RDA/DRI's, although some values are higher than recommended. The values for calories, protein, and total fat appear to be on the high side. If the inmate is served this diet for less than 2 weeks, it should not be detrimental to the inmate's health.

As a group, this temporary meal plan meets the basic nutritional requirements for the above stated population of the Nevada Department of Corrections.

If you have any questions, or need any additional information, please feel free to contact me.

Sincerely,


Mary Agnes Boni, MPH, RDN, LD

INMATE NUTRITIONAL ADEQUACY TOOL SUMMARY 2016

EXHIBIT #4

NURTRITIONAL VERIFICATION FOCUS POINTS	ESP	FMWCC	HDSP	LCC	NNCC	SDCC	WSCC
Contracted License Dietitian oversight for nutritional adequacy of meals served	X	X	X	X	X	X	X
Menus in place to meet the needs of those in the infirmary or on special diets	X	X	X	X	X	X	X
Food & Nutrition Board Institute of Medicine, National Academies standards used to review menus by contracted Licensed Dietitian	X	X	X	X	X	X	X
Menus followed at the time of inspection	X	X	X	X	X	X	X
Spreadsheets available with portion sizes for preparing and serving meals	X	X	X	X	X	X	X
Pre-measure portion control utensils available and used	X	X	X	X	X	X	X
Religious diets available	X	X	X	X	X	X	X
Internal process available for inmate to request diet	X	X	X	X	X	X	X
Medical oversight for inmates requiring special diets	X	X	X	X	X	X	X
Nutritional assessments for special diets conducted by facility	X	X	X	X	X	X	X
Special diet ordered by physician for condition or ailment	X	X	X	X	X	X	X
Process in place for Medical Staff and Culinary Staff to ensure special diet order was received	X	X	X	X	X	X	X
Facility has a standardized process to ensure inmate has received diet at meal time							
Inmate assessments include level of physical activity							

DIETARY INSPECTIONS

Critical Violations Identified During Annual Dietary Inspections of State Prisons

EXHIBIT #5

YEAR	Ely								Florence McClure								High Desert								Lovelock								Northern Nevada								Southern Desert								Warm Springs																																						
	10'	11'	12'	13'	14'	15'	16'		10'	11'	12'	13'	14'	15'	16'		10'	11'	12'	13'	14'	15'	16'		10'	11'	12'	13'	14'	15'	16'		10'	11'	12'	13'	14'	15'	16'		10'	11'	12'	13'	14'	15'	16'		10'	11'	12'	13'	14'	15'	16'																																
Presence of insects/rodents						X		X														X					X	X				X	X			X	X	X		X	X		X					X	X							X	X							X	X																						
Handwash sinks not fully operational								X	X	X		X						X						X	X							X	X							X			X	X																																											
Dented cans of food		X						X								X										X																																																													
Improper food temperatures																						X						X	X											X														X	X																																
Refrigeration at improper temperature																																X																																																							
Improperly labeled/stored chemicals		X	X				X					X				X	X					X	X									X			X	X				X	X	X																																													
Potential for cross-contamination				X																												X		X	X																	X			X																																
Expired/spoiled food																																																																																							
Equipment not sanitized						X	X																			X	X																																																												
Handwashing sinks not accessible																																																																																							
Culinary staff hygienic practices cited																																																																																							
Person-in-Charge not knowledgeable																																																																																							
Sub Total of Violations/Year:	0	2	1	1	0	2	2	1	3	1	0	2	0	0	1	2	1	0	0	1	3	1	0	4	2	2	1	1	3	4	1	2	5	2	2	4	1	1	5	3	0	1	5	1	3	1	0	1	0	2																																					
Total Violations Cited 10' - 15'	8								7								8								11								19								20								8																																						

* Re-inspection

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

JOHN M. DiMURO, DO, MBA
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

727 Fairview Dr., Suite E, Carson City, NV 89701
Telephone: 775-684-1030, Fax: 775-684-1073

November 8, 2016

MEMORANDUM

To: James E. Dzurenda, Director
Nevada Department of Corrections

Through: Dr. John DiMuro, Chief Medical Officer, DPBH
Vincent Valiente, REHS, DPBH

From: Paul Shubert, Bureau Chief, DPBH

Subject: Biannual Prison Commission Meeting Update

The Division of Public and Behavioral Health (DPBH) is required by Nevada Revised Statutes (NRS) 209.382, NRS 444.330 and NRS 446.885 to conduct inspections of State Correctional Facilities. The inspections focus on (a) the medical and dental services based upon the standards for medical facilities as provided in Chapter 449 of NRS; (b) the nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex, and level of activity; and (c) the sanitation, healthfulness, cleanliness and safety of its various institutions and facilities which includes a focus on the food safety practices within the food service operations.

In addition, DPBH conducted additional reviews for compliance to NRS 209.382(b) "the nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex, and level of activity" with respect to the National Dietary Guidelines.

During each State Correctional Facility inspection, pursuant to NRS 209.382, NRS 444.330, and NRS 446.885, the inspector verified if the nutritional adequacy of inmate diets was appropriately demonstrated through the contracted Dietitian recommendations. The nutritional adequacy of inmates was verified by onsite observations, document review, and State Correctional Facility staff interviews. Please refer to the DPBH Chief Medical Officer's report which discusses the data obtained for the nutritional adequacy of inmates. In addition, the following table summarizes the information obtained in 2016 from the inmate nutritional adequacy verification process.

Additionally, we have prepared a spreadsheet which summarizes the critical violations identified during the annual dietary inspections conducted at each State Correctional Facility in 2010 through 2016. We have also summarized the deficiencies identified during the most recent medical surveys conducted at each State Correctional Facility. Please see the attached tables in which each "X" signifies a violation or deficiency.

