



BRIAN SANDOVAL
Governor

JAMES DZURENDA
Director

BARBARA K. CEGAVSKE
Secretary of State

ADAM LAXALT
Attorney General

**STATE OF NEVADA
BOARD OF PRISON COMMISSIONERS**

**Board of Prison Commissioners Meeting
Tuesday, March 7, 2017
MINUTES**

The Board of Prison Commissioners held a public meeting on Tuesday, March 7th, 2017.

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.

Department Attendees: James Dzurenda - Director; Quentin Byrne - Deputy Director;
John Borrowman - Deputy Director Support Services; David Tristan - Deputy Director Programs;
Brian Connett - Deputy Director Prison Industries.

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

2. Public Comment

Paul G. Corrado stated he created a parole preparation document and offered \$1000.00 to have copies made for inmates. He discussed the medical condition Ulcerative Colitis and that there is a low-cost highly effective treatment and he would like the Medical Department to look into it. He said inmates need to learn skills for laptops. He found some priced at \$95.00 per laptop with Microsoft Office for an additional \$35.00. He suggested removing the workers compensation fees and putting that money towards the laptop computers and training for the inmates. Eliminating the workers compensation fees would also allow for many more volunteers to work in the prison. He said he is in favor of a sentencing commission and wanted to know if their outside people were ever there to represent the Governments inmate clients. ([Item 2 Exhibit](#))

Secretary of State Cegavske thanked Mr. Corrado and told him the Speaker of the Assembly is working on a parole bill that he may be interested in and recommended he look into it.

3. Acceptance and Approval of Minutes – November 15, 2016 meeting.

Action: The Attorney General did not attend the November BOP meeting and abstained from the vote.

Secretary of State motioned to approve the Minutes and 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 Officer (for Discussion Only).

Discussion: Dr. John DiMuro stated he assumed the role of Chief Medical Officer from Dr. Tracy Green in July of 2016 and provided the required reports per statute. He referenced his current report, section 1: new issues. **(Item 4 Exhibit)** Dr. DiMuro discussed correspondence received from two inmates at Lovelock prison, which is a continuation of inmate Robert Stockmeiers' issues with food service menus. Dr. DiMuro has been in discussion with the dietitian who has reviewed all the menu offerings for nutritional content and they are all up to par. He has worked with the Deputy Attorney General and Mr. Vincent Valiente (Environmental Health Specialist, Nevada Department of Health and Human Services Division of Public and Behavioral Health) and Archie Alexander (Compliance Enforcement Supervisor, NDOC) to investigate inmate Stockmeiers' claims of nutritional inadequacy. Dr. DiMuro explained that inmates can choose which diet they eat, and on any given day there are 9, 10 or 11 menus including low sodium, common fare menu, double portion, and sack lunch menus: meaning they are not restricted to a choice they may have made previously. He has already researched and responded to the two inmates. The menus, including the full nutritional breakdown of the food, will be posted in the law libraries so inmates can access this information to make informed decisions about what they choose to eat.

Dr. DiMuro went on to discuss the Vivitrol pilot program for 200 inmate volunteers. He explained Vivitrol is a one-time per month injection for inmates with substance abuse issues. The project is coordinated between Alkermes Pharmaceuticals, Deputy Director Tristan and Sheila Lambert (*Grant and Policy Administrator, NDOC*). The hope is that the Vivitrol program will lower recidivism. The inmates in the program will be Medicaid approved and the 1st injection while they are incarcerated is free. Subsequent injections for the released inmates in the community will be paid for by Medicaid.

Dr. DiMuro also made note that all of the prisons are slated to receive full environmental health inspections and full medical surveys this calendar year.

5. Discussion on NDOC implementation plan to consolidate and centralized the mental health delivery services for the Seriously Mental Ill (SMI) and current status of the transition of inmates going from segregation. - James Dzurenda, Director (for Discussion Only).

Director Dzurenda explained that NDOC never had a formalized mental health delivery system, so they received a technical assistance grant from the National Institute of Corrections (NIC). NIC staff will come to Nevada and help NDOC develop a system. Director Dzurenda said that per NIC, every state seems to have its own criteria for what constitutes SMI. Therefore, he would like to match NDOC's criteria to whatever is being done with the Department of Health and Human Services so they are on the same page as to what is considered seriously mentally ill. He explained that he moved all SMI inmates in segregation from Ely State Prison to Northern Nevada Correctional Center (NNCC) where they are consolidating their mental health staff. They are planning step down units so as inmates get better they can gradually transition into general population. However, some will never get to general population due to the severity of their medical or mental health issues such as traumatic brain injuries, PTSD and cognitive medical conditions such as Alzheimer's or dementia. Correctional staff is being trained along with mental health staff on crisis prevention measures to help de-escalate issues and how to better care for these inmates. He explained that before a disciplinary infraction is issued; the situation will be reviewed by mental health services to determine if the discipline was related to their illness or some form of decompensation of medication or whether the issuance of the disciplinary infraction will exacerbate their mental illness. If this is the case, the infraction will not be issued and the inmate will be assisted as needed. The goal is to socialize as many of mental health inmates with the general population, so that they will be better equipped to reenter the community when the time comes. Director Dzurenda said there will be approximately 300 inmates housed at NNCC under this specialized care. Sheila Lambert explained inmates at Lakes Crossing are

being prepared to be adjudicated through the system and the ones at NDOC have already been adjudicated with a guilty verdict. She also shared that the Department of Health and Human Services has offered Dr. Neighbors, the former administrator of the Lakes, to be a consultant for NDOC as we move forward expanding our mental health unit at NNCC. Deputy Director Tristan explained that approximately 17% of male inmates are on psychotropic medications and 30% of female inmates. Deputy Tristan said through this legislative budget process NDOC is asking for a Director of Mental Health Services and in the meantime has appointed an interim one to help coordinate NDOC's mental health efforts. He said they moved the psychiatrist from Warm Springs Correctional Center to NNCC and have hired several part-time psychiatrists. One at High Desert State Prison (HDSP) and one at Florence McClure Women's Correctional Center (FMWCC) work 20 hours per week plus they use telemedicine videoconferencing to Ely State Prison (ESP) and Lovelock Correctional Center (LCC) in addition to traveling to these rural prisons as needed.

Director Dzurenda discussed expanding available programs geared towards inmates on mental health status, which will allow them to get meritorious credits, which will assist them in their parole efforts. These inmates are provided with 30 days worth of medication upon discharge and are signed up for Medicaid, if eligible, so that they can continue to receive services, medications and appropriate resources upon their discharge from NDOC.

6. Discussion on NDOC's inmate disciplinary regulations specific to segregation for all inmates, and segregation time for SMI. - James Dzurenda, Director (For Discussion Only) attachments:

Director Dzurenda explained there are American Correctional Association (ACA) nationally set standards and best practices on discipline and segregation and he believes it is important to maintain their standards. He said the Department of Justice (DOJ) also created 53 guiding principles, which are stricter than the ACA standards. His goal is to get the NDOC as close to the DOJ 53 guiding principles as possible. Director Dzurenda said the Vera Institute will be coming to Nevada to assist the NDOC in updating their policies and procedures and creating performance measures. Following these principles should help make offenders better when they get out of prison, not worse. They help correct behavior, not induce bad behavior. If an inmate poses a threat to staff, fellow inmates or themselves, then they will be removed from general population and the underlying issues causing their behavior will be addressed. If it's an anger problem the inmate will be provided with anger management programs to help them get past it.

Director Dzurenda discussed the open forums he held at each facility to educate staff about the reasons why NDOC is making these changes; how important they are for the community and public safety; and what would happen if they don't make changes to segregation or mental health. Each forum was approximately 3 to 4 hours long and he has received very positive feedback from staff.

7. Administrative Regulations – James Dzurenda, Director (For Possible Action)

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

- AR 128 - Outside Financial Audits/Reviews
- AR 139 - National Crime Information Center (NCIC)
- AR 144 - Mobile Devices
- AR 210 - Purchasing, Receiving, and Payment
- AR 212 - Contracts
- AR 269 - Food Services
- AR 346 - Nepotism/Fraternization
- AR 365 - Respirable Crystalline Silica
- AR 420 - Inmate Death or Serious Injury Procedure
- AR 423 - Institution/Facility Entrance Scanning Procedure
- AR 543 - Transition Center
- AR 707 - Inmate Disciplinary Process

AR 740 - Inmate Grievance Procedure
AR 801 - Correctional Programs/Classes/Activities

Several AR's were pulled out for discussion.

AR 144 - Mobile Devices; was updated to distinguish between an issued and a non-issued mobile device and regarding physical security and data security requirements including federal regulations.

AR 543 – Transition Center; expands classification so additional inmates can be sent to transition housing to free up beds in the facilities. Program services for alcohol and drug addictions are more successful when conducted in the community so these services will be brought to the transitional housing for a continuum of care when the inmate discharges. Sex offenders and inmates with violent felonies are excluded from this program. This language will be added to the AR and will be brought back to the next meeting. Director Dzurenda explained that inmates who have been granted parole but have nowhere to go can come to transitional housing and work with staff to find the housing they need to get out.

AR 707 – Inmate Disciplinary Process; Director Dzurenda explained that there will be no more stacking of charges on a disciplinary charge. The actual incident will be identified and the inmate will be charged for it. There will be a maximum of up to 180 days of segregation and inmates may be released earlier for good behavior and for participating in programming. Hearing officers may suspend a sanction and dismiss it based on good behavior and programming or lower sanctions to more appropriate charges. This will put NDOC in compliance with ACA standards. Additionally, if an inmate is under mental health care it will be mandatory that a mental health clinician review the disciplinary infraction before it can be served to the inmate. Director Dzurenda explained that the longer someone is in segregation they become un-socialized and bored so their attention becomes more aggressive toward staff as that becomes their entertainment. With less but more meaningful sanctions, where with positive behavior they can get out earlier, they will behave. The Vera Institute will collect data on this over the next 18 months so NDOC will be able to see if what we did was appropriate and effective in producing a better, less violent inmate and greater safety for staff and inmates alike. Director Dzurenda's personal experience in implementing these changes in Connecticut was that incidents of violence went down. Director Dzurenda said he will provide a brief synopsis of data from Vera and NDOC's projects at each of the BOP meetings.

Clark Leslie, Chief Deputy Attorney General, explained the "some evidence" standard has been in play for approximately 20 years from a case that has been vetted and passed constitutional muster many times. Deputy Director Tristan had changed the wording in this AR but, after discussion with staff, he intended to change it back. The wording will be changed back to "some evidence" and the AR will be brought to the next board meeting.

Director Dzurenda discussed AR 740 – Inmate Grievance Procedure. The changes would limit offenders from filing frivolous, multiple of the same issue, or abusive grievances. They've added a section called "partially granted," which is more of a compromise, and that grievance will be submitted to the Inspector General's office for investigation. Previously, inmates did not have to demonstrate any type of loss or harm to file a grievance. Inmates used it almost as a kite system to write in complaints. Now inmates will need to explain the loss or harm in their grievance to move forward in the grievance system. They are encouraged to discuss their issue with a correctional officer or their caseworker to try and resolve it before they start the grievance process. Deputy Director Tristan explained that they changed the filing period from six months after an issue to only one month. This was due to the length of time, as it is almost impossible to investigate their allegations and inmates know this and would intentionally wait to file their grievances.

AR 801 – Correctional Programs/Classes/Activities. NDOC will be able to use meaningful programs vetted by other agencies as evidence-based and best practices in the delivery of programs. If a program is deemed as

ineffective it will go before the program review committee and be reviewed to see if it was being utilized properly. If it was utilized properly but not effective, it would be eliminated from the programs offered. Gov. Sandoval wanted to make sure that the NDOC and the parole board agreed on the appropriateness of specific inmate programming. Parole Chairman Connie Bisbee explained that there are only a few specific programs that have been proven to reduce recidivism: the trust program, any education completed, and any long-term vocational program. These reduce their score on their risk assessments. Chairman Bisbee explained they will not deny parole because an inmate did not take a specific program. The Board can make it a requirement that the inmate get that specific programming once they're back in the community. They review all of an inmate's programming and take it into consideration when making their decision. Director Dzurenda stated there will be a formal compendium at each facility of what programs are offered, and their goals and objectives, which will be provided to the parole board.

Action: With the exception of AR 543 and AR 707 the Board approved the regulations. [Link to AR section will be added](#)

- 8. Public Comment:** Holly Wellborn, Policy Director of the ACLU of Nevada commented on agenda items 5 and 6. Ms. Wellborn explained that last month, the ACLU of Nevada issued a report entitled Unlocking Solitary Confinement: Ending Extreme Isolation in Nevada Prisons. She discussed Senate Bill 107 that was passed during the 2013 Nevada legislature and went on to explain ACLU's research on NDOC's use of solitary confinement. Ms. Wellborn stated she was pleased with today's report from the NDOC and that the policies introduced today and the upcoming Vera Institute grant and study that was discussed is very encouraging and will likely help the Department avoid future legal challenges. She said the ACLU hopes to make these changes statutory in the future. ([Item 8 Exhibit](#))

Gov. Sandoval asked that in the future if there are policy issues the ACLU is concerned about that she appear in front of this board to bring them to the boards' attention. Ms. Wellborn stated her predecessor Vanessa Spinazola did submit letters to the commissioners on the use of isolation in the past.

- 9. Adjournment** - Governor Sandoval adjourned the meeting at approximately 11:26 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

NEVADA DEPARTMENT OF CORRECTIONS
 BOARD OF PRISON COMMISSIONERS MEETING
 MARCH 7, 2017
 ATTENDANCE ROSTER - CARSON CITY, NV

	NAME (please print)	Organization	Request to Speak	
			Yes	No
1	Ronda Larsen	NDOC		✓
2	CLARK G. LESLIE	AG		✓
3	John Dimuro	DPRST		
4	PAUL CORDEIRO	Director of Prisons	✓	
5	Brooke Keast	NDOC		✓
6	DAVID TRISTAN	NDOC		
7	JANAS DZURKOWIA	NDOC		
8	Dwayne Deal	WOL		X
9	David Smith	Parole Board		
10	Connie Busbee	Parole Board		
11	Anthony Swain	NDOC		
12	Christina B... Joanna Jacob	NDOC		
13	Joanna Jacob	Female Public Affairs		
14	Holly Welborn	ACLUF NV		
15	Michelle Rindels	Mediu		
16	Carrisa Tashiro	NDALC		✓
17	Scott Anderson	SOS		✓
18				
19				
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NEVADA DEPARTMENT OF CORRECTIONS
 BOARD OF PRISON COMMISSIONERS MEETING
 March 7, 2017
 ATTENDANCE ROSTER – LAS VEGAS, NV

	NAME (please print)	Organization	Request to Speak	
			Yes	No
1	SHEILA LAMBERT	NDOC		X
2	BRIAN CAWDETT	NDOC		X
3	KENT LEFEVRE	NDOC		X
4	Ann McDermott	AG		X
5	Cynthia Keller	NDOC		X
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Prison Board Testimony March 7, 2017

By: Paul G. Corrado, OWDS 4100 Meadow Wood Road Carson City, NV 89703 775-883-8514

1. **Recidivism.** *UPDATE: Do not release inmates unless re-entry training is completed.*
 - a. Please consider a study to see if the Federal prisoner reentry initiative (42 U.S. Code § 17541) would be applicable, in whole or part, to ameliorate some of the funding issues in the NV DOC.
 - b. This could receive bi-partisan support, given the potential life/cost savings.
 - c. Use these cost savings to re-install the pre-release programs cut from the budget in 2008 in order to reduce recidivism. Fact: 95% of persons currently incarcerated will be released. "Nothing stops a bullet like a job." Fr. Greg Boyle, S.J., South Central LA
2. **What is the life expectancy of the average NV Correctional Officer (CO) post retirement? Federal statistics are 3 years for a CO. Mandatory retirement is 57 at the Federal level.**
3. **Pain Killers.** Identify the number of offenders whose path to prison was started with prescribed painkillers, work on solutions to this problem. *UPDATE: Sincerely appreciate all Gov. Sandoval has done on this issue.*
4. **Classes.** Consider offering classes in money management, like the FDIC's Money Smart curriculum, A Financial Education Program. Re-fund the pre-release assistance programs cut prior to 2008. Computer classes are NEEDED by both the academic AND crafts training programs. Vocational training is needed to insure skilled workers are available, including welding, woodshop, HVAC, and green technology.
5. **Parole Board Preparation.** Please consider the dissemination of the vetted and attached parole guidance within the NV DOC. It is based on personal observations, written and reviewed by Parole Board members in both 2014 and the latter part of 2016.
6. ID what jobs ex-felons can take- it is complex, perhaps a law school student white paper. Please see attached list. Assist in clarification, and disseminate results to those who are soon to be released, and their case manager.
7. **Medical Issue: Ulcerative Colitis-** there is a very low cost highly effective treatment. Needs legal and Administrative bases. Much suffering and costs could be significantly reduced.
8. **Proposed Grant for Study of Integration of: Holland (currently in place at WSCC) / Myers-Briggs Type Indicator and Johnson-O'Connor Foundation aptitude testing into pre-release and post release programs.** *UPDATE: could be valuable/value added in relation to re-entry information, and classification.*
9. **Computer Corps** here in Carson City, see attached flyer. Consider on site pilot program to evaluate skills development can meet job requirements.
10. Change the \$5,000 workman's comp. requirement for volunteers into an optional program, and use that money to fund computers for every inmate, depending on release date. Demand a level of computer literacy equal to grade school prior to release.

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Nevada Parole: Your Next Job Interview

Preface The Nevada Parole Board is made up of a seven members. A parole board hearing is generally attended by 2 or 3 members of the board who recommend to the other board members if a person should be paroled. There is a considerable amount of research that is done by Parole Board staff prior to the hearing. Primary among the information developed is a risk assessment. There is also research associated with prior arrests, including those as a juvenile, if any.

The following is an impression of the process by a volunteer. It was review for accuracy by two of the Parole Board members, and changed to reflect their corrections.

Nevada Parole Board Meeting Notes

Background. The Nevada Parole Board meetings are open to the public. The reason for the visit was requested by the two Commissioners in attendance at the hearing. The reason given was to assist inmates with preparation for their parole hearing. These observations are considered typical, since all nine parole hearings that afternoon were similar in format and administration. These notes are not to be considered complete and representative of all issues that can be raised, they are meant to help the process and ultimately the inmate to keep from returning to prison.