A review of the attached dietary inspection table reveals that for 2016, one of seven facilities were found to have no critical violations, one of seven facilities were cited for one critical violation, three of seven facilities were cited for two critical violations, one of seven facilities were cited for three critical violations, and one of seven facilities were cited for five critical violations, for a total of fifteen critical violations cited in 2016. Overall, the total of critical violations cited in 2016 increased by eight when compared to 2015. Four of seven facilities had repeat critical violations in 2016 when compared with 2015. Repeat dietary critical violations identified were as follows:

- Equipment not being sanitized (Northern Nevada Correctional Center & Ely State Prison)
- Presence of rodents (Northern Nevada Correctional Center)
- Improperly labeled and stored chemicals (High Desert State Prison)
- Improper food temperatures observed (Southern Desert Correctional Center)

A review of the attached medical survey table reveals nine deficiencies were cited for one of two facilities surveyed in 2016 (Lovelock Correctional Center). Five of these deficiencies cited at Lovelock Correctional Center were repeats cited from the 2012 survey. Additional review of the attached medical survey table reveals three deficiencies were cited for one of two facilities surveyed in 2016 (Warm Springs Correctional Center). One of these deficiencies cited at Warm Springs Correctional Center was a repeat cited from the 2013 survey.

Please do not hesitate to contact me at 775-684-1061 should you have any questions regarding the Biannual Prison Commission Meeting Update.

Attachments: Health Officer Expanded Summary of Dietary and Medical Deficiencies (pg. 3 – 5)
Summary of Dietary Violations (pg. 6)
Summary of Medical/Dental Deficiencies (pg. 7)
Summary of Nutritional Adequacy Tool (pg. 8)

Health Officer Expanded Summary of Violations Cited in Nevada State Prisons

DIETARY FINDINGS OF CRITICAL VIOLATIONS IN 2016:

One of seven facilities were cited for 0 critical violations

- **Florence McClure Correctional Center**

One of seven facilities were cited for 1 critical violation

- **Lovelock Correctional Center**
 1. Improper food temperatures observed
(Improper cooling of potentially hazardous foods was observed in the walk-in refrigerator)

Three of seven facilities were cited for 2 critical violations

- **Ely State Prison**
 1. Improperly labeled and stored chemicals observed
(Chemical spray bottles were not labeled)
 2. Equipment not sanitized
(Soiled pots and pans were not being properly washed, rinsed and sanitized at the Bakery three compartment sink)
- **Northern Nevada Correctional Center**
 1. Presence of insects/rodents
(Rodent droppings were observed throughout the culinary)
 2. Equipment not sanitized
(The Clipper dishmachine was in disrepair at the time of inspection. The wash temperature was recorded at 140 degrees F and the final rinse temperature was recorded at 165 degrees F)
- **Warm Springs Correctional Center**
 1. Improperly labeled and stored chemicals observed
(Chemical spray bottles were not labeled)
 2. Equipment not sanitized
(The Clipper dishmachine was in disrepair at the time of inspection. The final rinse temperature was recorded at 170 degrees F)

One of seven facilities were cited for 3 critical violations

- **High Desert State Prison**
 1. Improperly labeled and stored chemicals observed
(Chemical spray bottles were not labeled)
 2. Improper food temperatures observed
(Bulk potentially hazardous food was observed at room temperature in the facility laundry area)
 3. Presence of insects (roaches) observed
(Live roaches were observed in dry storage)

One of seven facilities were cited for 5 critical violations

- **Southern Desert Correctional Center**
 1. Improper food temperatures
(Improper cooling of potentially hazardous foods was observed in the walk-in refrigerator)
 2. Cross-contamination of raw animal product with ready to eat food observed
(Raw ground beef was stored above and dripping onto carrots, ketchup, diced tomatoes and frosting in the walk-in refrigerator)
 3. Equipment not sanitized
(The pot wash high temperature dishmachine and chow hall high temperature dishmachine were in disrepair at the time of inspection. The final rinse temperatures for both dishwashers were observed between 125 degrees F and 140 degrees F)
 4. Handwashing sink not accessible
(A hand washing sink was blocked by food carts)
 5. Culinary staff hygienic practices cited
(An officer was observed eating in the kitchen during meal preparation)

****All correctable critical violations are addressed by the end of inspection. The NDOC Compliance Enforcement Officer ensures corrective actions are taken by the facility for critical violations which cannot be addressed by the end of each inspection.**

MEDICAL/DENTAL FINDINGS IN 2016:

- **Lovelock Correctional Center**
 1. Infection Control/hazardous waste disposal
(The examination room tables had tears or cracks in the table covering potentially exposing foam cushioning material or wood to infectious fluids)
 2. Sterilizer
(Dental autoclave was observed inoperable)
 3. Medications
(Expired medical supplies observed)
 4. Medications
(Unsecure storage of medications observed)
 5. Medical Records
(Inmate incarceration or transfer dates was not disclosed within inmate medical records)
 6. Medical Records
(Psychological and medical diagnosis was not disclosed within inmate medical records upon incarceration)
 7. Medical Records
(Evidence if outside consultations and examinations for inmate medical issues were not documented in records)

8. Lab test
(Laboratory did not have the acceptable ranges for the current lot numbers of the urine dipstick quality control reagents)
 9. Staff health and safety (Laboratory)
(Eye wash station was observed to be in disrepair)
- **Warm Springs Correctional Center**
 1. Infection Control/hazardous waste disposal
(The examination room table vinyl covering had cracks and it exposed the underlying foam cushioning material to bodily/infectious fluids)
 2. Medications
(Expired medical supplies observed)
 3. Sterilizer training
(No procedure manual was available for autoclaving dental instruments)

MEDICAL SURVEYS

Deficiencies Identified During Medical Surveys Conducted Two Per Year

	Ely			Florence McClure			High Desert			Lovelock				Northern Nevada			Southern Desert				Warm Springs				
	2005	2010	2013	2007	2011	2015	2008	2011	2014	2002	2009	2012	2016	2007	2010	2014	2003	2008	2012	2015	2007	2009	2013	2016	
Infection control/hazardous waste disposal	X			X	X	X	X	X								X									
Sterilizer testing/maintenance		X			X		X	X			X		X		X			X	X			X			
Sterilizer training	X	X		X	X		X	X			X	X			X			X				X			X
Medication (expired/storage/secured)	X	X		X	X		X	X				X	XX	X	X			X	X				X	X	
Medication administration issues					X			X																	
Physician orders					X							X													
Emergency supplies unavailable	X				X		X	X		X	X	X		X	X		X	X	X						
Medications unsecured				X																					
Inmate TB testing					X							X										X			
Staff TB testing	X	X	X	X	X		X	X			X	X		X				X	X						
Staff CPR	X			X	X		X							X	X										
Inmate dental care				X				X										X			X				
Lab staff/lab licensure				X				X			X	X		X					X		X				
Lab test (quality control/procedures)	X							X					X									X			
Physical environment													X					X							X
Inmate consent to treatment											X														
Dental tool accountability											X			X											
24 hour nursing coverage														X							X	X			
Staff health and safety													X												
Medical Records												X	XXX												