Process. Two hearing Commissioners or a Commissioner and a Hearing Representative are in attendance in matters other than the most serious crimes, like murder. For those crimes, three Commissioner are in attendance. The Commissioner(s) in attendance make recommendations to the full Board, which in turn makes the final ruling on the case. The hearings are conducted via closed circuit TV, with Commissioner(s) in attendance in Parole Board Offices, located in Carson City and Las Vegas, with the inmates in attendance from their individual institutions. There are a total of 7 Commissioners including the Chair, 3 in Las Vegas, and 4 in Carson City. (Please see Attachment 1)

Meeting. Inmates are greeted, and asked to verify their signature on a document that was presented to the Board, namely, the Notice of Hearing. It states the date and time of the hearing, and lists certain rights the offender has in regards to the scheduled hearing. A risk assessment, an instrument that chronicles their arrest record and convictions, with a score is also part of the information given to the Parole Commissioners. (See Attachments 2 & #) This document includes crimes committed prior to an inmate's 18th birthday. One inmate acknowledged that he was first arrested when he was 13 years old. The Commissioners go over the issues identified on the Risk Assessment and ask questions related to it. This is a critically important document. The Commissioners will go over it with the inmate to validate its accuracy. Listen carefully and make sure it is accurate. For most hearings, the inmate is then asked if they wish to make an opening statement. (See Attachment 4)

Opportunity. This is critical. Your opening statement is an opportunity, in a succinct and summary manner, to make your case, acknowledge past mistakes, identify what you learned from them, how you have taken advantage of educational/personnel development opportunities afforded you during your incarceration, without write-ups, if possible.

Also, refer the Hearing Officials to documents in your packet that:

- Identifies your life goals and the objectives needed to attain them,
- Presents them with a work resume, identifying your talents, skills and abilities

- Contains a step-by-step plan of what you intend to do upon leaving the institution. This later plan can be developed using the “who, what, when, where, why” approach to your intentions upon release, as well as checklists from the NDOC and/or the US Bureau of Prisons.

Caution. Make sure you have kept your write-ups to an absolute minimum, none would be the target. It is up to you to make sure all of the previously identified documents are part of the packet of information given to the Parole Board.

Questions and Issues. The Commissioners will then ask you questions associated with your record and how you intend to conduct yourself in the future. Questions could include, “Why did you commit the offense?” Responses would best be thought out, accurate, and having had time to consider them and their consequences to others, and “ I am truly sorry for what I have put my victim through, and I acknowledge their long suffering and lingering effects.” Gang affiliation will be brought up, together with your employment record in the year prior to your crime(s). Anger management, victim empathy, how you intend to break the cycle of incarceration, if there is one, how you intend succeed when you leave, and how you will keep away from bad company. The Commissioners may point out that if you have a number of felony convictions on your record, if there is a next felony, the judge could target you as a habitual offender, with significant and dire consequences.

You will be graded on the risk assessment with a point system, work hard at the time it is prepared to keep the score as low as possible. After the hearing, deliberation by the Board is confidential, so important information was left out of what can be reported herein.

Opportunity. Suffice to say, before the hearing ended, the inmate was given another opportunity to make a statement. This opportunity should NOT be missed. Have a statement prepared. Thank them for their time, acknowledge they have an important decision to make, and if they decide in your favor, you have not only every intention not to reoffend, but to make something of your life by finding a career that uses all of the talents, skills and abilities that you have to offer, recognizing that you may have to start in a less than ideal situation in order to work your way up, with education, the support of family and dedication to becoming a productive member of your community and society.

Rules of the Road. When you come to the Parole Board meeting, treat it as a job interview. Identify what you have to offer, and give the Board a level of comfort about your ability and dedication to making your life better, and how you intend to do it. Remember they may do over 20 hearings that day, so you need to pay close attention. Acknowledge your mistakes and characterize them as significant and a life long learning experience. Show maturity, honesty, and make it easy for them to say YES!

Outsider Notes. Observing some of the inmates’ behavior was shocking. Answers to questions from the Board were a mumbled, yea. . . If you treat others, especially the Board Members, with dignity and respect, you will get it back. Know their names, address them as Commissioner (their name). Sit up straight, look them in the eye, come with prepared statements, both opening and closing along with copies of your Goals and Objectives, resume, and a plan for your future, and ask them if they have any questions about those documents. Take a couple of seconds to organize your thoughts prior to responding to their questions. Give a careful, measured and clear response to the question asked. That means you have to listen very carefully. IF necessary, ask them to repeat the question, and answer THAT question to the very best of your ability.

In your opening and closing statements, if you are allowed to make them, remember the “

sandwich” . Just as an interview on the outside, when the topic of your crime comes up, tell the good that you did before you made the mistake(s), tell them the particulars of the crime in no more than 10-15 seconds, then tell them what you have been doing since then to improve. What programs you have attended, certificates earned, and what you learned since you have been incarcerated. Use the word incarcerated, it is perceived more positively than prison.

Major Issues: There are two major issues for Parole Board Members.

First and foremost, protection of the public and society as a whole is considered paramount. You have to address this and be convincing by stating why and what you intend to do when released is going to work, especially if there is a history of recidivism. Tell them why it is going to be different this time.

Second, know that how you present yourself and what you say matters. Parole will be granted if there is a reasonable likelihood that you will be successful post incarceration. They will listen carefully to your answers to their questions, sometimes tough questions.

For example, how do you intend to keep off drugs? What are you addicted to? Why did you commit the crime? Practice the answers, get your goals/objectives, resume and work- life plan for after you leave completed in the very best manner. Get help developing these. Practice, out loud, the answers to questions you can anticipate. Preparation will give you confidence. Do your best, you can do no more. Do not accept less than your best effort from yourself for yourself. Thank them for their efforts on your behalf.

Summary. Prepare, Practice, Perform.

1. Make the experience a win-win by treating it as a job interview.
2. The Sandwich- tell them the good you did before you got in trouble, what went wrong, then tell them what good you have done since being incarcerated, classes, certificates, GED, whatever is applicable, do not be humble.
3. Seal the deal – be sincere what you say you are sorry for what you did to your victim, and your family. Mean every word of it. Take responsibility for your actions. If you don’ t have remorse, do not expect a favorable outcome from the Hearing.
4. What will be your response to the Board’s Decision? Make it a learning exercise.
5. Mock Hearings – Before you go to your hearing, have several practice hearings. Even if it costs you 2 soups each. . .
6. Make sure you take advantage of your opportunity to make an opening statement and a closing statement.
7. Have family there, if you can, to show the Board you have family and community support, and that they are willing and ready to provide a path to success for you by taking care of your housing, food, transportation and emotional needs, so you can concentrate on finding and keeping good work.
8. Make sure you understand that the minds of the Commissioners are **NOT** made up prior to the Parole Board Meeting. YOU can affect the outcome. BE Prepared!
9. The Risk Assessment is key. Make sure it is correct before you attend. For example, have employment verified, especially for the year before you were arrested.
10. Posture, how you answer, Yes or Yes Sir or Yes ‘Mam, never “yea”, remember their names.

11. Treat this as a job interview.
12. If you are a repeat offender, what will be different this time? Be specific. For example, I have a job waiting for me at my last employer, I'll live with my Mom at (address) or name of the half-way house, be clear and decisive and specific.
13. Tell the Board why you scored high on several of the measurers, what mitigating circumstances lead to that high score on your risk assessment.
14. If battery or assault has been an issue for you in a domestic situation, tell how this situation has and will change. For example, when was the last contact with that individual? What classes did you attend, and graduate from, like Anger Management, The Phoenix Program, etc.
15. Come prepared. Practice, practice, practice. Write down questions you may be asked associated with gang affiliation, number of domestic violence cases, parole violation. Be contrite, specific, and forward thinking with your responses.



NEVADA BOARD OF PAROLE COMMISSIONERS

Welcome to the website of the Nevada Board of Parole Commissioners. We appreciate your interest in our site. This site will be helpful to you.

Commissioner photo from left to right

Top Row: Tony Corda, Susan L. Jackson, Adam Endel, Michael Keeler

Bottom Row: Maurice Silva, Chairman Connie S. Bisbee, Ed Gray

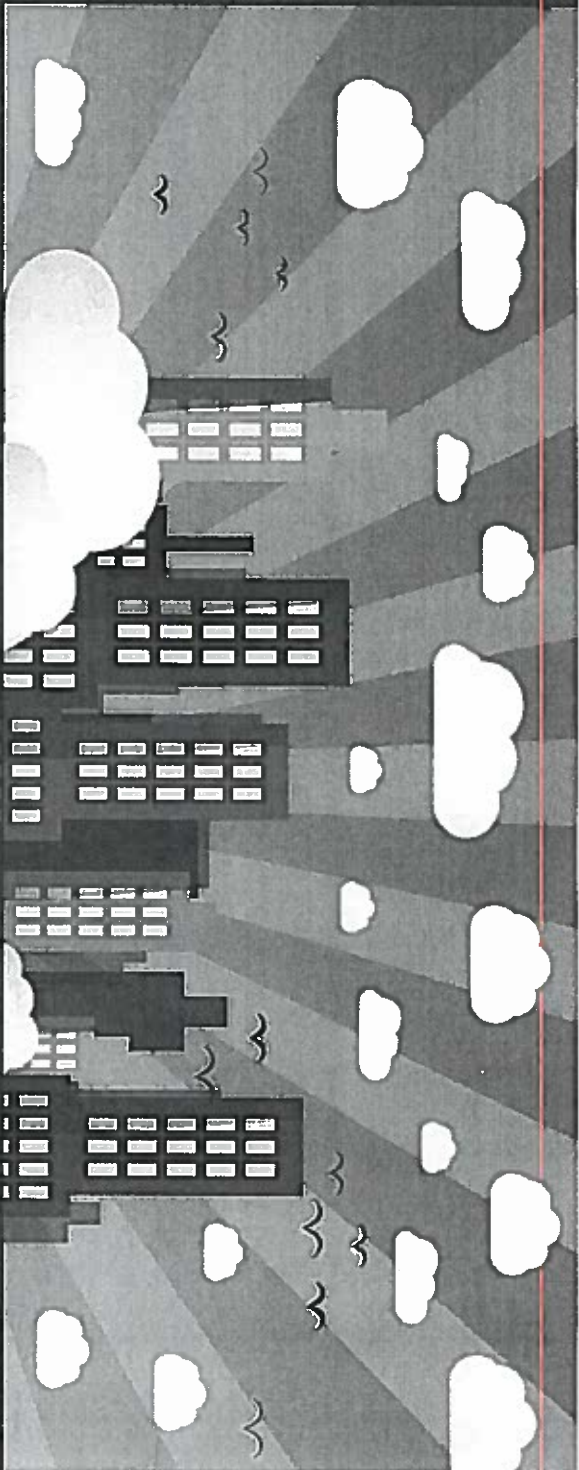
NEVADA REVISED STATUTES (2015)

(<https://www.leg.state.nv.us/NRSIndex/F.html>)

Disqualifications resulting from conviction

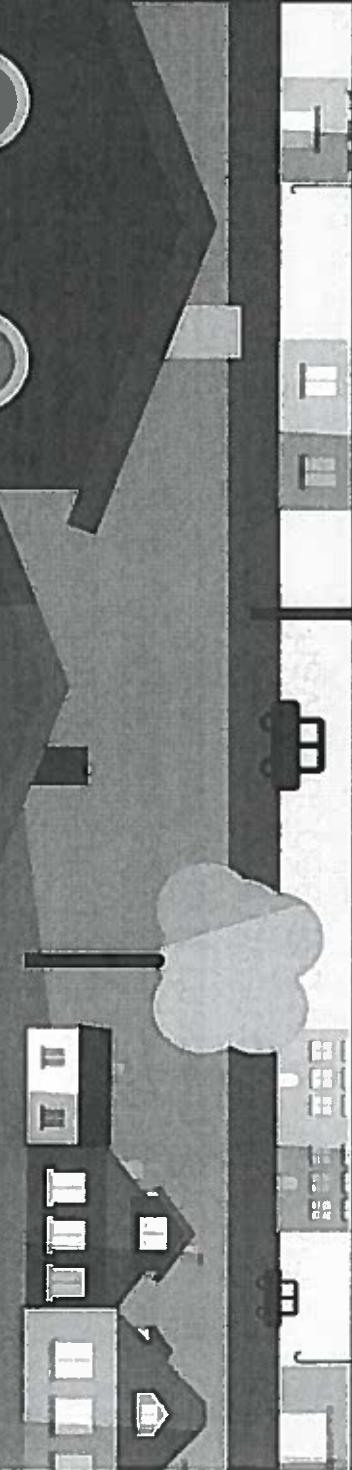
- Accountants, 628.190, 628.390
- Alcohol abuse counselors, 641C.700
- Appraisers of real estate, 645C.290, 645C.460
- Asset management of foreclosure property, 645H.700
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- Athletic trainers, 640B.700
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REENTERING YOUR COMMUNITY

A Handbook



Federal Bureau of Prisons
"Reentering Your Community
- A Handbook"
First Edition • April 2016

https://www.bop.gov/resources/pdfs/reentry_handbook.pdf

WHAT IS THIS HANDBOOK FOR?

Reentering your community can be more manageable when you're aware of services and resources available to help.

This handbook contains 3 checklists:

- for before your release,
- just after you return home,
- and later, when you're a bit more settled in.

It also includes additional information in specific areas where you may have questions or be looking for tools available to you.

Be sure to review these lists, and discuss them and questions you may have with your Case Manager, Bureau Social Worker, or Reentry Affairs Coordinator.

Reentry can be a complicated process – others have felt the same way. But many of them were able to overcome this and have succeeded in finding work, supporting themselves and their families, and more. We want you to achieve the same.

You are a member of your community, and we want to help you transition home and succeed. If you have any questions, don't hesitate to call the **Bureau of Prisons Reentry Hotline (toll-free)** at **1-877-895-9196**.

2-1-1 is a free and confidential service that helps people find the local resources they need (including reentry services) 24 hours a day, 7 days a week by calling **2-1-1** or by visiting www.211.org.

WHAT'S IN THIS GUIDE?



CHECKLIST #1: THINGS TO DO BEFORE YOUR RELEASE



- CHECKLIST #1: Things to do Before Your Release 3
- CHECKLIST #2: Things to do Immediately After Your Return 6
- CHECKLIST #3: Things to do to Rebuild 9
 - Managing Your Money 11
 - Getting Support 15
 - Taking Care of Your Physical and Mental Health 21
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 - Know Who to Contact 38

TIMELINE: Start this at least 8 weeks before you leave.

- Get your identification documents.**
Talk with your **Case Manager or Reentry Affairs Coordinator** about this, because they can help you.
- You can get a **social security card** or a replacement card for free from the Social Security Administration. If you do not get your card before you leave prison, the application and other information can be found at <https://www.ssa.gov/ssnumber>
- **Birth certificates** can be ordered while you are in prison from the state where you were born. If you do not get your birth certificate before you leave prison, this website shows you where to write for vital records for each state and territory:
<http://www.cdc.gov/nchs/w2w.htm>

Get proof of your GED / high school completion, or any other classes you took while in prison.

- If you got your GED while in prison, make sure you have your transcript before you are released. *The Bureau does not keep or give GED transcripts post-release.*

- If you can, create a folder with everything positive you have done while in prison, including certificates for vocational training, drug treatment, anger management or any other cognitive behavioral therapy.

Get your medical records.

Ask **Health Services** about getting copies of your medical records while you are still in prison to help you transition to treatment in the community.

Confirm your housing.

Your **Reentry Affairs Coordinator, Case Manager, or Social Worker** (if available) can provide you information about finding a place to live in your release city. **Social Workers** can also help if you need special housing such as a nursing home, assisted living, senior housing, or group home placement.

Find out about any outstanding fees, fines, debts, or warrants.

Speak to your **Case Manager** about how to find out if you have any outstanding fees, fines, warrants or debts. These can limit your ability to obtain employment, housing, or even lead to arrest. If you have outstanding child support payments, failing to manage this before your release could prevent you from getting a driver's license.

Are you a veteran? If yes, make sure you have your military discharge papers.

You can do this either online (after your release) or by mail. If you choose to do by mail, check with your **Case Manager** to see if they can give you the paper form.

Instructions and forms for both online and by mail can be found at <http://www.archives.gov/veterans/military-service-records/>



CHECKLIST #2: THINGS TO DO IMMEDIATELY AFTER YOUR RETURN

TIMELINE: Do these in your first week of reentry.

If you are transitioning through a **Residential Reentry Center**, staff at the center will be able to assist you with some of the items on this checklist.

Find somewhere to access the internet.

Most public libraries offer *free* internet access (although photo identification may be required) and library staff can help you. Most **Residential Reentry Centers (RRCs)** also have internet services.

Create an email address.

Many websites (for example www.gmail.com or www.yahoo.com) allow you to set-up a free email account. To make it simple and professional, use your first name and last name, or some combination of your initials. Write it down:

_____ (ex. johnndoe@gmail.com)

Get a photo ID.

You can obtain one through your local **Department of Motor Vehicles**. To find your local Department of Motor Vehicles, and know what documents to bring (probably your birth certificate and/or social security card), visit www.usa.gov/motor-vehicle-services

Sign-up for Health Insurance.

The Affordable Care Act has created *free* or low-cost health care coverage options and improved access to health care services.

- If you need low-cost health insurance, go to the **Health Insurance Marketplace** (www.healthcare.gov). The website helps individuals find and sign up for health care coverage and those who qualify can also sign up for **Medicaid**. *Upon release, you have a 60-day special enrollment period to sign up.*

- You can also call **1-800-318-2596 (TTY: 1-855-889-4325) 24/7** if you don't have a computer or need help. *The phone line is closed Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day.*

- **Are you a veteran?** If yes, you may qualify for healthcare through the **Department of Veterans Affairs**. Information about your health benefits as a veteran can be found at: <http://www.va.gov/healthbenefits/apply/veterans.asp>

Are you under age 26?

If yes, confirm your selective service status. Your status may be required by employers or for student loans.