INMATE NUTRITIONAL ADEQUACY TOOL SUMMARY 2016

NURTRITIONAL VERIFICATION FOCUS POINTS	ESP	FMWCC	HDSP	LCC	NNCC	SDCC	WSCC
Contracted License Dietitian oversight for nutritional adequacy of meals served	X	X	X	X	X	X	X
Menus in place to meet the needs of those in the infirmary or on special diets	X	X	X	X	X	X	X
Food & Nutrition Board Institute of Medicine, National Academies standards used to review menus by contracted Licensed Dietitian	X	X	X	X	X	X	X
Menus followed at the time of inspection	X	X	X	X	X	X	X
Spreadsheets available with portion sizes for preparing and serving meals	X	X	X	X	X	X	X
Pre-measure portion control utensils available and used	X	X	X	X	X	X	X
Religious diets available	X	X	X	X	X	X	X
Internal process available for inmate to request diet	X	X	X	X	X	X	X
Medical oversight for inmates requiring special diets	X	X	X	X	X	X	X
Nutritional assessments for special diets conducted by facility	X	X	X	X	X	X	X
Special diet ordered by physician for condition or ailment	X	X	X	X	X	X	X
Process in place for Medical Staff and Culinary Staff to ensure special diet order was received	X	X	X	X	X	X	X
Facility has a standardized process to ensure inmate has received diet at meal time							
Inmate assessments include level of physical activity							

"X" signifies compliant practices verified by observation, document review or interview

Item #5

NDOC Mental Health Policy Reform

- Consolidate and Centralize Mental Health delivery services for the Seriously Mental Ill (SMI).
- Transitioning the SMI population to the Northern Nevada Correctional Center (NNCC) and the Warm Springs Correctional Center (WSCC)
- Moving all current SMI inmates out of segregation units to NNCC.
- Working to develop a step-down unit for the transition of inmates back to the general population.
- Identification of Roy Hookham as the Interim Mental Health Administrator.
- Development of best practices and procedures to create a comprehensive mental health team to include correctional staff; caseworkers; psychologist; medical staff (as required); and nurses.
- Identification of two 200 bed dorms to be constructed at NNCC to address the increase in capacity of mental and medical health inmates.

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Vice President
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Restrictive Status Housing Policy Guidelines

Purpose

The Association of State Correctional Administrators (ASCA) recognizes the importance and challenges associated with managing inmates who pose a serious threat to staff, other inmates or to the safe and orderly operation of correctional facilities. The use of restrictive housing is a necessary tool for correctional systems to utilize to ensure a safe environment for staff and inmates. ASCA is committed to the universal classification principle of managing inmates in the least restrictive way necessary to carry out its mission.

As a result, ASCA established a sub-committee for the purpose of creating guiding principles that might be used by member agencies for the purpose of developing policies related to restrictive status housing. ASCA recognizes that individual jurisdictions have specific issues, unique legislation, judicial orders, and varying physical plant configurations that must be considered locally and addressed by policies specific to those individual jurisdictions. Based on the complexity of managing this population, some universal principles provide this general framework for agencies in the development of their policies. We hope this document is helpful to jurisdictions in designing policies to safely manage this population in a manner that promotes their positive transition to less restrictive settings while supporting an environment where other inmates may safely and actively participate in pro-social programs and activities.

Defining Restrictive Housing

Restrictive status housing is a term used by correctional professionals to encompass a larger number of agency specific nomenclatures. In general terms, restrictive status housing is a form of housing for inmates whose continued presence in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly operation of a correctional facility. This definition does not include protective custody. Restrictive status housing is designed to support a safe and productive environment for facility staff and inmates assigned to general population as well as to create a path for those inmates in this status to successfully transition to a less restrictive setting.

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Guiding Principles for Restrictive Status Housing

The following guiding principles for the operation of restrictive status housing are recommended for consideration by correctional agencies for inclusion in agency policy. They are to:

1. Provide a process, a separate review for decisions to place an offender in restrictive status housing;
2. Provide periodic classification reviews of offenders in restrictive status housing every 180 days or less;
3. Provide in-person mental health assessments, by trained personnel within 72 hours of an offender being placed in restrictive status housing and periodic mental health assessments thereafter including an appropriate mental health treatment plan;
4. Provide structured and progressive levels that include increased privileges as an incentive for positive behavior and/or program participation;
5. Determine an offender's length of stay in restrictive status housing on the nature and level of threat to the safe and orderly operation of general population as well as program participation, rule compliance and the recommendation of the person[s] assigned to conduct the classification review as opposed to strictly held time periods;
6. Provide appropriate access to medical and mental health staff and services;
7. Provide access to visiting opportunities;
8. Provide appropriate exercise opportunities;
9. Provide the ability to maintain proper hygiene;
10. Provide program opportunities appropriate to support transition back to a general population setting or to the community;
11. Collect sufficient data to assess the effectiveness of implementation of these guiding principles;
12. Conduct an objective review of all offenders in restrictive status housing by persons independent of the placement authority to determine the offenders' need for continued placement in restrictive status housing; and
13. Require all staff assigned to work in restrictive status housing units receive appropriate training in managing offenders on restrictive status housing status.

**U.S. Department of Justice
Report and Recommendations
Concerning the Use of Restrictive Housing**



GUIDING PRINCIPLES

January 2016

Guiding Principles

The U.S. Department of Justice's *Report and Recommendations Concerning the Use of Restrictive Housing* includes a series of "Guiding Principles," which are intended as best practices for correctional facilities within the American criminal justice system.¹ (*See pp. 94-103.*) These aspirational principles should serve as a roadmap for correctional systems seeking direction on future reforms. When a correctional system possesses the resources, staffing, and legal authority to fully implement these principles, it should do so. When a correctional system lacks the resources, staffing, or legal authority, it should develop a clear plan for building the necessary capacity and then proceed expeditiously toward that goal. Officials at prisons and jails should work with policymakers, correctional officer labor unions, advocacy organizations, and other stakeholders to develop responsible and humane restrictive housing policies that both protect inmates and enhance officer safety.