• Call toll-free 1-888-655-1825

• Young men in prison do not have to register while they are committed. However, they **must register within 30 days after being released** if they have not yet reached their 26th birthday.

Get proof of your GED / high school completion

• If you earned your high school diploma before you were in prison, you can get a copy from the **Department of Education** for the state where you attended high school. Contact information can be found at: www2.ed.gov/about/contacts/state/. GED certificates can be requested from the state's **GED Administrator** where you took the test: www.gedtestingservice.com/testers/ged-testing-administrator.

CHECKLIST #3: THINGS TO DO TO REBUILD



TIMELINE: Do these in your first month of reentry.

Take control of your finances.

To qualify for certain benefits, you will need to understand your current debts, bills, and other payments. Having a bank account and using free tools can help you manage this. See the “*Managing Your Money*” section on page 11.

Connect with assistance programs and community organizations that can help.

Once you understand your finances, apply for benefit programs that can help you get food and other necessities. Community organizations are also ready to help. See the “*Getting Support*” section on page 15.

Don't forget to take care of yourself!

You have a lot going on, but making sure to stay healthy and keeping on track with any medications or appointments will help you complete all the other things you need to do. See the “*Taking Care of Your Physical and Mental Health*” section on page 21.

Continue your education.

There are many ways to build your skills and qualify for better jobs. See the “*Building Your Skills*” section on page 25.

Begin your job search.

See the “*Finding a Job*” section on page 27.

If you need legal assistance, connect with organizations that do this for free.

Many non-profits exist to support you if you experience discrimination or other injustice. To better understand your rights, reach out to one of these organizations. See the “*Seeking Legal Assistance*” section on page 31.

Focus on re-building your relationships.

Reconnecting with loved ones and having them support your transition can be incredibly empowering. However, it will take time and patience. See the “*Rebuilding Relationships*” section on page 35.

MANAGING YOUR MONEY



Setting Up a Bank Account

Having a bank account with a debit card will really help to organize your finances. To learn more about how to select a checking account that is right for you, check out the **Consumer Financial Protection Bureau's (CFPB)** resource on this: <http://www.consumerfinance.gov/blog/guides-to-help-you-open-and-manage-your-checking-account/>

Most banks will require the following information to open an account:

- **Identification:** A valid, government-issued photo ID.
- **Personal information details:** Name, date of birth, address, phone number, and Social Security number.
- **Money:** Cash, a check, a money order, or funds you can electronically transfer into the new account.

Understanding Your Credit

You are entitled to a *free* copy of your **credit report**, once a year. Your credit report may be used for background screening for employment and housing. To order your free report:

- Online – www.annualcreditreport.com
- Phone – 1-877-322-8228

Asking General Questions

CFPB also has a frequently-asked questions section, where people can learn important financial information. Questions like the following are answered at:

<http://www.consumerfinance.gov/askcfpb/>

- *My employer says I have to have direct deposit. Everywhere I go, the banks and credit unions seem to charge fees. How can I find the right account for me?*
- *My credit report has information that's not accurate. How can I fix it?*
- *Should I borrow money from my credit card or take out a small loan to cover my bills until my next paycheck?*

Another government website that provides tools and guidance to managing your money is:

www.MyMoney.gov

Filing Taxes and Getting Credits

If you do obtain a job, you may be eligible for a refundable tax credit (the Earned-Income Tax Credit – EITC) that encourages work and makes up for other taxes, such as payroll taxes. Millions of working families and individuals qualify for EITC; however, you must file a tax return.

- For free tax preparation assistance: <http://irs.treasury.gov/freetaxprep/>

- To estimate the value of your EITC credit: <http://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit>

Managing Payments

Child Support: As mentioned in Checklist #1, managing your child support requirements is incredibly important. If you have a child support order, you may be able to apply for a modification from the court to have your child support order reduced to reflect a lack of earnings or low earnings. You may also be eligible to participate in programs that may help you find a job, reinstate your driver's license, offer parenting education, or help reduce the amount of child support debt you owe. Legal Aid offices may be able to help with legal representation in child support cases.

- The contact information for Child Support offices in each state, and some tribes, can be found at: <http://www.acf.hhs.gov/programs/css/resource/state-and-tribal-child-support-agency-contacts>

- A state-by-state guide for how to apply for a modification of a child support order can be found at: <http://www.acf.hhs.gov/programs/css/state-by-state-how-to-change-a-child-support-order>
- This guide on Changing a Child Support Order has more information: www.acf.hhs.gov/sites/default/files/programs/css/changing_a_child_support_order.pdf

Student Loan Debt

Having a student loan in default also prevents the release of a new student loan, harming your ability to continue your education. If you're not sure about your student loans, verify your loan status.

1. Call the Department of Education at (800) 621-3115 or check the National Student Loan Data System website (www.nslds.ed.gov) to make sure there is no loan for you on file.
2. If you have a loan in default, there are several options available to you, including Income-Driven Repayment plans, to help you manage this. You can learn more and connect with someone that can help you think about this at: <https://studentaid.ed.gov/sa/repay-loans>

GETTING SUPPORT

Navigating Assistance Programs



Programs that are available are outlined in this section. However, navigating these one at a time can be complicated. Reach out to Community Organizations that can help you identify and apply for programs that are right for you.

- **United Way:** United Way agencies are non-profit organizations offering services to individuals and families in need. Many United Way agencies give housing assistance or referrals to supportive housing, nursing homes, and other residential programs in your area. In most communities, United Way agencies can be reached by dialing 2-1-1 or by going to: www.unitedway.org/find-your-united-way/
- **Salvation Army:** The Salvation Army has a network of shelters and programs across the nation. When available, they may be able to give lodging, clothing, food, and a cash grant for the first 90 days after you are released from RRC placement. You can find more information about the Salvation Army on their website at: www.salvationarmy.org
- **Goodwill Industries International, Inc.:** Goodwill helps individuals and families with education, skills training, and job placement services, as well as helps with supporting

services such as transportation, housing, and clothing. You can find out about Goodwill services in your area by going to: www.goodwill.org

Are you a veteran?

A variety of benefits are available to individuals who have served in the United States military.

For more information go to:

www.benefits.va.gov/benefits/ and for housing support, call 1-877-424-3838.

Income Assistance Programs

- **Temporary Assistance for Needy Families (TANF):** The Department of Health and Human Services gives employment services and cash assistance to low-income families. To learn eligibility criteria and how to apply in your state, go to: <http://www.acf.hhs.gov/programs/ofa/help>
- **Supplemental Security Income (SSI):** Provides money to low-income individuals who are either age 65 or older, blind, or disabled. For more information go to: www.ssa.gov/disabilityssi/ssi.html
- **Social Security Disability Insurance (SSDI):** Provides income to people with physical or mental problems that are severe enough to prevent them from working. Information can be found at: www.ssa.gov/disabilityssi/

- **Unemployment Insurance (UI):** Unemployment Insurance provides temporary financial help to workers who are unemployed through no fault of their own. Eligibility, as well as the amount and length of benefits, are determined by each state. Usually, you will have to have been employed for some time before you can collect UI. More information can be found at: <http://www.careeronestop.org/ReEmployment/UnemploymentBenefits/am-i-eligible.aspx>

Food Assistance Programs

- **Supplemental Nutrition Assistance Program (SNAP):** The Department of Agriculture gives nutrition assistance to eligible low-income individuals and families. In order to receive benefits, families must meet certain financial and non-financial criteria. (Note: If you are receiving Temporary Assistance for Needy Families (TANF), you are automatically eligible.) To learn eligibility criteria and how to apply in your state, go to: <http://www.fns.usda.gov/snap/apply>

Note: A federal law prohibits anyone convicted of a drug felony from receiving SNAP or TANF; however, most states have limited or eliminated that ban. For more information on your eligibility, see: www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/07/30/states-rethink-restrictions-on-food-stamps-welfare-for-drug-felons

- **Emergency Food Assistance Program (TEFAP):** Each state sets requirements to determine who is eligible to receive free food. More information, including how to apply, is found at: www.fns.usda.gov/tefap/eligibility-and-how-apply

- **Commodity Supplemental Food Program (CSFP):** The U.S. Department of Agriculture also purchases food and makes it available to CSFP agencies in each state for low-income people at least 60 years of age. More information can be found at: www.fns.usda.gov/csfp/eligibility-how-apply

Housing Assistance

The U.S. Department of Housing and Urban Development (HUD) provides low-cost housing assistance to those who qualify. These programs generally are managed by local government agencies.

- You can get help finding local housing and shelters by calling 1-800-569-4287 or going to: <http://resources.hud.gov/> and clicking on “Find Homeless Services Near Me.”
- If you are not able to secure housing through a program or through family or friends, you may wish to contact a “Continuum of Care” who may be able to provide you with short- or long-term assistance. To find a Continuum of

Care (CoC) in your area, go to: <https://www.hudexchange.info/programs/coc/> and click on “Contact a CoC” to search.

Note: Some local housing authorities restrict access to housing for those with a criminal conviction, but many will consider any rehabilitative programming you have received (such as RDAP) and your family support system in their decision.

Transportation Assistance

Getting to medical appointments, job interviews, or other important meetings can be difficult if you don’t have a car. Public transportation is usually the most inexpensive option, and each city and state has their own programs to help with the cost of public transportation. Your local community organization can help you navigate this. Additionally, here are some other options:

- **Rural Transit Assistance Programs:** These help the millions of Americans that live in cities of less than 50,000 people. To contact and learn more about transportation support in your state, go to: <http://nationalrtap.org/findanything/Appendices/State-RTAP-5311-Websites> and click on the RTAP and/or 5311 site for your state.
- **Public Transportation and Mass Transit:** Check your city for bus, subway, light railway, or regional railway express options. Public

transit schedules are always available for free online. Special assistance such as reduced fares or services for the elderly and disabled exist as well, but you'll need to check locally for details.

- **Walking/Bicycling:** If you can, plan to live within walking or bicycling distance to work, shopping, and your family. To learn more about biking laws, safety tips, and other best practices about biking, check out: <http://bikeleague.org/ridesmart>
- **Ridesharing/Carpools:** Carpools can save you money in commuting expenses. Some carpools pick up riders at their homes, meet at a place everyone agrees on, or in a commuter lot. If you want to learn more about options available in your state, a quick search online will help you find sites like: <http://www.rideshare-directory.com/> that have different message boards and ways to connect with others interested.
- **Taxi Cabs:** Typically, cabs are a convenient form of transportation; however, they can also be the most expensive. If you have a smartphone and services are available in your area, transportation applications (for example: "LyftLine," "UberX," and "UberPool") offer lower-cost options. You can learn more about these services, and the costs, on their websites.

TAKING CARE OF YOUR PHYSICAL AND MENTAL HEALTH



Maintaining Your Physical Health

Once you have health insurance, you will be able to go to any health care provider who accepts your health insurance plan. Finding a **primary care provider** is the best way to manage your health instead of going to the Emergency Room or Urgent Care – it will save you money and time and increase the likelihood of staying healthy.

You may be referred to specialty doctors for specific health concerns. Visit these providers as soon as possible. You should also get your vision checked at least once a year, and your teeth cleaned once every six months to help prevent more serious problems in the future.

If you need **health care right away**, you can find a community clinic here:

<http://www.findahhealthcenter.hrsa.gov>.

Are you a veteran?

You can find your nearest VA medical center here: http://www.va.gov/directory/guide/division_fish.asp?dnum=1

Using Mental Health Services

Adjusting to life outside of prison can be difficult at times; you may find yourself feeling discouraged

or depressed. Many people – millions of Americans, in fact – experience some kind of mental health challenge, whether it is depression, anxiety, or some form of addiction. You should feel comfortable asking any questions you have about your mental health with your primary care provider – and know that checkups and services for these are covered by most insurance companies as any other health service.

- Additionally, you can find free or low-cost mental health services available in your area on the **Substance Abuse and Mental Health Services Administration (SAMHSA)** website: <https://findtreatment.samhsa.gov/> or by calling the **National Helpline 1-800-662-HELP/4357 (TDD: 1-800-487-4889)**.

- No matter what problems you are dealing with, there is a reason to keep on living. By calling **1-800-273-TALK (8255)** at any time, you will be connected to a counselor at a crisis center in your area. You can also visit the **National Suicide Prevention Lifeline** website at: www.suicidepreventionlifeline.org.

Keeping Up with Drug Treatment Services

Many people who are returning to the community have a history of abusing substances like alcohol and illegal or prescription drugs. You may have participated in treatment while incarcerated, and it is important to maintain a drug-free lifestyle after release.

Ask your **Drug Abuse Program Coordinator** or **Community Treatment Services Provider** if he or she can help you find a treatment or support program before your release. If you have a supervised release plan, your **Probation Officer** may be able to arrange for you to participate in a substance abuse treatment program.

- Most communities have self-help support groups. **Local Alcoholics Anonymous** and **Narcotics Anonymous** meetings can be found here:

- www.aa.org/pages/en_US/find-local-aa
- www.na.org/meetingssearch/

- You can find a drug treatment facility by visiting the **Substance Abuse and Mental Health Services Administration (SAMHSA)** website at <https://findtreatment.samhsa.gov/> or by calling the National Helpline **(1-800-662-HELP/4357; 1-800-487-4889 TDD)**
- The following organizations may be able to help you find other support and treatment resources in your local area:
 - National Drug Information Treatment and Referral Hotline: **1-(800)-662-HELP**
 - National Mental Health Association: **(703) 684-7722 voice, (800) 969-6642 info line**
 - National Health Information Center: **(800) 336-4797**

- National Clearinghouse for Alcohol and Drug Information (NCADI): 1-(800)-729-6686
- National Mental Health Knowledge Exchange Network (KEN): 1-(800)-789-2647
- American Council on Alcoholism: (703) 248-9005

Forgot to get your medical records before your release?

You'll need to send a letter to the **Federal Bureau of Prisons**.

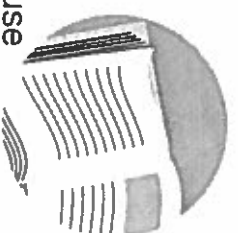
The letter must specifically describe the records you want and provide the following: full name, register number, birthdate, where you were born, and the address where you want your records to be mailed. To protect your privacy, the letter must either be **notarized** (you will need to have a notary public sign the letter) or you must include a signed **Form DOJ-361, Certification of Identity**. The form can be found at: <http://www.bop.gov/foia/DOJ361.pdf>. Notaries are commonly found at banks, city halls and county courthouses.

Mail this letter to:

FOIA/PA Section
Office of General Counsel, Room 924
Federal Bureau of Prisons
320 First Street, N.W.
Washington, DC 20534

BUILDING YOUR SKILLS

Having an education is important because it increases employment options. There are many ways to further your education upon release.



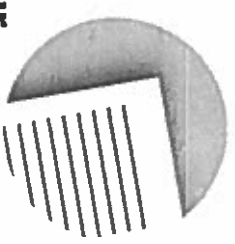
Adult Basic Education (ABE) programs are for individuals who want to improve in reading, writing, math, listening, and speaking. ABE programs are offered at adult schools, career centers, libraries, or community colleges for *free* or for a small fee.

If you do not have a high school diploma or GED, you should enroll in a GED program as soon as possible after release. The GED test allows adults who have not completed high school to show they have the knowledge and skills associated with a high school diploma. Many community colleges offer programs that allow you to earn a GED and college credits at the same time.

- You can find GED test preparation classes near you at: www.gedtestingservice.com/testers/locate-a-prep-center or by calling the toll-free number **1-800-MY-GED (1-800-626-9433)**.

If you have a high school diploma or GED and want to further your education, there are resources available to help you with the cost of college. Community colleges are a common option for individuals returning home from prison. The low cost of tuition and the variety

FINDING A JOB



of programs offered make these colleges an ideal starting place. By enrolling in a community college, you can earn an Associate's degree and then transfer to a four-year college or university to earn a Bachelor's degree.

- **The Free Application for Federal Student Aid (FAFSA)** is the starting point for accessing all federal student financial aid. You can find FAFSA online at: <http://www.fafsa.gov> or you can request a paper copy from **1-800-4-FED-AID (1-800-433-3243)**.

- Federal student aid information can be found at: <http://www.StudentLoans.gov>

Vocational programs provide you with skills required for a particular job. They are also referred to as occupational, votech, or career and technical education programs. Vocational programs are available through community and technical colleges, as well as trade schools, and they take less time to complete than academic college degree programs.

- You can apply at the local employment office, as a “displaced worker,” for **Department of Labor Second Chance Act** funds if you want to learn a vocational trade.

Are you a veteran?

You may qualify for education benefits:

<http://www.benefits.va.gov/gibill/index.asp>

Being prepared will improve your chances of finding a job.

1. Make sure your background information is accurate. Many companies do screenings that may include criminal record information.

- In the “Employment Screening” section of the following link, you can find reporting agencies that will give you a free report every 12 months: http://files.consumerfinance.gov/f/201501_cfpb_list-consumer-reporting-agencies.pdf

2. Outline steps for your job hunt by visiting the Department of Labor’s “Career One Stop” at: www.careeronestop.org

- On this site, you can do everything from find trainings, resume guides, interview tips, to search job databases.

3. Create an “application package” by putting together a draft resume and collect the items you put together during Checklist #1 (certificates, activities you completed in prison, and letters of recommendation.)

4. Get some feedback on your resume and application package from someone who is trained to help individuals search, prepare for, and apply to jobs.

- **Call 2-1-1, or connect with other Community Organizations** listed in the “Getting Support” section and ask about employment services.
 - **Search for a local American Job Center:** <http://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx> to meet with an employment counselor.
 - **Look up your state’s resources through the National HIRE Network.** They have organizations in your state that help people with criminal records find employment: www.hirenetwork.org/
- 5. Search for jobs online at:** www.careeronestop.org/JobSearch/findjobs/find-jobs.aspx, but also connect with your local job center or employment assistance organization to learn more about tools that they have to find jobs.
- Many sites online list companies that have programs in which they hire individuals with conviction histories.
 - **The National Employment Law Project (NELP)** lists the states that have “Banned the Box” or enacted Fair Hiring laws or policies. Go to: www.nelp.org/publication/ban-the-box-fair-chance-hiring-state-and-local-guide/ for more information.

6. Prepare for your interview by following tips at <http://www.careeronestop.org/JobSearch/Interview/interview-and-negotiate.aspx>.

Some of the basics include:

- **Have a list of your strengths and be ready to talk about them.** What are you good at? What type of work do you enjoy? What experience or skills can you offer an employer?
- **Think** about how you will answer questions about your record.
- **Look** at common interview questions: www.careeronestop.org/JobSearch/Interview/common-interview-questions.aspx.
- **Make sure you are clean and well-dressed.** A local community organization can help you with this.
- **Be on time.** Several days before, plan how you will travel to your interview and what time you will need to leave in order to arrive a few minutes early.

Do not be discouraged if it takes a while to get a job. If potential employers express concern about hiring people with a criminal record, you can tell potential employers about two programs that offer insurance to employers who hire someone with a record:

- **Federal Bonding Program** – Any organization (public or private, nonprofit or profit) providing job placement services to ex-offenders can purchase a bond package to protect the employer against employee theft when they hire at-risk job applicants. Call 1-800-233-2258 or go to www.bonds4jobs.com

- **Federal Prison Industries (UNICOR).**

If you worked for UNICOR, potential employers should contact UNICOR for information regarding the **Federal Bonding Program** by calling **(202) 305-3800**. The program protects employers against theft. More information can be found at: www.unicor.gov

Are you a veteran?

The following resources are available:

- http://www.va.gov/homeless/employment_programs.asp
- <http://www.dol.gov/vets/>

SEEKING LEGAL ASSISTANCE



You may qualify for *free* legal help (called “legal aid”) for civil legal problems that affect your daily life. Getting help in these areas can help you get back on your feet more quickly.

How can legal aid help?

Legal aid providers – lawyers, staff and volunteers – provide *free* legal help in many ways. Legal aid providers can help you figure out your legal need, and can give you advice on your legal options.

They can also prepare a court or benefit form for you, and represent you in court.

Do you have a “civil legal problem”?

Here are some examples of the most common civil legal problems that many people face as they leave prison and that legal aid can help you with:

- Getting state-issued **photo identification, birth certificate, social security card, etc.**
- Getting a **driver’s license**
- **State and federal benefits**, including benefits related to food (SNAP), cash (TANF), and disability (SSI)
- Getting **veteran’s benefits**
- **Immigration issues**

- **Housing issues**, including affordable housing, safe housing and avoiding eviction
 - **Health care access**, including Medicaid, Medicare, and the Affordable Care Act
 - **Safety issues**, including domestic violence, harassment, child abuse and neglect
 - **Family issues**, including custody, child support, guardianship and divorce
 - **Expunging or sealing your criminal record**
 - **Getting an employment or occupational license**
 - **Dealing with unpaid tickets, court fines or fees and outstanding warrants**
 - **Debt collection issues**
 - **Criminal record-based employment discrimination**
- Under laws enforced by federal and/or state agencies employers must not treat anyone, including people with criminal records, differently based on their race, national origin, or another reason protected by law.
- **For a simple overview of your rights** as you are applying to jobs, and to better understand what companies are allowed to ask for, read NELP's guide: <http://www.nelp.org/content/uploads/2015/03/Guide-for-Workers-Conviction-Arrest-Histories-Know-Your-Rights.pdf>

- If you believe you may have experienced **illegal discrimination**, you can file a charge with the EEOC: <http://www.eeoc.gov/employees/howtofile.cfm>

Who should I contact?

The following websites will help you find **legal aid providers** by the city, county, zip code and/or legal issue.

- <http://www.lawhelp.org/find-help>
- www.lsc.gov/what-legal-aid/find-legal-aid
- www.hirenetwork.org/clearinghouse

The **American Bar Association (ABA)** has a list of legal aid providers who work on reentry issues.

More information can be found at:

www.americanbar.org/content/dam/aba/administrative/probono_public_service/lsc_reentry_projects.authcheckdam.pdf

The **Native American Rights Fund (NARF)** has a list of legal organizations that focus on Indian law or serve Native American communities.

Go to: www.narf.org/narf/resources/lawyer.html for more information.

What else should I be thinking about?

Find out if you have the **right to vote** in your state, and if there is anything you need to do to restore your right to vote: www.nonprofitvote.org/voting-as-an-ex-offender/

- If you are able to do so, register to vote: <https://vote.usa.gov>

Anyone convicted of a felony is prohibited from **possessing firearms or ammunition**. In addition to physically holding or having a firearm or ammunition on you, "possession" also includes a firearm or ammunition that you have knowledge of, and control over, in an automobile or a home. Possession of a firearm or ammunition can result in new federal charges.

- Some states have also enacted additional restrictions on weapons such as tasers, stun guns, and crossbows. You should check with your **probation officer or local law enforcement agency** before you come into possession of any type of weapon.

Are you a veteran?

The Veterans Administration has a list of **legal organizations and providers** that work with veterans and active duty service members: http://www.va.gov/directory/guide/division_fish.asp?dnum=1

REBUILDING YOUR RELATIONSHIPS



For most people reentering their community, it will take some time to get used to life back at home. You may not feel comfortable right away. You and your family and friends will have to make some changes.

Your family members will have attempted to adapt to everyday routines without you there, and may have learned to do things around the house (budgeting, grocery shopping, car repair, and other household chores) that you used to do. It is important to talk to your family about how you are feeling and decide how to take care of these things now that you are home.

Here are some other suggestions that can help:

- **Begin by appreciating the small things** others take for granted – such as privacy, being able to come and go as you please, planning your meals, and more.
- **Avoid talking about life in prison** as your only conversation topic. Practice making "small talk" about daily events instead.
- It will be difficult to catch up on everything that happened while you were away. **Be patient with yourself, and your family and friends.**

- **Understand that things will take time**, for both you and those around you, and that even small steps are important.

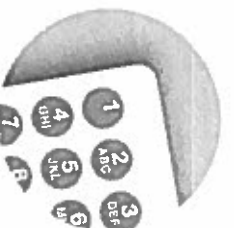
Trust takes time to rebuild. As your family learns to trust you, they will do so more and more and you will begin to feel more comfortable within your family again. Since you were in prison, a divorce or child custody proceeding may have happened and changed your family as you once knew it.

- **Show your loved ones** that you understand you may have hurt them, and allow them to share painful memories with you.
- **Children** may have become used to living without their mom or dad. They may not understand everything that has happened, where you were, or why you were away. You can ask them if they have any questions, and be patient with them as they readjust.
- **Your parents and your children** are not the same as when you left - do not try to treat them the way you did. They have aged and changed. Show them you care about their needs, are interested in what they are doing, and you want to spend time with them.

- **If you are asked about your incarceration**, answer questions honestly. You do not need to tell them it was “no big deal” or act “tough.” Let them know being in prison is no way to spend your life.

Helpful resources about rebuilding relationships with family are available from the National Resource Center for Children and Families of the Incarcerated: <https://nrccfi.camden.rutgers.edu/>. The Resource Center also has a directory of programs specifically designed to help children who have had a parent in prison or jail.

KNOW WHO TO CONTACT



If you have general questions or need help getting your personal records:

- **Bureau of Prisons Hotline**

Call 1-877-895-9196 or visit http://www.bop.gov/resources/former_inmate_resources.jsp

If you need free and confidential help obtaining food, housing, health care, employment, counseling and other critical services 24/7 in your area:

- **2-1-1**

Call 2-1-1 (from either a cell phone or a land line) or visit www.211.org

If you are experiencing a crisis or want to talk to someone for support:

- **Suicide Prevention Lifeline**

Call 1-800-273-8255

If you want to find a place to get help navigating services, using a computer, or learn more about services available to you in your community:

- **National Reentry Resource Center (NRC)**

For more information visit:
<https://csjjusticecenter.org/reentry/reentry-services-directory/>

If you are unsure about federal policies that affect people who have been incarcerated, such as not being eligible for certain benefits, not being allowed to live in certain places, or you think you've experienced other discrimination:

- **Reentry Myth Busters**

Visit www.csjjusticecenter.org/nrc/projects/mythbusters/

From: Holly Welborn
To: Cynthia Keller
Date: 3/10/2017 11:12 AM
Subject: Re: Board of Prison Commissioners meeting (BOP) 3/7/17

Holly Welborn- ACLU of Nevada

Comment on Agenda Items 5 & 6.

Last month, the ACLU of Nevada issued a report entitled Unlocking solitary Confinement: Ending extreme isolation in Nevada prisons.

I've emailed this report to Ms. Keller and to each member of the Commission, therefore, I will only highlight some background on our report and our recommendations.

In 2013 the NV legislature passed SB 107, a bill that substantially limited the use of solitary confinement in juvenile facilities and called on the Advisory Commission on the Administration of Justice to study the use of confinement in the adult system. In short, the data presented by the former NDOC leadership was insufficient for a number of reasons, but primarily that the department denied that confinement, by our definition (the prolonged isolation of a person for more than 15 days), was occurring in their facilities. Therefore, we went directly to those affected - the individuals living in the department of corrections who contact our office, the Nevada Disability advocacy and law center, Solitary watch and other organizations, who shared their stories with us. The data in the report is based on voluntary responses from 281 individuals.

Some statistics to note related to today's agenda items are that 1/3 of respondents reported that they were diagnosed with a mental illness, 19.4% with a traumatic brain injury, and 11% said they have a developmental disability, and 40% reported that they had trouble talking, remembering, learning, or thinking once leaving solitary confinement. And 47% reported that their conditions worsened while in solitary.

We are pleased with today's report from the NDOC. Our first recommendation calls on the department to admit that there is a problem. It is clear from today's testimony and from the testimony of Mr. Tristan before the senate Health and Human Services Committee last month, that the department has finally admitted that there is a problem with extreme isolation in Nevada.

We also call on the NDOC to admit their use of isolation, adopt policies to end the long-term use of isolation, immediately remove those with SMI and DD from isolation, and to improve the overall conditions of solitary confinement.

The policies introduced today, and the Vera Institute study are encouraging and will likely help the department avoid future legal challenges. Who hope to make those changes statutory in the future.

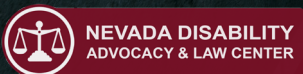
Please let me know if you have any questions about the report.

I appreciate your time today.

https://www.aclunv.org/sites/default/files/aclunv_unlocking_solitary_confinement_report.pdf
This report begins on the next page.

UNLOCKING SOLITARY CONFINEMENT

Ending Extreme Isolation in Nevada
State Prisons



SOLITARY WATCH

FEBRUARY 2017

Unlocking Solitary Confinement

Ending Extreme Isolation in Nevada State Prisons

A Report by

The ACLU of Nevada
Solitary Watch
Nevada Disability Advocacy & Law Center

February 2017

Katie Rose Quandt, *Lead Writer*

Helen Zaikina-Montgomery, Ph.D., *Data Analyst*



The logo for Solitary Watch. It consists of the words "SOLITARY WATCH" in white, uppercase, sans-serif font, centered on a solid black rectangular background.

DEDICATION

Unlocking Solitary Confinement is dedicated to the incarcerated men and women who bravely entrusted us with their stories. This report is a result of their willingness to share their experiences. We will continue to work tirelessly to end the inhumane and cruel practice of extreme isolation and bring justice to their circumstances.

Acknowledgements:

This report would not have been possible without the contributions of each sponsoring organizations, their staff, and the dozens of volunteers committed to this cause.

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We are deeply grateful for this support.

PREFACE

By Holly Welborn, Policy Director, ACLU of Nevada

You are about to enter the world of solitary confinement, as told by the individuals who lived, or are living, the horrors of extreme isolation in Nevada prisons. Efforts to end the use of solitary confinement in the state began after the ACLU of Nevada and partner prisoners' rights organizations received disturbingly high numbers of complaints from incarcerated individuals claiming to be in extreme isolation for extended periods of time. We made great strides in nearly ending the practice in juvenile facilities in 2013, but our efforts in adult facilities were halted by Nevada Department of Corrections' (NDOC) leadership at that time. The NDOCs' poor data tracking and refusal to share adequate information, prompted us to survey the prisoners themselves and issue this report. However, as this report goes to publication we find ourselves under promising new leadership within the NDOC and expect to see substantial positive policy changes that will limit the use of extreme isolation in Nevada prisons.

The NDOC has a history of trying to limit both public and inmate access to department records and data. For example, during the 2015 legislative session, the department, unsuccessfully, attempted to introduce a bill that would have limited an offender's access to NDOC records deemed public under Nevada's public records law. This bill would have hindered an incarcerated individual's ability to investigate abuse or wrongdoing that they are personally suffering. Thus, it was no surprise that the NDOC failed to present adequate data on the use of isolation required by S.B. 107.¹

S.B. 107 substantially limited the use of solitary confinement in facilities for the detention of children and directed the Advisory Commission on the Administration of Justice (ACAJ) to conduct a study on the use of isolation in adult facilities. The study required that the ACAJ evaluate 19 indicators regarding the use of segregation in the state. The assistant director at the time, E.K. McDaniel, began his testimony on SB 107 by stating, "they do not have solitary confinement in the Nevada Department of Corrections."² His testimony revealed that little information was tracked concerning those in segregated housing and failed to answer the questions in their entirety.³ The ACAJ concluded that the information provided was sufficient for meeting the requirements of SB 107, and no further steps were taken to propose legislative solutions for the use of solitary confinement in adult facilities.⁴

We made several attempts to acquire the information through public records requests, but the outcome was the same. The department had little desire to work with us on analyzing the use of solitary confinement in Nevada and insisted that it was not a problem in the state. It was time for our coalition to take bold action to reveal the NDOC's overuse of extreme isolation. Therefore, we surveyed hundreds of men and women incarcerated in the NDOC, experiencing the damaging consequence of solitary confinement and created this report. Our goal is that this perspective will resonate with NDOC leadership and lawmakers and finally end the practice in our state.

On April 4, 2016, the NDOC experienced a change in leadership which led to a dramatic shift in department policies. Some encouraging developments include changes to use of force policies, moving mentally ill individuals from max security to facilities more suitable for their treatment needs, and urging the Nevada legislature to change HIV disclosure requirements that violate the individual's right to medical privacy.⁵ We are further encouraged by the fact that the NDOC was one of only five state prison systems selected by the Vera Institute of Justice to participate in a project to reduce the department's use of solitary confinement.⁶

We approach this new era within the Nevada Department of Corrections with cautious optimism. Our presence will be known, our attendance at the Board of Prison Meetings will be seen, and our concerns heard to ensure the future well-being of those individuals in solitary, who will one day be released back into our communities.

19 Indicators Required by SB 107 Study:

The study must include, without limitation, an evaluation of:

1. Procedures regarding placement in, and release from, protective segregation, administrative segregation, disciplinary segregation, disciplinary detention, corrective room restriction and solitary confinement [hereinafter, “segregated housing”];
2. Security threat group identification, including, without limitation, any information relating to gang activity;
3. Notification of release and release procedures;
4. Access provided to [individuals] in [segregated housing] to: (a) Mental health services; (b) Audio and visual media for appropriate mental stimulation; (c) Daily contact with staff; (d) Health care services; (e) Substance abuse programs and services; (f) Reentry resources and transitional programs and services; (g) Programs and services for offenders and prisoners who are veterans; (h) Educational programming; and (i) Other programs and services that are available to the general population;
5. The amount of specialized training provided to staff who interact with [individuals] who are confined in [segregated housing];
6. The number of [individuals] confined in [segregated housing] who were referred to mental health professionals;
7. The number of [individuals] in the general population who were referred to mental health professionals;
8. The number of [individuals] confined in [segregated housing] who have a mental health diagnosis;
9. The number of [individuals] in the general population who have a mental health diagnosis;
10. The number of suicides and suicide attempts during the years of 2010, 2011 and 2012 among [individuals] who are confined in [segregated housing];
11. The number of suicides and suicide attempts during the years of 2010, 2011 and 2012 among [individuals] in the general population;
12. The number of reviews conducted by facilities concerning the placement of [individuals] confined in [segregated housing] that resulted in the [individual] being transferred to the general population;
13. The average length of time [individuals] confined in [segregated housing], categorized by age, race, sexual orientation, gender identity or expression and classification of the offense;
14. The longest and shortest length of time an [individuals] continuously confined in [segregated housing], categorized by age, race, sexual orientation, gender identity or expression and classification of the offense;
15. A summary of the reasons for which [individuals] were confined in [segregated housing];
16. The rate of recidivism among [individuals] who were confined in [segregated housing] at any time before release or discharge;
17. The rate of recidivism among [individuals] who were confined in [segregated housing];
18. The number of [individuals] who were confined in [segregated housing] immediately before being discharged from detention, including those discharged to parole or mandatory supervision; and
19. A calculation of the cost per day of confining an [individual] in [segregated housing].

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EXECUTIVE SUMMARY

5 Recommendations to End Solitary Confinement in Nevada

Recommendation One: Admit There is a Problem

Change institutional attitudes toward solitary confinement by first recognizing that the practice occurs in Nevada prisons.

Recommendation Two: Audit the use of Isolation in the NDOC

Complete a thorough, independent audit of the current population in extreme isolation, with the goal of removing as many individuals as possible.

Recommendation Three: Adopt Policies and Practices Designed to End Use of Long-Term Solitary Confinement

NDOC must adopt policies and procedures to ensure that solitary confinement is utilized only when an individual poses a legitimate safety or security risk and for the briefest period possible.

Recommendation Four: Immediately Remove Individuals with Serious Mental Illness and Developmental Disabilities from Solitary Confinement

The state's most vulnerable inmates, those with serious mental illness and developmental disabilities, face further deterioration when confined to a segregated unit. Providing these populations with appropriate treatment before leaving prison is necessary for the health and well being of the formerly incarcerated individual and for the safety of the community.

Recommendation Five: Improve Overall Conditions in Solitary Confinement

In the exceptional case where solitary confinement is necessary, the individual is entitled to basic human needs. Again, most individuals in the Nevada prison system will be released to the street. Access to medical care, family visitation, reading materials, and educational programming must be made available.

Across the United States, tens of thousands of people are confined to cells without any meaningful human interaction for weeks, years, and even decades at a time. Solitary confinement, the prolonged isolation of a person for more than 15 days, is considered cruel, inhumane, and degrading treatment--and often torture--by the United Nations, and has been shown to cause permanent psychological and neurological damage. It is also notoriously difficult to count or measure.