Restrictive Housing, Generally

1. Inmates should be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other inmates, and the public.
2. Correctional systems should always be able to clearly articulate the specific reason(s) for an inmate's placement and retention in restrictive housing. The reason(s) should be supported by objective evidence. Inmates should remain in restrictive housing for no longer than necessary to address the specific reason(s) for placement.
3. Restrictive housing should always serve a specific penological purpose. When drafting or implementing policy authorizing the use of restrictive housing, correctional systems should

¹ These Guiding Principles do not have the force of law and do not create or confer any rights, privileges, or benefits to past, current, or future inmates or detainees housed by federal, state, or local correctional or detention systems, including the Federal Bureau of Prisons. The Guiding Principles were developed for correctional systems that detain or incarcerate inmates in connection with criminal proceedings in civilian courts. Other correctional or detention systems may wish to review these Guiding Principles to determine which are applicable to their unique circumstances and to make appropriate changes accordingly.

Both implementation and application of these Guiding Principles involve the exercise of judgment of relevant Department officials, including those at the Federal Bureau of Prisons and the U.S. Marshals Service. Nothing in these Guiding Principles should be construed to limit the authority of the Attorney General to impose Special Administrative Measures pursuant to 28 C.F.R. §§ 501.2-501.3. Nor should they be construed to limit the Department's ability to implement administrative detention for any inmate or detainee as imposed by the Attorney General pursuant to 28 C.F.R. §§ 501.2(a) or 501.3(a), or as needed to implement any Special Administrative Measure or any court order issued pursuant to 18 U.S.C. § 3582(d).

clearly articulate the purpose(s) for employing restrictive housing in the authorized circumstances.

4. An inmate's initial and ongoing placement in restrictive housing should be regularly reviewed by a multi-disciplinary staff committee, which should include not only the leadership of the institution where the inmate is housed, but also medical and mental health professionals.
5. For every inmate in restrictive housing, correctional staff should develop a clear plan for returning the inmate to less restrictive conditions as promptly as possible. This plan should be shared with the inmate, unless doing so would jeopardize the safety of the inmate, staff, other inmates, or the public.
6. All correctional staff should be regularly trained on restrictive housing policies. Correctional systems should ensure that compliance with restrictive housing policies is reflected in employee-evaluation systems.
7. Correctional systems should establish standing committees, consisting of high-level correctional officials, to regularly evaluate existing restrictive housing policies and develop safe and effective alternatives to restrictive housing.

End-of-Term Placement

8. Absent a compelling reason, prison inmates should not be released directly from restrictive housing to the community.
9. During the final 180 days of an inmate's term of incarceration, officials should avoid placing the inmate in involuntary restrictive housing. If an inmate is housed in involuntary segregation 180 days out from the end of his or her sentence, officials should consider releasing the inmate to a less restrictive setting if this can be done without endangering the safety of the inmate, staff, other inmates, or the public. If segregation becomes necessary during this time, officials should provide targeted re-entry programming to prepare the prisoner for his or her return to the community.

Disciplinary Segregation

10. Correctional systems should develop clear, specific policies for determining under what conditions an inmate can be placed in segregation in response to an alleged disciplinary violation—both during the investigative stage and after an adjudication of guilt—as discussed below.

11. Correctional systems should work with prosecutors and other law enforcement officials to ensure that inmates who engage in serious criminal activity while incarcerated—especially those who assault or kill correctional staff—face criminal prosecution when appropriate.

Pre-Adjudication (Investigative Segregation)

12. An inmate should not be placed in restrictive housing pending investigation of a disciplinary offense unless the inmate's presence in general population would pose a danger to the inmate, staff, other inmates, or the public. In making this determination, officials should consider the seriousness of the alleged offense, including whether the offense involved violence, involved escape, or posed a threat to institutional safety by encouraging others to engage in such misconduct. Policy and training should be crafted carefully to ensure that this principle is not interpreted overly broadly to permit the imposition of restrictive housing for infrequent, lower-level misconduct.
13. Except in emergency situations, an inmate should not be initially placed in investigative segregation without prior approval by a supervisory official. This supervisor should carefully scrutinize the proposed placement to determine whether segregation is necessary at this stage.
14. An inmate's initial placement in investigative segregation should be reviewed within 24 hours by an appropriate, high-level authority who was not involved in the initial placement decision.
15. Correctional staff should complete their disciplinary investigation as expeditiously as possible. Any time that an inmate spends in investigative segregation should be credited towards the term he or she ultimately serves in disciplinary segregation for that offense. Absent compelling circumstances, such as a pending criminal investigation, an inmate should not remain in investigative segregation for a longer period of time than the maximum term of disciplinary segregation permitted for the most serious offense charged.
16. An inmate who demonstrates good behavior during investigative segregation should be considered for release to the general population while awaiting his or her disciplinary hearing. Similarly, if an inmate is ultimately adjudicated guilty, the inmate's good behavior should be given consideration when determining the appropriate penalty.

Post-Adjudication (Disciplinary Segregation)

17. Inmates who violate disciplinary rules should be placed in restrictive housing only as necessary, and only after officials have concluded that other available sanctions are insufficient to serve the purposes of punishment.