This report was initiated in response to the Nevada Department of Corrections' (NDOC) claims that the state does not use solitary confinement. However, inmate complaints to the ACLU of Nevada (ACLUNV), Solitary Watch, the Nevada Disability Advocacy & Law Center (NDALC), and other prisoner's rights organizations painted a very different picture. Hundreds of individuals residing in NDOC contacted these agencies complaining of long-term cell confinement and isolation.

In this report, ACLUNV, Solitary Watch, and NDALC sought to measure the extent to which solitary confinement is used in Nevada as well as collect reports from the men and women actually experiencing prolonged isolation. We submitted an official public records request to the NDOC and sent a comprehensive survey to 749 people incarcerated across the state.

We found that solitary confinement is, in fact, widely used in the state of Nevada, often for prolonged periods of time, and that many of the people held there are denied basic human needs like daily exercise and sufficient medical care.

Throughout this report you will read stories as told by men and women incarcerated in Nevada state prisons. Their names and identifying information have been changed to protect their safety and privacy.

RATIONALE AND METHODOLOGY

In several states, including Colorado, New Mexico, New York, and Texas, advocates have released comprehensive reports on state use of solitary confinement. These reports enable advocates and lawmakers to better understand and reform the often hidden practice of solitary confinement. In Colorado, for example, a report contributed to the ban on isolation among juveniles as well as reforms that drastically decreased the use of solitary confinement on adults.

For several years, the ACLU of Nevada (ACLUNV) and other advocates worked with lawmakers to end the use of isolation in Nevada. In 2013, Nevada lawmakers passed Senate Bill (SB) 107, a reform bill that limited the segregation of children and mandated a legislative study of its use on adults. The ACLUNV brought in leading forensic psychiatrist and solitary confinement expert Dr. Terry Kupers to offer the state some guidance on the issue. However, the resulting study was incomplete, due to the NDOC's data-keeping practices.

In 2015, the ACLUNV, Solitary Watch, and the Nevada Disability Advocacy & Law Center reached out directly to those who could speak most intimately on the use of solitary in Nevada—the incarcerated themselves. We mailed surveys to 749 people in prison and received 281 complete responses from individuals currently serving a sentence in a correctional facility or conservation camp in Nevada. Over 40 percent of the completed surveys were from men held in Ely State Prison (ESP). Those held in Northern Nevada Correctional Center (NNCC) and Lovelock Correctional Center (LCC) each constituted 11 percent of the surveys, and 15 percent of the surveys came from High Desert State Prison (HDSP).

The vast majority of respondents were male, with responses from just twenty incarcerated women. On average, respondents were 42 years old, ranging in age from 21 to 72. Over half (55 percent) indicated that they were currently in segregation and almost all others had once been in segregation. On average, respondents reported that they spent 2.6 years in segregation and 47.7 percent reported that they had been in segregation three or more times during their current prison stay. The majority reported that their segregation was administrative (68.2 percent) or disciplinary (66.2 percent) and the majority were in maximum custody (47 percent).

Twenty-nine percent of respondents indicated they had some type of disability. Of those who did indicate a disability, 27 percent did not specify a type of disability, 21 percent specified a type of mental health disability, 12 percent indicated they had a mental health disability but did not specify what type, one individual indicated a neurological disability (epilepsy), almost 30 percent indicated a physical disability, and 8.5 percent indicated that they had both a physical and mental disability.

PART I: INTRODUCTION TO SOLITARY CONFINEMENT

Chip has been subjected to segregation multiple times during his incarceration in Nevada's Ely State Prison.

Chip says he and other prisoners have faced retaliation by guards for filing grievances about their unsanitary conditions. They have withheld food for up to three days at a time and turned off the water in his cell, leaving him unable to flush the toilet. On another occasion, guards stripped Chip of his clothing, forcing him to spend an entire night completely naked. Eventually, Chip became so desperate that he broke the fire sprinkler and flooded his cell. The responding officer punched him in the face.

Chip says that while he was in segregation, yard time and showers were limited. To discourage prisoners from requesting more yard or shower time, guards would trash their cells while they were gone. Chip came back to his cell to find his blankets ripped off his bunk, his letters pulled out of their envelopes, and his photographs on the floor.

Chip has a mental illness, and says that he requested counseling but received no treatment while in segregation. He says solitary "had a very negative effect on my mental health."

"Every time I hear a door open, or the sound of keys, I immediately jump up and run to my cell door in defense mode because I don't trust the prison guards or inmates," he wrote. "I always feel like they might attack me or kill me...so I keep my shoes on at all times and I am up very early so that I am not attacked in my sleep."

"I don't trust anyone anymore...not even my own family members. I am always feeling sad, depressed, lonely, in danger, and I am very irritable...I can't function well. I can't sit...I don't laugh and socialize with others that well no more and I don't have a good sense of humor anymore. I am a very good person, I don't want to harm anyone...But after spending all those years at Ely maximum security prison I've become mentally, spiritually, and emotionally damaged/scarred!"

"I will be haunted by these terrible experiences until the day that I die and will take these memories and experiences and the effects of it all with me to my grave!!! The way people are being treated behind these prison walls in Nevada is wrong."

Brent responded to our survey from solitary confinement in High Desert State Prison (HDSP). He spent a total of five-and-a-half years in solitary, including two stints in ESP. This time around, he was placed in solitary confinement for talking with a prisoner who was not on his tier.

Brent says he “was put in a cell so filthy and dirty that I caught fungus.” He was not given supplies to clean the cell so he used his state-issued towel and socks. His food portions were smaller than what he received in general population, and he was always hungry. Brent was diagnosed with a mental illness before receiving a sentence of 20 years to life for second degree murder. His cell in solitary had just enough space for him to pace four steps in each direction. He had just two ways of communicating with others: Yelling out his cell door or talking to a neighboring prisoner through an outlet under the desk.

At ESP, he said, prisoners in solitary are only allowed to go outside for recreation in the early morning hours. “You don’t go outside for nine months out of the year because it is like an ice box in the cages,” said Brent. “A lot of guys just go crazy.”

“Something like a song in your head can drive you crazy and last for weeks,” he said. He contemplated suicide daily until he was able to get a radio in his cell, which was “the only thing that saved me.”

While in solitary, Brent experienced anxiety, panic attacks, depression, feelings of paranoia, difficulty sleeping, difficulty interacting with other people, oral or physical outbursts, and suicidal ideation. He did not receive any medical or mental health treatment for these symptoms.

Solitary Confinement in U.S. Prison

The type of isolation endured by Chip and Brent is classified as cruel, inhumane, and degrading treatment, often rising to the level of torture, by the United Nation’s former Special Rapporteur on Torture, Juan E. Méndez. Because prolonged isolation is shown to cause permanent psychological and neurological damage, Méndez recommended a ban on the use of solitary confinement beyond 15 days. He also called for a total ban on solitary for children, people with mental illness, and other vulnerable individuals.⁷

Ironically, solitary confinement was first introduced in the United States by a Quaker group in the late 1770s in an effort to improve overcrowded prison conditions and encourage reflection and rehabilitation. A number of U.S. prisons briefly experimented with solitary confinement in the early 1800s including Auburn Prison in Upstate New York and Eastern State Penitentiary in Philadelphia. However, the prisons soon discovered that prolonged isolation led to mental breakdown and suicide, and in 1890, the Supreme Court acknowledged that solitary confinement had devastating psychological effects on inmates.⁸ By the early 1900s, extreme isolation had fallen out of favor in American jails and prisons.⁹

Solitary confinement reemerged on October 22, 1983, when two corrections officers were killed in unrelated attacks by men incarcerated at United States Penitentiary (USP) in Marion, Ill., a federal prison. The warden declared a state of emergency and placed USP Marion on lockdown status.

Although the perpetrators were identified, USP Marion never lifted its lockdown status. For the next 23 years, until the facility was downgraded to medium-security in 2006, all prisoners were confined to their cells for 23 hours a day.

Many states followed suit, devoting entire facilities to extreme isolation. This trend coincided with a drastic rise in incarceration, as the U.S. prison population increased by more than 700 percent in 40 years (from roughly 204,000 in 1973 to 909,000 in 1993¹⁰ to more than 1.5 million in 2013¹¹). By 1991, 36 states had modeled facilities after USP Marion¹², and by 2006, there were supermax facilities in at least 44 states, housing approximately 25,000 prisoners—including 430 in Nevada.¹³

Today, the use of solitary confinement is widespread across the United States. Shortcomings in data gathering, differing state policies, various definitions of solitary confinement, and secrecy among departments of correction make precise numbers notoriously difficult. The most recent count, a November 2016 report from the Association of State Correctional Administrators and the Arthur Liman Public Interest Program covering 45 state prisons systems and the federal Bureau of Prisons, found that 67,442 people were held in cells for 22 hours or more for 15 continuous days or more in the fall of 2015.¹⁴ The total number of individuals held in solitary on any given day in all U.S. prisons, jails, juvenile facilities, and immigrant detention centers likely exceeds 100,000.

The Effects of Solitary Confinement

Unlike prison sentences, time in solitary confinement is not doled out by judges or juries in a court of law. Instead, prisoners are classified or sent to solitary confinement by prison officials, with little regulation or oversight. In this way, solitary confinement functions as a hidden prison within a prison.

Nor is solitary reserved as a last resort for the “worst of the worst.” People can be placed in solitary for charges as small as possessing contraband, drug use, swearing, or having a gang tattoo.

While the reasons for employing solitary may often be arbitrary or minor, its effects are not. As outlined in a 2014 ACLU briefing paper:

Research shows that some of the clinical impacts of isolation can be similar to those of physical torture. People subjected to solitary confinement exhibit a variety of negative physiological and psychological reactions, including hypersensitivity to stimuli; perceptual distortions and hallucinations; increased anxiety and nervousness; revenge fantasies; rage, and irrational anger; fears of persecution; lack of impulse control; severe and chronic depression; appetite loss and weight loss; heart palpitations; withdrawal; blunting of affect and apathy; talking to oneself; headaches; problems sleeping; confusing thought processes; nightmares; dizziness; self-mutilation; and lower levels of brain function, including a decline in EEG activity after only seven days in solitary confinement.¹⁵

Solitary confinement is not only a human rights issue but a public safety issue as well. Solitary confinement is associated with higher recidivism rates, especially when individuals are released directly from solitary into the community.¹⁶ Preliminary data also suggests reducing the use of solitary actually decreases, rather than increases, the incidence of prisoner-on-prisoner and prisoner-on-staff violence.¹⁷

The Movement Against Solitary Confinement

Over the past five years, movements have grown at the local, state, and national levels, advocating for the limitation or abolition of long-term solitary confinement. Human rights and criminal justice reform organizations—as well as figures as varied as President Barack Obama, Supreme Court Justice Anthony Kennedy, and Pope Francis—have called for limits on the use of solitary confinement, citing both humanitarian and public safety concerns.¹⁸

In response to legislation, litigation, or visionary new leadership, a number of states and the federal government have taken steps to reduce their reliance on solitary. Mississippi, Maine, and Ohio were among the first states to dramatically reduce their solitary populations. Colorado reduced the number of people held in solitary from 1,500 to 160, and is considered a leader in solitary reform, as is Washington State, which has developed innovative programs to reintegrate incarcerated individuals back into the general population.¹⁹ As time goes on, more and more state and local departments of corrections are looking for new models and best practices as alternatives to prison isolation.²⁰

PART II: SOLITARY CONFINEMENT IN NEVADA

Untracked and Unregulated Solitary in Nevada

In 2015, there were 12,769 prisoners in the state of Nevada²¹ housed in eight correctional facilities and ten conservation camps. The state's designated maximum-security facility, Ely State Prison (ESP), which opened in 1986, has the capacity to incarcerate 1,183 people and houses the state's death row.

Measuring the extent of solitary confinement is always difficult, but particularly so in Nevada. The state has no statutes on its books that define, regulate, or limit segregation, isolation, or solitary confinement in adult facilities.²² Meanwhile, the Nevada Department of Corrections (NDOC) uses a variety of terms and classifications, such as "administrative segregation" and "disciplinary detention," and does not keep records on which prisoners are assigned to disciplinary segregation and for how long.

In senate hearings for Nevada's 2013 solitary reform bill (SB 107), E.K. McDaniel, then-Deputy Director of NDOC Operations, stated that "I have been with the [department] for 20 years, and there are inmates who have been placed in administrative segregation for that same length of time."²³

That bill severely limited the use of corrective room restrictions in juvenile facilities and tasked the Nevada state legislature with putting together a study on the state's use of solitary confinement, but the Department of Corrections was unable to provide a substantial portion of the requested information due to their internal tracking systems and reporting mechanisms.²⁴

The aforementioned 2016 report from the Association of State Correctional Administrators and the Liman Program is one of the most comprehensive reports to date on the use of the solitary confinement in U.S. states, territories, and the federal system. However, Nevada is one of just four states excluded from most of the report. According to the authors, "Nevada provided numbers of people who spent various periods of time in restricted housing, but we did not report these numbers due to inconsistencies in the information provided."²⁵

Additionally, in that report, Nevada was:

- 1 of 17 jurisdictions that stated that they "do not regularly track information on length of stay" in segregation.
- 1 of 9 jurisdictions that "provided no data about prisoners with 'serious mental illness' in both their total custodial population and their restricted housing population."
- 1 of 18 jurisdictions that "did not provide information about the number of prisoners in-cell for 16-19 or for 20-21 hours."

The ACLU of Nevada (ACLUNV) and Solitary Watch received a similar lack of specifics from the NDOC in response to our 2016 public record request for information on the use of solitary confinement in Nevada. We were told by the NDOC that: “We do not have ‘solitary confinement,’ ‘isolation,’ or any type of segregation that sequesters an inmate from others. All have the ability to communicate with staff and/or other inmates.”²⁶

NDOC clarified that some prisoners are on “Disciplinary Segregated status.” In that instance: the inmate is lacking the luxuries such as access to all their purchased items (hygiene is still provided) and entertainment items such as their television. The amount of time out of cell is monitored depending on the facility, the situation and the inmate themselves. They are offered a MINIMUM of an hour out of their cell each day, and all still have access to showers, the outside, the telephone, visits with family, reading materials, etc., and in some cases, even a cell mate.²⁷

Furthermore, the NDOC told us that: “We have no ability to go back and figure out how many inmates were segregated at a given time. Our computer system only shows where a person is housed, but not why they are housed there.”²⁸

In February 2016, the Reno Gazette-Journal reported that there were 1,442 state prisoners in restrictive housing in Nevada, about 11 percent of the state’s 13,278 prisoners.²⁹ It is important to remember that this number came from the NDOC, which has repeatedly acknowledged its own inability to track segregation.

However, if 11 percent of Nevada’s prisoners are confined to restrictive housing, that rate is higher than in most of the country: Across all jurisdictions, the median percentage of the prison population held in restricted housing is 5.1 percent, according to the Association of State Correctional Administrators’ report. An 11 percent rate would put Nevada at the same level as Nebraska, and higher than all reported jurisdictions except for Louisiana, Utah, and the Virgin Islands.³⁰

Reform Movement in Nevada

Despite the NDOC claim that Nevada has no “‘solitary confinement,’ ‘isolation,’ or any type of segregation that sequesters an inmate from others,”³¹ it is clear that solitary confinement does in fact exist in the state—and there is a growing reform movement to combat it. Thanks to this movement, the 2013 Nevada state legislature passed its solitary confinement reform bill, SB 107, which limited juvenile segregation and ordered a legislative study of solitary confinement.³²

Unfortunately, SB 107 was weakened from its original state. As introduced, the bill would have regulated the use of solitary confinement for adults, limiting its use to cases where prisoners present a serious and immediate risk of harm to themselves, others, or the security of the facility—and only after all other less-restrictive options had been exhausted. It would have further stipulated that solitary confinement cannot be used for punishment, can last only as long as the minimum time required to address the safety risk, and must end if the mental or physical health of the prisoner is compromised.³³

However, the amended version that was signed into law replaced the above provisions with standards strictly limiting the segregation of juveniles, not all adults. While SB 107 was still a positive step in the fight against solitary confinement—children are particularly susceptible to the negative effects of solitary—it left many adults in segregation. The bill also required a legislative study on the use of solitary confinement in the state; however, NDOC’s internal tracking system was unable to supply all of the requested information.³⁴ This series of events is what led us to go directly to the prisoners themselves to tell their stories.

In late 2016 under new leadership, NDOC began to show an increased willingness to reconsider how—and how much—it utilizes solitary confinement. As the year ended, it was announced that Nevada had applied for, and been chosen to participate in, the Vera Institute of Justice’s Safe Alternatives to Segregation Project. Over the coming two years, experts from Vera will study Nevada’s use of solitary and make recommendations for change based on best practices and on successful reforms in other states.³⁵

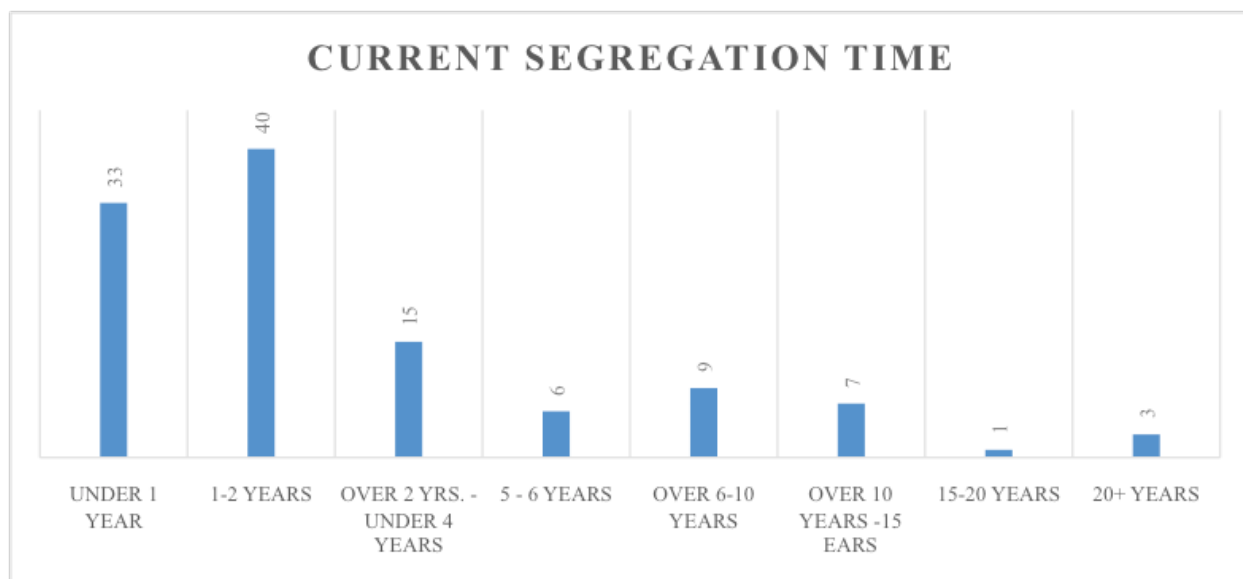
We are hopeful that this report and the collaboration between the Vera Institute and NDOC will lead to the end of solitary confinement in Nevada.

PART III: GETTING LOCKED DOWN IN NEVADA

We received completed surveys from 281 people housed in Ely State Prison (ESP), High Desert State Prison (HDSP), Northern Nevada Correctional Center (NNCC), and Lovelock Correctional Center (LCC).

Over half (55 percent) of survey respondents indicated they were currently segregated, and 93 percent were either currently segregated or had been in the past. Since we targeted people who we believed were likely to be in segregation, our results do not imply that 55 percent of prisoners in Nevada are segregated. However, the testimonies of these men and women certainly contradict the Nevada Department of Corrections (NDOC) claim that the state does not use solitary confinement.

On average, respondents currently in segregation reported they had been there for 2.6 years. The duration of their current segregation ranged from one month to 25 years.



Nearly half of respondents (47.7 percent) reported they had been placed in segregation three or more times over the course of their incarceration, and an additional 21 percent had been in segregation twice. Most (93 percent) said they had been or currently were in segregation.

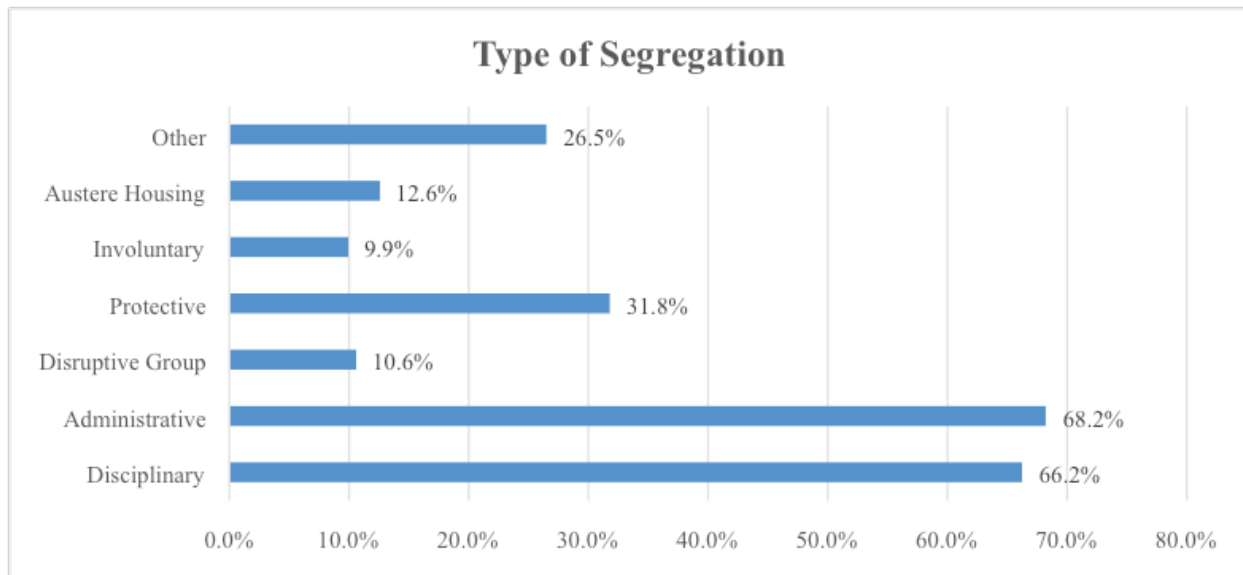
Placement in Solitary

NDOC denies the existence of “segregated housing units” but states that inmates may be placed in segregation, away from the general population for a number of reasons, three of which are provided for under NDOC Administrative Regulations. Per NDOC regulations, one is “placed in administrative segregation to protect the safety of the inmate, other persons, the institution or community or to conduct investigations into violent misconduct” and for other non-disciplinary purposes.³⁶

One is placed in disciplinary segregation “only [after] be[ing] assessed through the disciplinary process.”³⁷ Individuals in disciplinary segregation are restricted in their ability to access certain items, receive family visits, make phone calls, and receive special packages.³⁸ The department places individuals in protective segregation “to ensure their physical safety and well-being or for institutional security” and is voluntary or involuntary.³⁹

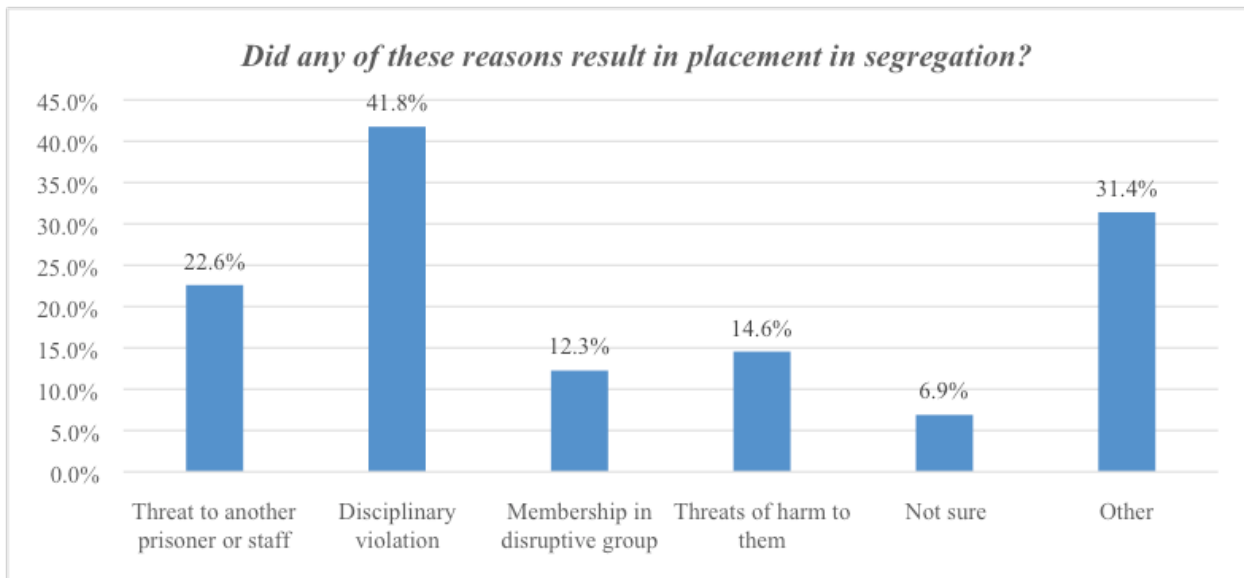
In their public records request response, NDOC noted that they “do have protective custody wings at a few facilities” and that there are “medical reasons such as communicable diseases that warrant temporary segregation until treatment is completed.” They also have mental health units to provide more care for individuals with acute mental illnesses.⁴⁰

The majority of respondents reported that their segregation was administrative (68.2 percent) or disciplinary (66.2 percent). Other reported types of segregation were protective segregation (31.8 percent), austere housing (12.6 percent), disruptive group segregation (10.6 percent), and involuntary segregation (9.9 percent).



The most common level of custody for people in segregation was maximum custody (45 percent), followed by 34 percent in close custody. Although 9 percent indicated being in both maximum and close custody, 1 percent indicated maximum and another type of custody and 11 percent indicated another type of custody altogether.

Over 41 percent of respondents in segregation were there as a result of a disciplinary violation. Other reasons included threats to another prisoner or staff (22.6 percent), threats of harm from others (14.6 percent), and membership in a disruptive group (12.3 percent).



Since Nevada law does not regulate the use of segregation, isolation, or solitary confinement⁴¹, there is not a set list of rule violations that can lead to placement in solitary confinement.

Many survey respondents reported that correctional officers place people in segregation as retaliation.

“NDOC requires that inmates ‘verbally’ attempt to resolve issues with the staff members,” Dan wrote. “As a result, myself and other inmates have been placed in ad-seg in retaliation for complying in making verbal complaints. LCC [Lovelock Correctional Center]’s go-to charge is ‘inciting a disturbance/riot’—even in peaceful, one-on-one complaints.” He added that prison officials will put a prisoner in administrative segregation for “retaliation and punishment,” and then claim he was a “threat to the safety and security of the institution.” However, “this threat is never explained so as to mount a defense.”

Owen wrote, “I was filing a lawsuit against an officer and asked my caseworker for the correctional officer’s first name. That is why they put me in the hole/ad seg.” He said he was later told his segregation had been a mistake.

Isaac said he was placed in segregation after he “was accused of selling my medication, by an officer that was upset because I filed a grievance on him. I won my disciplinary appeal, but still did the whole time.”

Eric wrote that he was once placed in segregation “in retaliation for a class action lawsuit filed by the ACLU. I was a class representative. As a result of that time in segregation I gave up any and all attempts to reform this prison system through litigation.”

“Drugs or contraband were never found on my person, my cell, or in my system, but that is what I was found guilty of and sentenced to 30 months in the hole at this maximum security prison [Ely],” wrote Dominic.

Multiple people wrote that they were placed in segregation for fighting, when they had actually acted in self-defense. Ian wrote that his placement in segregation was a result of self-defense. “There was a riot a week or two earlier, and I believe the harsh nature of my sentence was a (tough on convicts) response to the riot.” Wilbert said he ended up in solitary for defending himself when another prisoner tried to rape him.

Mark wrote that “they came and talked to my celly and took me to the hole and never told me why... I was there for almost four months with no write up.” Chris wrote that she was placed in segregation because she is a transgender woman in a men’s prison. Dylan wrote that he is in segregation because of the nature of his crime.

NDOC statutes require any prisoner who is HIV positive and “engages in behavior that increases the risk of transmitting the virus such as battery, sexual activity, or illegal intravenous injection of a controlled substance or a dangerous drug” to be segregated from all HIV negative prisoners.⁴²

Hearings

According to the American Bar Association Treatment of Prisoners Standards, prisoners should receive a hearing to review their assignment to segregation within three days of placement.⁴³

However, 40.2 percent of Nevada respondents who had been assigned to segregation said they never received a hearing to review that placement. Of those who did receive a hearing, 27.6 percent said it came more than 30 days after their initial placement. Just 9 percent of those who received hearings said they occurred within two days.

Even when hearings did occur, 61 percent rated the hearing quality as poor and just 6 percent found the quality of hearings to be good.

“The hearings I’ve had were always poor because it’s never fair,” wrote Chip. “We, the prisoners, can be accused of just about anything and be found guilty of it. The corrections officers (c/o) are all on the same team and will not go against another c/o for a prisoner at all.”

Derek said he was placed in segregation because “someone had written statements which were false to get me out of the cell with them... The hearing was unfair... because I was found guilty without my side of the story being taken into consideration.”

“Nothing is discussed in these hearings, only cookie cutter responses from staff are given, and staff never knows any details of the incident in question,” wrote Mike.

Following their hearings, 24 percent indicated that they never received a written reason for the decision of the hearing and 28 percent indicated that they have sometimes—but not always—received a written reason.

Getting Out of Solitary Confinement

The NDOC told the ACLUNV and Solitary Watch that “the file of every inmate in segregated status is reviewed every 30 to 90 days. If they can be placed in less restrictive housing, they will be.” If this is accurate, then one respondent, who reported he has been in solitary for 25 years, would have been determined unfit for general population during at least 100 reviews.

“There’s no real contact or opportunity to be heard at most classification ‘reviews’ by people who end up signing decisions,” wrote Kevin. “Caseworkers just breeze by cell door as fast as possible every 30 days.”

Frank wrote that he has been trying to get out of solitary for years. “It’s been a year since I asked and they keep slow-playing. I haven’t had any writeups for two years and four months, my points are low (4), and nothing. I feel helpless.”

Close to 40 percent of respondents believe that when they are eventually released from solitary into the general prison population, they will not receive any counseling. Brent wrote that returning to general population feels “like a culture shock. I go through anxiety attacks and feel uncomfortable around others. I feel like I’m wearing a target on my back.”

“If I ever go back to general population, I think it will be hard to live with someone and be around other inmates after being locked in a room by yourself for a long time,” wrote Javier. Javier is worried that his future release from solitary confinement “poses an unfair strain on the other people” since he is “very much nervous, jumpy for long times like an animal that has been beaten/abused too long.”

Two-thirds of respondents believe they will be released from segregation directly onto the street, and 75 percent knew of another prisoner who was released directly from segregation back to the street.

Jesse wrote that being released from segregation to the street is “a scary thing. I worry if I’ll be able to find a job or a place to live...If I and others can’t get the help we need in here then we’re doomed to repeat our mistakes and continue to come back again and again. This is the real crime here in Nevada.”

Wilbert is worried about being sent “home, with no medication, dr. appointment, prison money, or help.” He said he is, “scarred, sick, old, and afraid. My family is old but will try to help. I want retribution. They can’t take back what they did to me.”

Respondents were asked if their placement in disciplinary segregation has ever been discussed at a parole hearing. Of the 85 people who responded that yes, their segregation status had been discussed at a parole hearing, 75 believed it affected the outcome of the hearing.

General Population at Ely State Prison: Segregation By Another Name

Some respondents reported that at Ely State, general population is de facto solitary confinement.

“What they call general population here at ESP really isn’t general population,” wrote Justin. “You’re still locked in a cell all day but you have a cellmate. With the issues I’m dealing with right now I’d rather live alone.”

“I am in a double cell in a unit which is classified as ‘General Population’ but in reality we are locked down 24/7 except for approx. one hour of exercise a day,” wrote Eric. “Handcuffs are used at all times when taken to the shower, taken to see medical staff, and when taken to the yard or outside the unit...My annual medical examination is always conducted with me being in handcuffs.”

Eric wrote that “it was originally a single cell but it was converted to a two-man cell in 2006. My cellmate and I try to keep different schedules. One of us sleeps during the day, the other sleeps at night...It is approximately 6 ft wide and 15 ft long.”

In January, 2014, a prisoner named Manuel wrote a memorandum and affidavit, stating that “all inmates housed at Ely State Prison who are classified as General Population Inmates are confined to our cells for a minimum of 23 hours a day, every day.”⁴⁴ He added that all prisoners classified as General Population are double bunked and anyone who refuses to be double bunked “are threatened with being housed in a segregation unit.”⁴⁵

He further stated that those in general population at ESP “are not allowed personal access to the gym, nor the main yard, nor the legal library, nor the education building, ever,” and that they “are not allowed outside of our own cells, except for 45 minutes a day, approximately 5 days a week, for physical exercise, in a very small enclosed pin-area, by ourselves or with our cellmate only.”

He said the only difference between general population and segregation is that those in segregation are housed alone in single occupancy cells, are not allowed to order food from commissary, and wear orange jumpsuits.

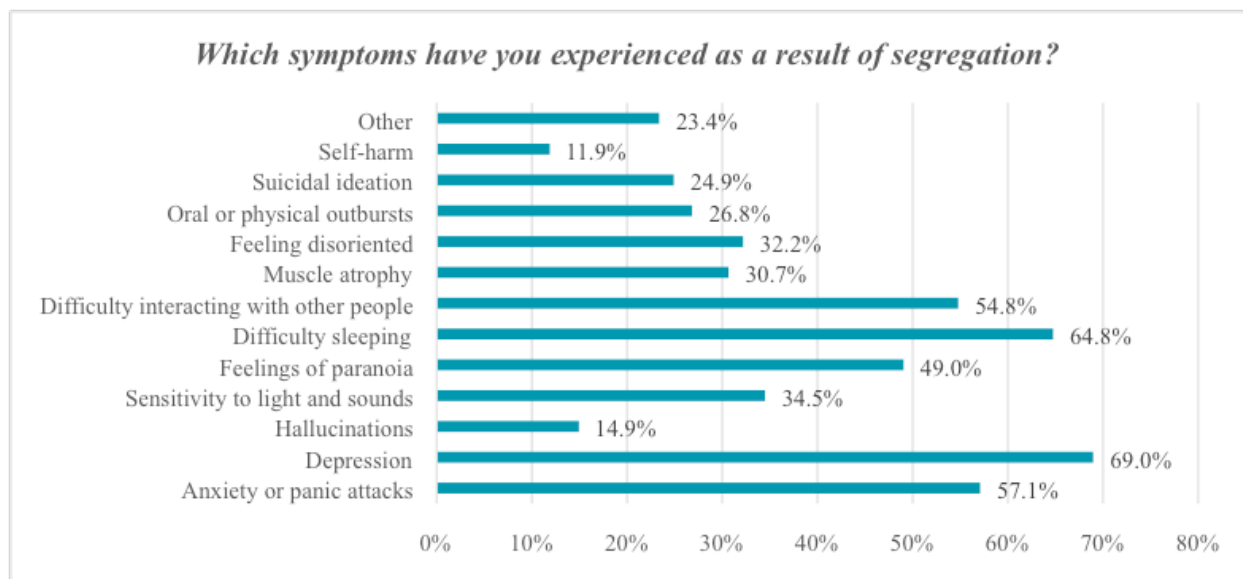
Winn wrote that there are “usually around 1,000 people housed at Ely, with 400 classified as general population and 400 classified as “segregation inmates, disciplinary segregation, administrative segregation, and protective custody segregation.” He said another 70 prisoners are classified as Workers and allowed to work at E.S.P. These 70 are the only prisoners with access to the legal library, gym, and main yard.