18. Disciplinary sanctions, regardless of whether they involve a period of segregation, should be applied in a manner that is swift, certain, and fair.
19. Correctional systems should establish maximum penalties for each level of offense. These penalties should always include alternatives to disciplinary segregation. The maximum penalties should be graded based on the seriousness of the offense. If used for punishment, restrictive housing should be reserved for offenses involving violence, involving escape, or posing a threat to institutional safety by encouraging others to engage in such misconduct. Policy and training should be crafted carefully to ensure that this principle is not interpreted overly broadly to permit the imposition of restrictive housing for infrequent, lower-level misconduct.
20. An inmate should be sentenced to a term of disciplinary segregation only after officials conduct a disciplinary hearing and the inmate is adjudicated guilty of the alleged violation. The hearing should be conducted by a correctional official outside the regular chain of command at the institution where the inmate is housed.
21. When a disciplinary hearing officer is confronted with an inmate who demonstrates symptoms of mental illness, the officer should refer the inmate to a qualified mental health professional to provide input as to the inmate's competence to participate in the disciplinary hearing, any impact the inmate's mental illness may have had on his or her responsibility for the charged behavior, and information about any known mitigating factors in regard to the behavior. The disciplinary hearing officer should also consult a mental health professional, preferably the treating clinician, as to whether certain types of sanctions, (e.g., placement in disciplinary segregation, loss of visits, or loss of phone calls) may be inappropriate because they would interfere with supports that are a part of the inmate's treatment or recovery plan. Disciplinary hearing officers should take the psychologist's findings into account when deciding what if any sanctions to impose.
22. Ordinarily, disciplinary sentences for offenses that arise out of the same episode should be served concurrently.
23. To incentivize conduct that furthers institutional safety and security, inmates who demonstrate good behavior during disciplinary segregation should be given consideration for early release from segregation, where appropriate.

Protective Custody

24. Generally, inmates who require protective custody should not be placed in restrictive housing.

25. When an inmate faces a legitimate threat from other inmates, correctional officials should seek alternative housing, by transferring the threatened inmate either to the general population of another institution or to a special-purpose housing unit for inmates who face similar threats, with conditions comparable to those of general population. There are two exceptions to this general principle:
 - a. When the inmate poses such extraordinary security risks that even a special-purpose housing unit is insufficient to ensure the inmate's safety and the safety of staff, other inmates, and the public. In such cases, the inmate may be housed in more restrictive conditions. The inmate's placement should be regularly reviewed to monitor any medical or mental health deterioration and to determine whether the extraordinary security risks have subsided.
 - b. During a brief investigative period while correctional staff attempt to verify the need for protective custody or while the inmate is awaiting transfer to another facility.
26. When transferring an inmate to another institution for protective custody reasons, correctional officials should give consideration to an inmate's release residence, including a desire to be housed close to family.
27. Correctional systems should identify the most common reasons that inmates request protective custody (*e.g.*, prior cooperation with law enforcement, conviction for sex offense, gang affiliation, sex or gender identification) and develop strategies for safely housing these inmates outside traditional restrictive housing units.

Preventative Segregation

28. Inmates should not be placed in long-term preventative segregation unless correctional officials conclude, based on evidence, that no other form of housing will ensure the inmate's safety and the safety of staff, other inmates, and the public. This determination should be guided by clearly articulated procedural protections, including the use of a multidisciplinary review team.
29. Officials should regularly review those in preventative segregation with the goal of transitioning inmates back to less restrictive housing as soon as it is safe to do so.
30. Inmates in preventative segregation should be given the opportunity to participate in incentive or step-down programs that allow them to progress to less restrictive housing.

Conditions of Confinement

31. Correctional systems should seek ways to increase the minimum amount of time that inmates in restrictive housing spend outside their cells and to offer enhanced in-cell opportunities. Out-of-cell time should include opportunities for recreation, education, clinically appropriate treatment therapies, skill-building, and social interaction with staff and other inmates.
32. As correctional systems reduce the number of inmates in restrictive housing, they should devote resources towards improving the conditions of those remaining in segregation. In particular, correctional systems should take advantage of lower staff-to-inmate ratios within restrictive housing units by providing the remaining inmates with increased out-of-cell time.
33. Correctional systems should provide out-of-cell, confidential psychological assessments and visits for inmates whenever possible, to ensure patient privacy and to eliminate barriers to treatment.
34. Restrictive housing units should maintain adequate conditions for environmental, health, and fire safety.
35. The denial of basic human needs—such as food and water—should not be used as punishment, whether alone or in conjunction with the use of restrictive housing.

Inmates with Serious Mental Illness

36. Generally, inmates with serious mental illness (SMI) should not be placed in restrictive housing.
37. An inmate with SMI should not be placed in restrictive housing, unless:
 - a. The inmate presents such an immediate and serious danger that there is no reasonable alternative;² or
 - b. A qualified mental health practitioner determines:
 - i. That such placement is not contraindicated;³

² “Immediate and serious danger” might arise during an emergency, such as a large-scale prison riot, but would only last as long as emergency conditions are present. “Immediate and serious danger” also includes the “extraordinary security needs” described in Institution Supplement FLM 5310.16A, Treatment and Care of Inmates with Mental Illness, dated July 22, 2015. *See* DOJ Report, at 51 n.25.

- ii. That the inmate is not a suicide risk;
 - iii. That the inmate does not have active psychotic symptoms; and
 - iv. In disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation.
38. Inmates with SMI who are diverted from restrictive housing should be placed in a clinically appropriate alternative form of housing, such as a secure mental health unit or other residential psychology treatment program.
39. If an inmate with SMI is placed in restrictive housing:
- a. Mental health staff should conduct a mental health consultation at the time of the inmate's placement in restrictive housing;
 - b. The inmate should receive intensive, clinically appropriate mental health treatment for the entirety of the inmate's placement in restrictive housing;
 - c. The inmate should receive enhanced opportunities for in-cell and out-of-cell therapeutic activities and additional unstructured out-of-cell time, to the extent such activities can be conducted while ensuring the safety of the inmate, staff, other inmates, and the public;
 - d. At least once per week, a multidisciplinary committee of correctional officials should review the inmate's placement in restrictive housing;
 - e. At least once per week, a qualified mental health practitioner, assigned to supervise mental health treatment in the restrictive housing unit, should conduct face-to-face clinical contact with the inmate, to monitor the inmate's mental health status and identify signs of deterioration; and
 - f. After 30 days in restrictive housing, the inmate should be removed from restrictive housing, unless the warden of the facility certifies that transferring the inmate to an alternative housing is clearly inappropriate.⁴ In making this determination, the

³ A qualified mental health practitioner might conclude that placement in restrictive housing is not contradicted, when, for example, the practitioner determines that the inmate is stable, responding well to medication, unlikely to remain in restrictive housing for more than a short period of time, and likely to decompensate if transferred away from the inmate's current mental health treatment team.

⁴ In determining the appropriateness of the inmate's continuing placement, wardens should be guided by the principles outlined above regarding the placement of inmates with SMI in restrictive housing.

warden should consult with mental health staff, who should conduct a psychological evaluation of the inmate beforehand.