PART IV: LIFE IN SOLITARY CONFINEMENT IN NEVADA

Experience in Segregation

Many respondents indicated that while in segregation, they experienced depression (69 percent), difficulty sleeping (64.8 percent), anxiety or panic attacks (57.1 percent), and feelings of paranoia (49 percent). Over a third reported having sensitivity to light and sounds (34.5 percent), feeling disoriented (32.2 percent), and muscle atrophy (30.7 percent).

Thirty-three percent reported that they received treatment for these symptoms.



Absence of Mental Stimulation

Many people reported that their days in segregation are empty of meaningful activity. Wilbert reported that his daily schedule was “sleep, pace, scream, ward off the voices, shower if I could but often they wouldn’t let me.” Monica said her days in isolation consist of “Nothing... Counting the bricks in the cell. Sleeping. Sometimes exercise.” She said her cell “feels like what a dog must feel like in a kennel. Hopeless.”

“I slept and then I would work out and pray and go back to sleep,” wrote Isaac, and Derek wrote that his schedule was “Sit there. Stare at the walls. Wish I was dead.”

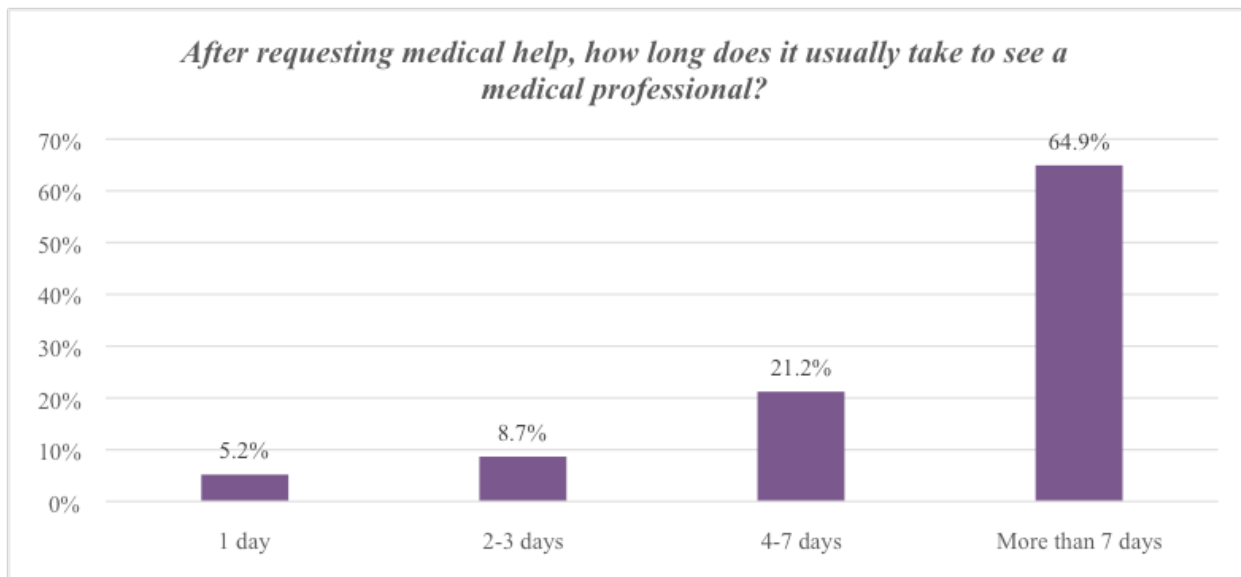
Denial of Medical Care

Most of respondents (60.2 percent) indicated that they suffer from serious and/or chronic health problems and most reported experiencing physical or psychological symptoms because of segregation.

However, 41 percent of respondents said a medical professional comes to see them less than once a month in segregation. If they request to see a medical professional, 64.9 percent reported that it usually takes more than seven days before they see help. One-third (31 percent) indicated that they often experienced problems getting medications or medical help and over one-third (36.8 percent) indicated they sometimes experienced problems.

“When you lay down for months in cell you develop back, neck, leg, and eye problems,” wrote Jay, “and the nurse will tell you to walk around your cell and deal with it.” “Sometimes I would complain of eye problems and breathing problems and I was never seen until 1-2 months,” wrote Isaac.”

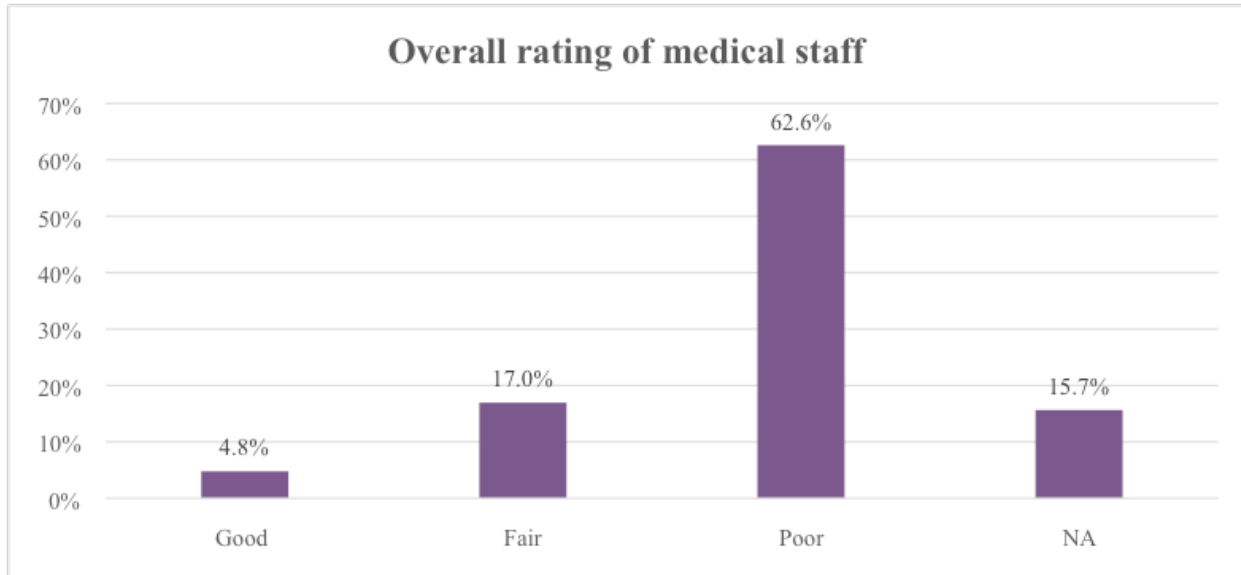
“Dental care took months to get. Colds and flu were never treated,” wrote Malik. “Have wax blocking an ear? Better hope it clears up on its own. Delays in care were always months.”



Most rated medical staff as overall poor (62.6 percent), and just 4.8 percent rate the medical staff as overall good.

Carmen wrote that she is not allowed to buy ibuprofen or aspirin for menstrual cramps or headaches. “So I have to go to sick call to pay \$8.00 to get ibuprofen.”

“The anxiety, occasional depression, sensitivity to lights, difficulty sleeping: These are all things that I can deal with on my own,” wrote Ian. “But the lack of medical attention, just to save money scares me... Some time ago there was a doctor here who told all the inmates he’d see that they had to submit to a mandatory prostate exam in order to receive medical attention. Needless to say, some people said no to the prostate exam, and as a result the ‘Dr.’ said that they were refusing medical attention, and kicked them out.”



Monica wrote that accessing care is difficult because “the staff say only on your scheduled day 1x a week or call a ‘man down’ which costs over \$100.” She said when you do meet with medical staff, “the average visit is 5 min and you can only speak about one issue. For multiple issues you must return and get charged \$8.00 each time.”

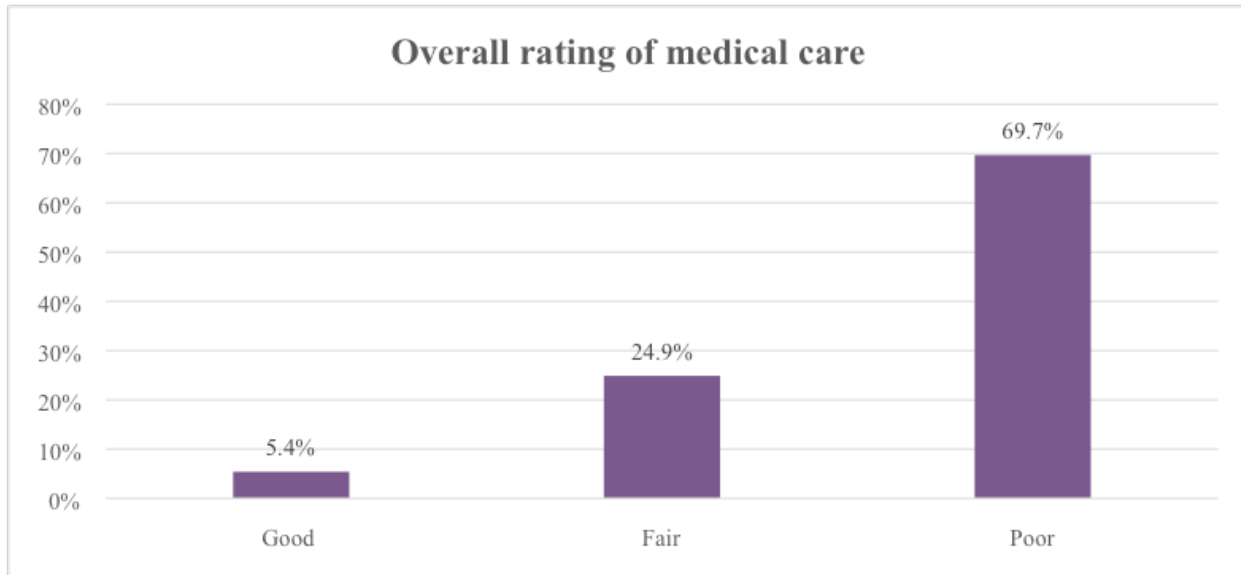
Alex wrote that the medical care is good but “the problem is getting the c/os to contact medical staff when it’s necessary. Sometimes the only way to get medical attention is to call a man down. I witnessed a man die at N.N.C.C. because the staff refused to call nursing staff.”

Another major complaint about the medical staff is that the vast majority (80.5 percent) said interactions with medical staff are not confidential; instead, a corrections officer or other prison official is always in the room when they meet with a doctor, PA, or NP.

“Every instant wherein I have had conversations with medical staff, there is an unprofessional correctional staff standing right there,” wrote Manuel. “They talk to you outside your cell where everyone around you can hear,” wrote Mark. Adam reported that there was even an officer present during his prostate exam.

Some reported c/os and medical staff openly discuss prisoners’ health issues. “Nurses and doctors are very friendly with the officers,” wrote Chip. “I’ve witnessed [them] have conversations with each other about other prisoners’ medical/mental health issues, how they disliked certain prisoners who made medical complains, and they have talked about my medical issues right in front of DOC officers!”

Nearly 70 percent of respondents indicated that on the whole the quality of medical care is poor.



Inadequacy of Mental Health Services

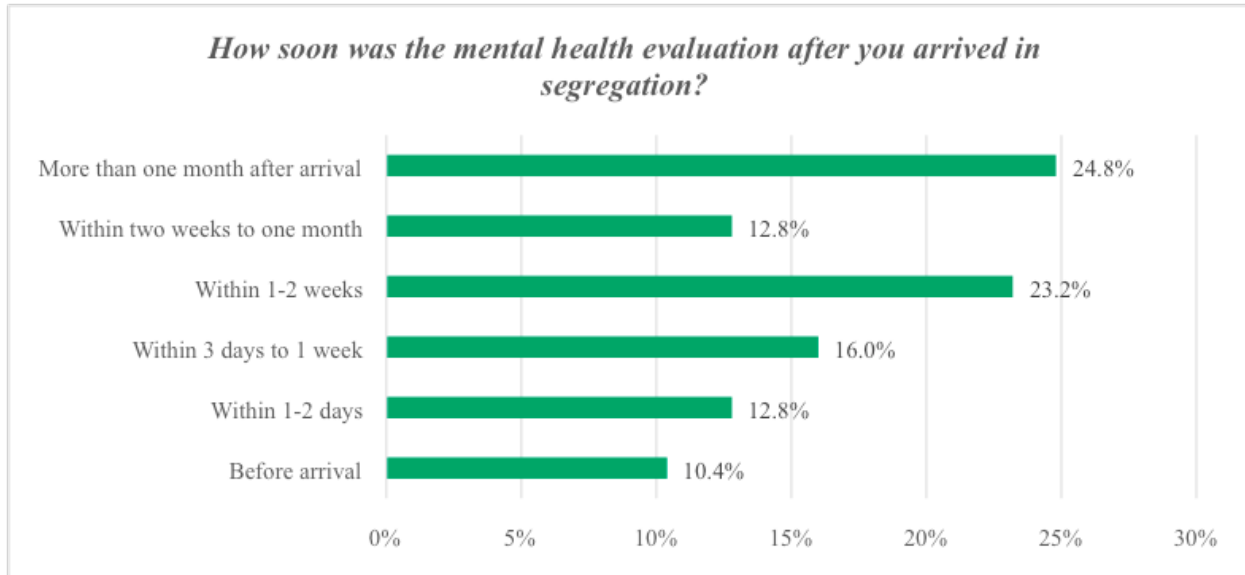
People with mental illness are disproportionately likely to be locked down in segregation.⁴⁶ Its use can result in twice the negative outcomes: Those with preexisting mental health issues may exhibit behaviors that get them sent to segregation, while extreme isolation can exacerbate existing mental health issues or even bring them out in people who never exhibited them before.

One-third of respondents (31.1 percent) reported that they had been diagnosed with a mental health illness, 19.4 percent with a traumatic brain injury, and 11 percent with mental retardation or autism. Forty percent reported that they have trouble talking, remembering, learning, or thinking.

Specifically, the most common mental health diagnosis was major depressive disorder (21.5 percent) followed by bipolar disorder (manic depression) (17.7 percent). Smaller percentages reported diagnoses of Post-Traumatic Stress Disorder (13.5 percent), schizophrenia (10 percent), traumatic brain injury (4.6 percent), or mental retardation (2.7 percent).

The majority of those who received mental health care while in segregation (57.6 percent) rated the overall quality as poor.

Almost half of respondents (49.2 percent) indicated that they did not receive an in-person evaluation of their mental health when placed in segregation (another 20.2 percent were not sure if they received one). Of those who did receive mental health evaluations, one-quarter received the evaluation more than one month after their arrival in segregation and 23.2 percent received one within 1 to 2 weeks.



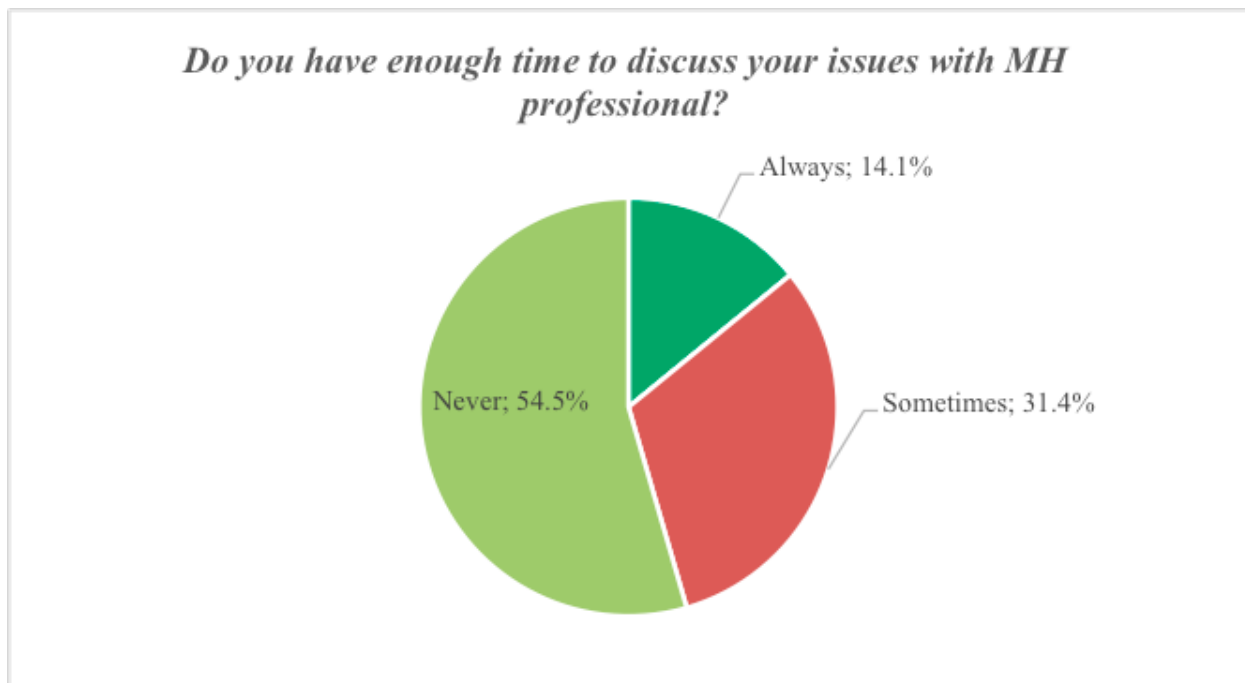
Over half of respondents who had evaluations reported that their evaluation was conducted through the cell door (55 percent) and 29.7 percent were taken to another room.

More than half of respondents (55.8 percent) had never been on a mental health caseload in their current prison, and 22.5 percent were currently on the caseload. Visits with mental health professionals are rare both inside and outside of solitary. The median number of visits by a mental health professional was zero times per month, both prior to and during segregation.

Maria wrote, “I was not given counseling that I needed to process through my delusions... No one would talk to me so my delusions and paranoia got worse. My depression worsened as well... Alls I needed was someone to listen to me and explain some things to me in response and it would have limited the extent of my delusions.”

Even when they do meet with a mental health professional, over half of respondents (54.5 percent) reported that they never have enough time to discuss their issues, and 14.1 percent said they always have enough time. Of the 17 people who responded to a question about the length of their sessions with a mental health professional, the average reported length was 9 minutes with a median of just one minute.

Kevin wrote that he receives “very poor, almost non-existent counseling with psychologist or ‘telemed’ psychiatrist,” which he described as “a pathetic, once every 90 days skype interview for only minutes.”