40. Inmates in restrictive housing should be screened for signs of SMI. Correctional systems should implement policies, procedures, and practices to ensure that:
 - a. Prior to an inmate's placement in restrictive housing (or when that is infeasible, as soon as possible and no later than within 24 hours of placement), staff can promptly determine whether the inmate has been previously designated as seriously mentally ill or at risk of developing SMI;⁵
 - b. Multiple times per day, correctional officers, trained in identifying signs of mental health decompensation, conduct rounds of the restrictive housing unit;
 - c. At least once per day, medical staff conduct medical rounds of the restrictive housing unit;
 - d. After 30 days in restrictive housing, and every 30 days thereafter, all inmates in restrictive housing receive a face-to-face psychological review by mental health staff; and
 - e. If at any point an inmate shows signs of psychological deterioration while in restrictive housing, the inmate should be immediately evaluated by mental health staff. At the conclusion of this review, mental health staff should recommend whether the inmate requires immediate transfer to a medical facility or other treatment center, as well as whether the inmate should receive enhanced mental health services and/or should be referred to a clinically appropriate alternative form of housing.

Juveniles (Under 18 at Time of Adjudication)

41. Juveniles should not be placed in restrictive housing.
42. In very rare situations, a juvenile may be separated from others as a temporary response to behavior that poses a serious and immediate risk of physical harm to any person. Even in such cases, the placement should be brief, designed as a "cool down" period, and done only in consultation with a mental health professional.

⁵ A correctional system could make this determination by, for example, creating an index, or "hot list," of inmates previously designated as seriously mentally ill. When a correctional system lacks this capacity, staff should conduct a psychological review of the inmate at the time of placement to make this determination.

Young Adults (Age 18-24 at Time of Conviction)

43. All correctional staff should receive training on young adult brain development, and appropriate de-escalation tactics. Training should incorporate reliable, evidence-based science.
44. Correctional systems should incorporate developmentally responsive policies and practices for young adults, and as resources allow, implement modified therapeutic housing communities with wrap-around programming in order to reduce the number of incidents that result in placement in restrictive housing.
45. Correctional officials should strive to limit the use of restrictive housing whenever possible, and to the extent used, to limit the length of inmates' stay and to identify services—including group educational and therapeutic services—that they can safely participate in while in restrictive housing.

Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming Inmates

46. Inmates who are LGBTI or whose appearance or manner does not conform to traditional gender expectations should not be placed in restrictive housing solely on the basis of such identification or status.
47. When an inmate who is LGBTI or a gender nonconforming inmate faces a legitimate threat from other inmates, correctional officials should seek alternative housing, with conditions comparable to those of general population to the extent possible.
48. Correctional officials can sometimes avoid the unnecessary use of restrictive housing for protective custody reasons by making different classification assignments. In deciding whether to assign a transgender or intersex inmate to a facility or program for male or female inmates, correctional officers must consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, giving serious consideration to the inmate's own views.

Pregnant and Post-Partum Inmates

49. Women who are pregnant, who are post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy should not be placed in restrictive housing.
50. In very rare situations, a woman who is pregnant, is postpartum, recently had a miscarriage, or recently had a terminated pregnancy may be placed in restrictive housing as a temporary response to behavior that poses a serious and immediate risk of physical

harm. Even in such cases, this decision must be approved by the agency's senior official overseeing women's programs and services, in consultation with senior officials in health services, and must be reviewed every 24 hours.

Inmates with Medical Needs

51. All inmates in restrictive housing should have access to appropriate medical care, including emergency medical care.
52. When an institution lacks the capacity to provide appropriate medical care to an inmate in restrictive housing, that inmate should be transferred to an appropriate facility where he or she can receive necessary treatment.

Data Collection & Transparency

53. Prison systems should collect data about several aspects of their use of restrictive housing:
 - a. System-wide data. This data should describe the incidence and prevalence of restrictive housing, including the total number of inmates in each type of restrictive housing, restrictive housing recidivism rates, and the average length of stay. This information should be publicly available on corrections websites. It should include demographic information for inmates, including race, national origin, religion, gender, gender identity, sexual orientation, disability status, and age, to the extent that the collection and publication of such information complies with all applicable laws.
 - b. Inmate-level data. This data should allow correctional systems to track individual inmates throughout their incarceration. This will allow facilities to determine whether, how often, and how long a particular inmate has been placed in segregation, including as the inmate changes status (*i.e.*, from investigative segregation to disciplinary segregation). This information should be available to correctional officers, to the extent consistent with applicable law, as a way to identify strategies to treat disruptive inmates, and should not be released publicly.
 - c. Officer data. Correctional systems should consider implementation of an early intervention system, a management tool that promotes supervisory awareness and helps officials identify trends, revise policy as needed, and deploy additional training where necessary. This information should not be released publicly.



Vera Institute of Justice | United States Department of Justice Safe Alternatives to Segregation Initiative

Technical Assistance with the Safe and Effective Reduction of Segregation

Vera Institute of Justice (Vera) Overview

Vera works is to drive change specifically to build and improve justice systems that ensure fairness, promote safety, and strengthen communities. Vera works with others who share our vision to tackle the most pressing injustices of our day—from the causes and consequences of mass incarceration, racial disparities, and the loss of public trust in law enforcement, to the unmet needs of the vulnerable, the marginalized, and those harmed by crime and violence. Vera was developed by philanthropic donors, but utilizes a variety of funds, including federal grant dollars to provide technical assistance for key initiatives. For the Safe Alternatives to Segregation Initiative, Vera is partnered with the US Department of Justice, and now Nevada. Nevada will received technical assistance from subject matter experts across the country.

Nevada Overview

Nevada recognized the challenges associated with segregation, and submitted the grant to reduce the Department's use of segregation based on the following:

- Nevada regulations have not been updated with best practices or frameworks for the use of disciplinary segregation;
- Nevada Revised Statutes (NRS) have not been modified or updated on disciplinary segregation;
- Increase in the use of solitary confinement without identified alternatives increasing the overall expense of correctional facilities;
- Lack of definitional framework for continuity and consistency in the use of practices;
- Increased number of offenders with mental illness being placed in segregation;
- Psychological impacts and increased risk to the facility, other offenders, and correctional staff; and
- Need to define clearly the data metrics to measure all incidents of segregation.

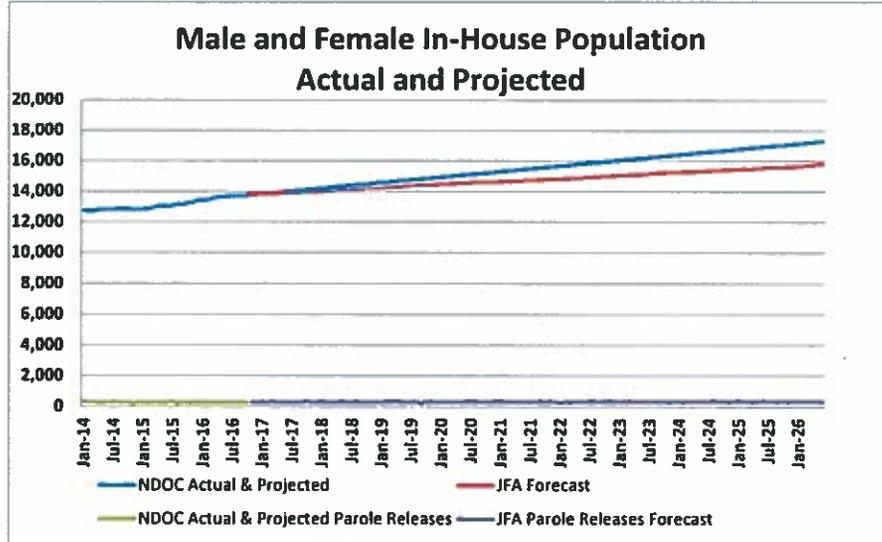
Nevada will receive technical assistance to address the following goals, which include the identification of best practices; recommendations for operational and regulatory changes; and support in implementing policy and practice.

**Nevada's Goals/Objectives:
Policy and Implementation Strategies to Effectively, Efficiently and Safely Reduce**

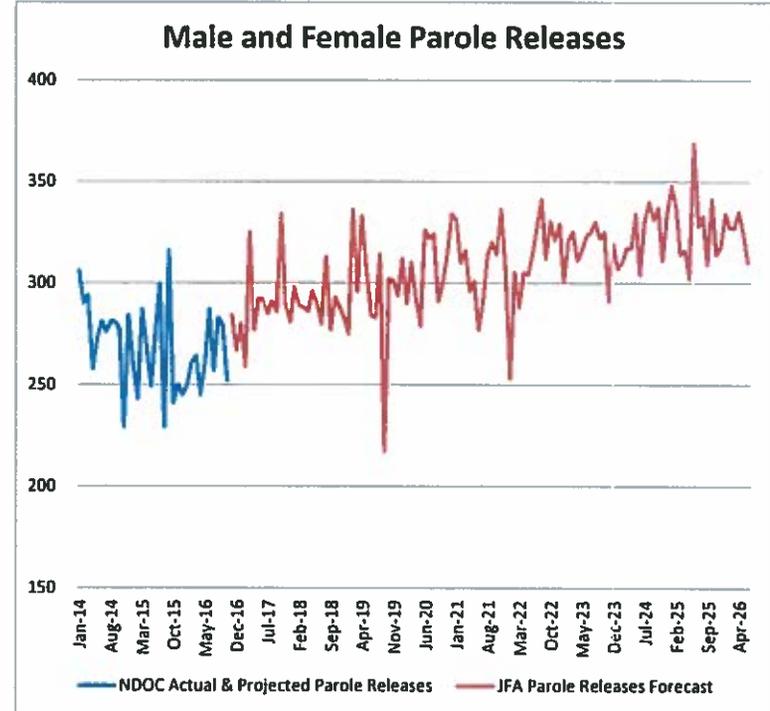
Segregation and Restrictive Housing Placements	
Objective for the Goals	Expected Outcomes
Objective 1: Examine the NDOC administrative structure and regulations to identify and implement policy frameworks and foundational supports to safely reduce the use of segregation; develop and implement evidence-based practices for alternative strategies for the management of correctional populations.	A policy document and framework (draft regulation) that will be approved by NDOC to allow Nevada the ability to effectively reduce the use of segregation and provide staff the tools to use alternative disciplinary methods. Approval by the Prison Board.
Objective 2: Systematic change to the structure of disciplinary segregation policies.	Identify training and professional support needed for the successful implementation of changes to the segregation policies, that ensure consistency and continuity in application.
Objective 3: Examine opportunities for changes to Nevada Revised Statutes through future Bill Draft Requests (changes to State Law), for the long term change to segregation policies.	Recommendations for changes to the current Nevada Revised Statutes; Nevada Administrative Code in compliance with federal and state regulations; as well as best practices.
Objective 4: Build in sustainable fiscal supports to expand alternative strategies for the management of correctional populations.	Reduced costs of confinement associated with segregation; which improves quality and efficiency through delivery reforms.
Objective 5: Leadership technical assistance to gain support from key personnel on system interventions and changes; Developing positive atmosphere and morale to engage staff at all levels to accept change and environment of change.	Effective communication best practices to implement policy reforms; and aligning agencies with strategic priorities.
Objective 6: Improve Data driven approaches to ensure data-driven, best-practice programming.	Development of effective performance measures.

NEVADA DEPARTMENT OF CORRECTIONS ACTUAL AND PROJECTED POPULATIONS

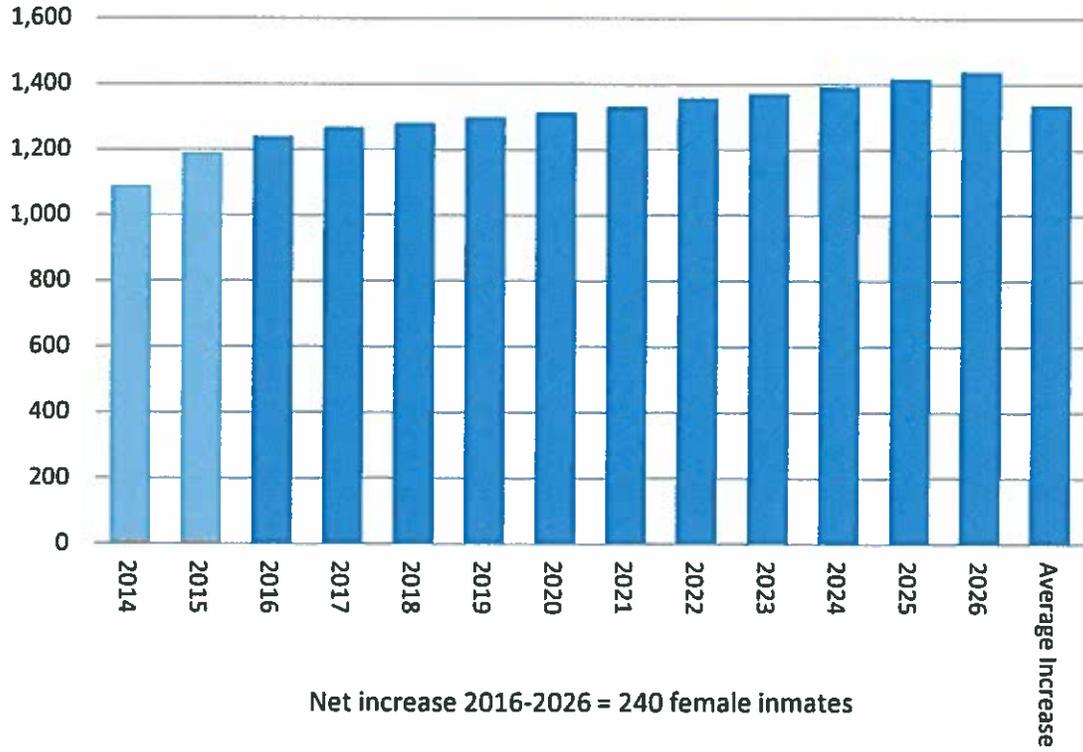
FORECAST COMPARISONS



This chart depicts the actual in-house population through September 2016 and a time series forecast developed by the NDOC as well as the Governor Recommends forecast produced by the JFA Institute. The NDOC time series model is restrictive as it doesn't incorporate the possibility of exogenous events, changes in laws, changes in crime rates, admissions or releases, or other factors that could affect the future number of institutional inmates.



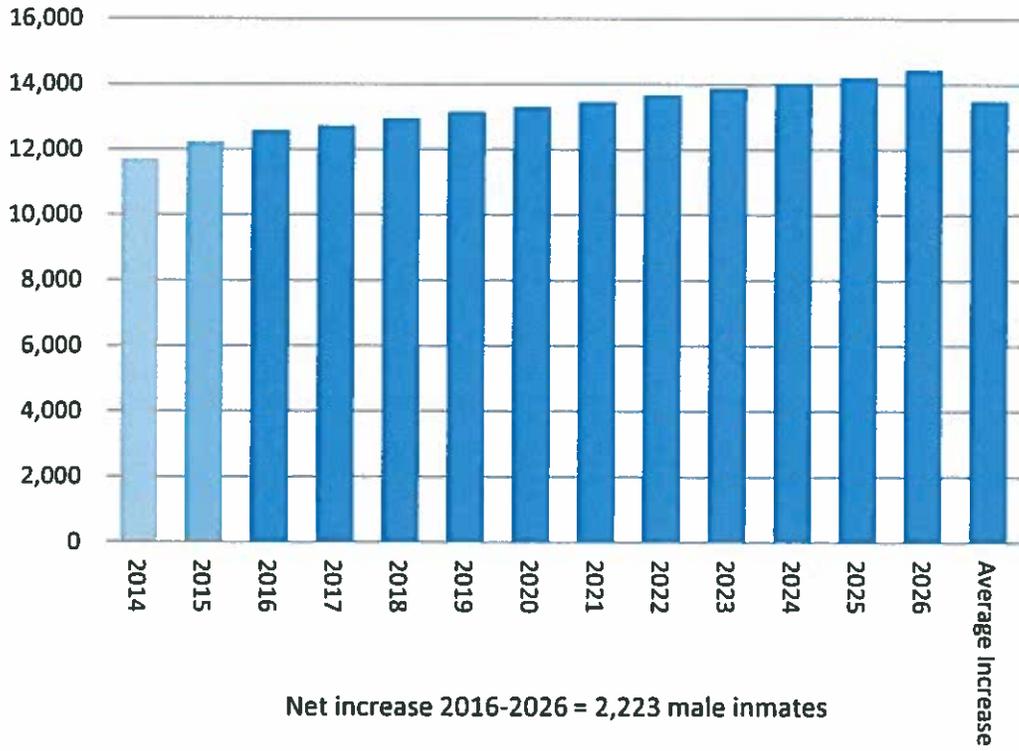
Females In-House (2014-2015 Actual, 2016-2026 Forecast)



Item #7

Male Inmate Population 2014 – 2015 Actual
2016 – 2026 Projected

**Males In-House
(2014-2015 Actual, 2016-2016 Forecast)**



Item #8

Second Chance Act Grant Information

Bullet Points:

- The State of Nevada Department of Corrections was eligible to apply for the FY 16 BJA - Second Chance Act Demonstration Program based on the successful completion of the Strategic Plan under the first grant.
- Nevada will receive \$978,102 in federal funds; with an in-kind match of \$483,805 from staff time and efforts, across all partners.
- The grant was awarded on October 1, 2017 and end September 30, 2016. Based on the performance of these activities, Nevada may be eligible to apply for Year 2 and/or Year 3 funding of amounts not to exceed \$1 million each year, respectively.
- There are no general funds tied to this grant.
- NDOC will be working to implement the state strategic plan to include improving the statewide reentry plan; develop comprehensive case management systems using evidence based practices across the continuum of care; integrate the Nevada Risk Assessment Tool (NRAS) into a seamless data management system; target criminogenic needs; adopt a balanced approach for supervising returning citizens emphasizing community safety; and ensure cross-system use and training.
- The grant work has already begun, utilizing the in-kind resources, with the official acceptance of the grant will be at the Interim Finance Committee (IFC) in December 2016.
- Contracts will be finalized at the December Board of Examiners Meeting.
- David Tristan is managing the efforts through John Collins, Re-Entry Coordinator who is the Program Manager; and Sheila Lambert leading the policy development.