As with their medical visits, most of respondents (51 percent) indicated that they did not feel their sessions with a mental health professional were confidential.

Justin wrote that he recently saw a therapist for the first time in the year and two months he had been in the prison. “She came to my cell door and asked how I was doing. The thing is, my neighbors can hear every word I say. That’s not confidential. And if they take you into an office an officer has to be there, so you can never talk to someone from mental health one-on-one.”

Many people wrote that prison staff often discuss prisoners’ medical and mental health cases in public or feed the information to other prisoners. “You hear nurses talking about the women who are housed on med like they are not humans,” wrote Stacey. She also wrote that “medical doesn’t come in to check on anyone isn segregation. You can be in seg for months, they never check anyone.”

Access to Prescription Medication

Twenty-eight percent of respondents reported that they currently take mental health medications and the same percentage reported they took mental health medications before they were imprisoned. The majority (71 percent) of those who currently take medications reported that they are receiving correct medications.

A small percentage (8.6 percent) indicated that they often had their medications checked and a much higher percentage (30.2 percent) indicated that they sometimes had their medications checked. By contrast, 13 percent indicated that they never had their medications checked.

Some respondents (11 percent) reported that they often experience problems getting medications and 7.6 percent reported they sometimes experience problems getting mental health medications.

Justin, who takes medication for depression, wrote that “As long as I take the meds I’m fine. The thing is some of the psychologists and psychiatrists...will use your medications against you which is very unprofessional. I’ve been taken off of the antidepressants because I basically upset someone with my attitude. That’s not right. Medications should never be used as a disciplinary measure.”

Mental Deterioration

Nearly half (47 percent) of respondents reported that their mental health condition worsened since being placed in segregation, while 11.3 percent indicated it improved, and 27.9 percent weren’t sure.

Kevin listed a variety of symptoms he has developed in segregation, including panic attacks, jumpiness, “a lot of uncontrolled crying and fixation on what would seem petty,” nightmares, suicidal thoughts, “reliving past traumas in increasing vivid mental images,” “deep chronic mental depression,” inability to concentrate, manic behavior, auditory hallucinations, distortions of sounds, paranoia, and hate towards prison staff. He said he has received prescription drugs but “no actual treatment or therapy.”

Some respondents reported that segregation had eroded their capacity to interact with others. “I am disconnected and I am permanently scarred inside and grey out,” wrote Wilbert. “I went in young and strong, but special needs. I came out old and torn.”

Maria wrote, “You lose social skills and values being locked in seg for large amounts of time without counseling and it’s hard to readjust to society. I just hope after 20 years [when she is eligible for parole] I can get the right access to resources and help to be able to get set up with a good foundation and support groups in the area. Alls I can do is try my very best to readjust to society.”

“My mental health has worsened during my time in segregation,” wrote Chip. “I can’t stay focused, it’s harder for me to express myself to people. I’m easily angered... I don’t socialize much anymore because I believe that segregation has damaged my social skills. I don’t like to be around too many people, and I don’t like to shake people’s hands. When people get too close to me I quickly move away. I always feel like I am being watched by the inmates and corrections officers...I’d be very happy to be released back out into society but at the same time sad because I won’t know how to interact with other human beings!”

Manuel wrote, “In my humble opinion, I do not believe it is possible for an adult male, locked in a bathroom, housed in that bathroom with another adult male for several hours a day...denied fresh air for five or six days out of the week, denied exercise of our central tenets of our religious practices (congregational prayer and fellowship with other believers), deprived of personal physical contact with family and friends or any human beings, looked down upon and daily addressed by correctional officers and free-staff as if you are subhuman, for any length of time, without suffering major, multiple, abnormal health problems.”

“My mental health has worsened during my time in segregation,” wrote Chip. “I can’t stay focused, it’s harder for me to express myself to people. I’m easily angered... I don’t socialize much anymore because I believe that segregation has damaged my social skills. I don’t like to be around too many people, and I don’t like to shake people’s hands. When people get too close to me I quickly move away. I always feel like I am being watched by the inmates and corrections officers... I’d be very happy to be released back out into society but at the same time sad because I won’t know how to interact with other human beings!”

Jay wrote that solitary confinement has filled him with hatred. “It’s like having an out-of-body experience, because the reality of it is like staying in a bathroom for months that turns into years... The mental impact carries on like a toxic thought that do change my character traits as a human being.”

“I’ve lost plenty of weight. I am hungry each and every day,” wrote Phillip. “I have extreme difficulty falling and staying asleep. I work out, meditate, read, etc, but have difficulty being at peace (anxiety). This is a loud and disruptive environment. I feel a sense of post-traumatic stress when I am around other people outside of my cell. Whenever I got outside I have difficulty adjusting to the environment. I feel depressed When I consider where I am at. We are deprived of movement, interaction, programs that will help us assimilate to jobs/economy when released, yard times, food, etc. This isn’t right, it’s inhumane.”

Alex wrote that “People lose their sanity in these cells. We are trapped like circus animals with nothing to feed our minds. People’s brains are literally deteriorating. Being caged in the hole makes people angry, violent, and bitter. There is nothing positive about this, all it does is create monsters... The hole makes the rest of prison look appealing and that’s sad.”

Suicide and Self-Harm

People in solitary confinement are seven times more likely to attempt self-harm than people housed in the general population, based on a study of New York City’s jail population.⁴⁷

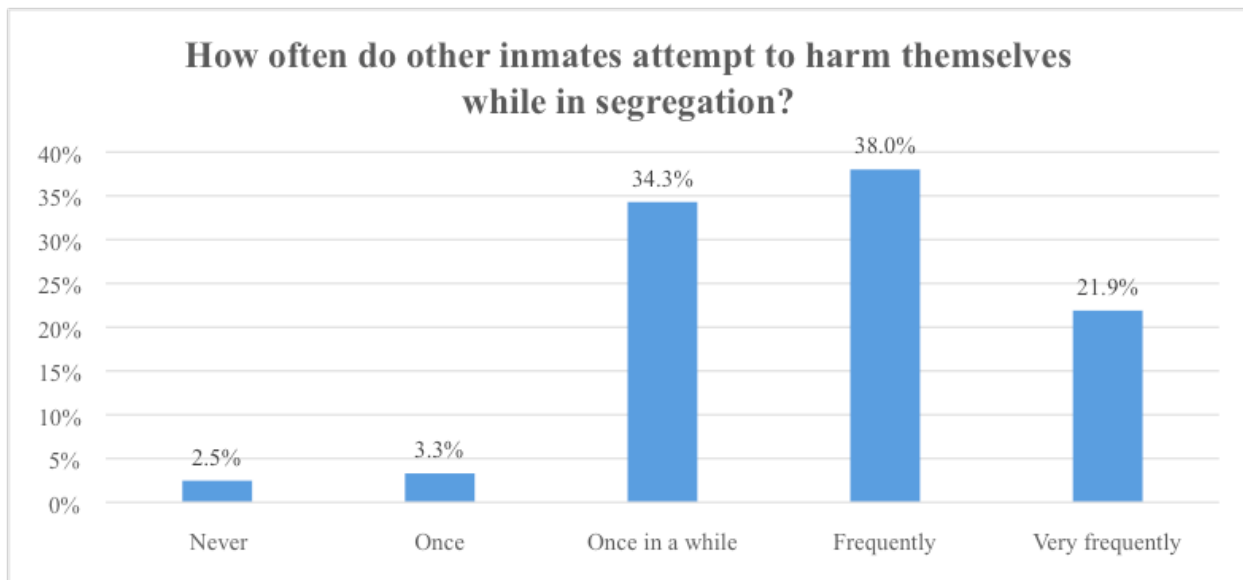
A slightly higher percentage of incarcerated individuals reported engaging in self-harm—such as cutting and head banging—at least once when they were in segregation (9.3 percent) than when they were in the general population (7.1 percent). While in segregation, 7.7 percent attempted suicide.

Most people did not report attempting to harm themselves, but 59.9 percent indicated that other prisoners attempt to harm themselves frequently or very frequently in segregation.

Derek wrote that solitary “made me want to die. I began collecting apple seeds to make poison to kill myself.”

Chris, a transgender woman, wrote that she has attempted self-castration and has made 12 suicide attempts in the past three years.

“Overall, segregation is very depressing and lonely for anyone,” wrote Stacey. “I myself thought about dying in there because of all my past thoughts and recurring memories. Solitary can have the strongest minded people thinking of suicidal thoughts. The only real conversation I had was with the ants on the floor while feeding them crumbs and droplets of water.”



Of those who reported attempting to harm themselves while in segregation, 27.3 percent said that the prison did not respond to their behavior in any way, 22.7 percent received counseling, 19 percent were placed in an observation cell, and 15 percent were punished.

Physical Setup of the Cell

People in solitary in Nevada spend 23 to 24 hours a day in small cells (“four paces by seven paces,” according to Frank). Most have some natural light (84 percent), and 78.1 percent said they can see outside of their cell. “I can see another building and a storage bin,” wrote Carmen. Dylan wrote that he can see “the institution shooting range and a water tower.”

More than 70 percent said that their cell temperature was too hot or too cold, and many complained about the noise level.

“The housing unit is too hot, especially in the summer when the ‘air handlers’ break down,” reported Dylan. “Maintenance is reluctantly informed—if at all—and repairs are purposefully delayed due to the biased attitude of staff toward Protective Segregation inmates.”

“There are two people now in my cell, just a little larger than a dog kennel,” wrote Greg. “It is very difficult having the toilet in the cell with...hardly any proper ventilation. The a/c unit constantly is breaking down and the temperature is horrific.” Dan wrote that he is “forced to run a fan 24 hours a day due to the excess heat and yelling from other prisoners. Inmates bang on desks, walls, windows.”

“The inmates are completely bored and yell across the unit to inmates,” wrote Malik. “It’s extremely loud most times of the day and sometimes into the early hours of the morning (1 am - 3 am).” Dominic wrote that “you hear other inmates yelling all day long constantly, it never stops. People sing, kick doors, and other irritating things that never allow you to relax.”

Drew, who has heart diseases, wrote that “I’m constantly startled into a fib v-fib where my heart is not beating, by inmates’ blood-curdling screams, pounding on steel toilets, vents, kicking doors. Guards at 9:30 pm count kick or pound on the door with the butt of their mag-lite flashlight, scaring the hell out of me.”

Tyler wrote that at Warm Springs Correctional Center, “what ‘segregation’ facilities we have here are five cells in a general population unit, so all the rumor and gossip reach the others and the turn the [segregation] cells into a veritable zoo exhibit.”

Half of respondents (49.4 percent) reported that they were not satisfied with the cleanliness of their unit, and many had no access to cleaning supplies.

Alex described segregation cells as “Uninhabitable. Bloodstained walls. Mold, bugs. The building is decrepit. The cells are bare, not as small as most but definitely dirtier. We are not given supplies to properly clean our cells, so we have to use our shower soap and whatever rag we can find... The plumbing is bad. There have been times when a person on the top tier used the bathroom, ‘shit,’ and when they flushed, instead of going into the sewage, it backed up into and flooded a bottom tier cell. Some cell windows are cracked or broken, which makes for bad conditions in the winter.”

“In my opinion, my cell looks like a dirty bathroom,” wrote Chip. “There was scratches all over the cell door, the walls were very dirty, the inside of the toilet was very dirty and smelled bad because it hadn’t been clean in what seems like ages, and guards did not give me any cleaning supplies to clean my cell... The toilet sat directly at the foot of my bed, not even two feet away. So I smelled the toilet before I went to sleep and once I woke up.”

Isaac wrote that when he was in the hole, “the power went out frequently and the water went out [in his unit] for six days and I had to hold in my bowels. I also had to shit and piss in a plastic bag that was often kept in the room until it was filled. The building... was supposed to be condemned twice already because of black mold and [vermin?].”

“Last February our water was turned off. Only the toilet worked. Reasons unknown,” wrote Eric. “This lasted almost two weeks. Then in March and April the cell above us would leak water every time they flushed their toilet. It would drop down through our light fixture and pool on our floor.”

“Most [facilities] only give you a couple spoons of ajax on one paper towel, no scrub pad allowed,” wrote Brandon.

Fifty-one percent of respondents reported that they are not permitted to wear the same clothing as prisoners in general population, and 70 percent reported that their clothing had been confiscated and replaced with a jumpsuit.

Owen reported that his clothing was confiscated and “I was locked in the hold/ad seg for 10 days with one tee shirt, one underwear, and one pair of socks and that was it. And then told at the end of the 10 days a mistake was made.”

Limitations on Programs and Services

The majority of respondents (85.4 percent) reported that they are not satisfied with in-cell programming—largely because there is not much programming available. This is not surprising: Nevada statutes state that education programs are “acts of grace of the State. No offender has a right to participate in such a program.”⁴⁸

Just 30.3 percent participate in any in-cell education or other programming—the most common one being a program called Commitment to Change. Many indicated that there are either no programs available for high school graduates, or that there are no programs available at all in their prison facility.

“They’re just work books—no participation by psych staff or ed staff,” wrote Kevin of his in-cell programming, “Almost have no meaning or much practical application. Psych staff at ELY ESP refuse to allow me to continue counseling and programs I was getting elsewhere not in ad seg.”

Some respondents expressed a strong desire and even desperation for programming.

“I really wish...that I could have more access to education,” wrote Sean. “My head injury wiped out my memory and I need to relearn a lot...I just feel that I should be given the opportunity to work on my problems. But no, it was, ‘just keep him in the hole and he’ll go away some day.’” He added, “I would really still like to work on myself so I won’t have problems when I finally get out. I would rather try to get some kind of job, but I am scared that will be hard.”

Ian also worried about how far behind he will be when he is released. “I have faith in myself,” he wrote. “Although, and this is a big one, I’ve never used the internet. And phones weren’t ‘smart’ 11 years ago. So we’ll see.”

Jesse wrote that “they have no adult literacy program available for someone like me (I cannot read or write and a friend is helping me to fill this survey out).” Instead, to fill his day, “I occasionally play cards, watch my cellie’s tv, and exercise. I would like to program but I can’t due to my illiteracy. I have been to school for three years but have learned nothing.

Sixty-five percent indicated they believe that a lack of programming affected their opportunity for early release.

Lack of Religious Materials

Over half of respondents reported that they practiced a religion while in segregation. However, most of those who do practice do not have access to communal worship (80.5 percent) and 78 percent do not have access to what they need for in-cell religious exercise.

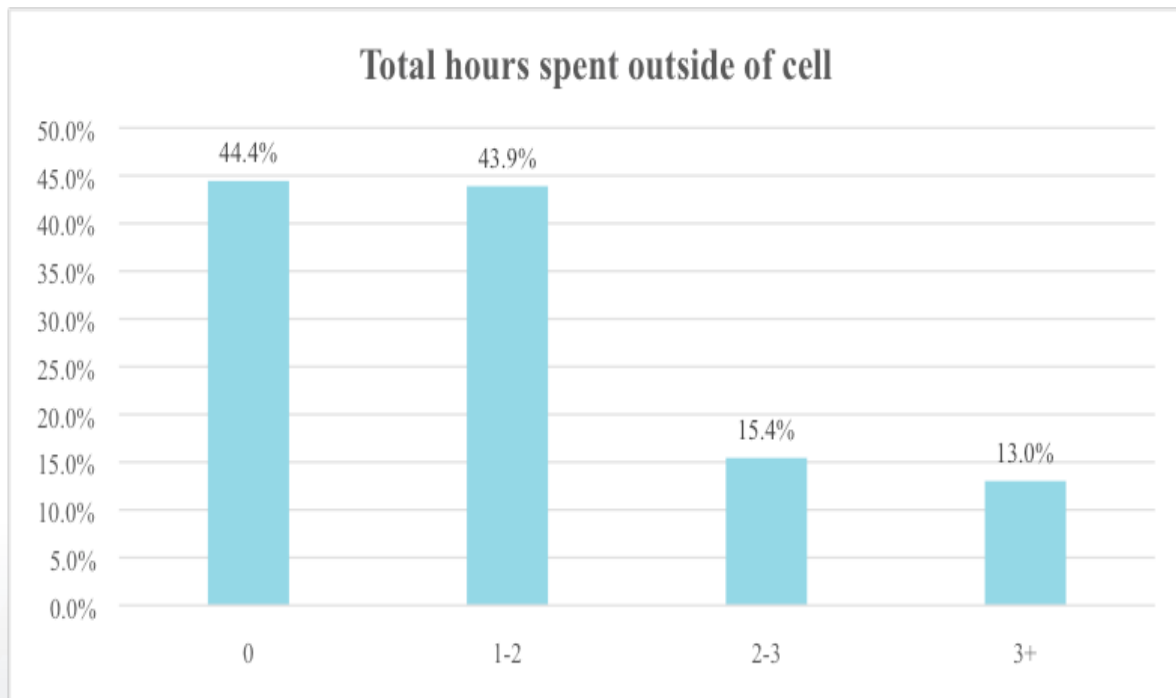
Kevin wrote that he does not have access to challah bread, grape juice, or candles (either fire or electric), even on major holidays, which he called “very depressing” and “very demoralizing.”

Manuel wrote that Nevada “does not allow us to receive nor use prayer oils, nor incense. Further, only inmates classified as Level I or Level II can participate in communal/ congregational prayer.”

Owen reported that he could not even get a Bible when he was in the hole, and Alex wrote that Bibles are forbidden in disciplinary seg. He said they are allowed in austere housing, but not community worship.

Time Outside of Cell

The psychological effects of segregation are worsened when people are rarely allowed to leave their cells. Close to half of those (44.4 percent) in solitary confinement reported that they did not spend any time outside of their cell. Another 44 percent reported that they spent 1-2 hours per day outside of their cell.



Recreation and Showers

The American Bar Association recommends that “[e]ach prisoner, including those in segregated housing, should be offered the opportunity for at least one hour per day of exercise, in the open air if the weather permits.”⁴⁹

However, in Nevada, just 36.4 percent of prisoners indicated that they are taken to recreation every day in segregation, and 16 percent reported they never are taken to recreation.

Nearly half (45.2 percent) of respondents reported that recreation was held outdoors, and 42.1 percent said it was not connected to their cells. Half reported that recreation lasts an average of one hour, and 15 percent reported that it lasts two hours.

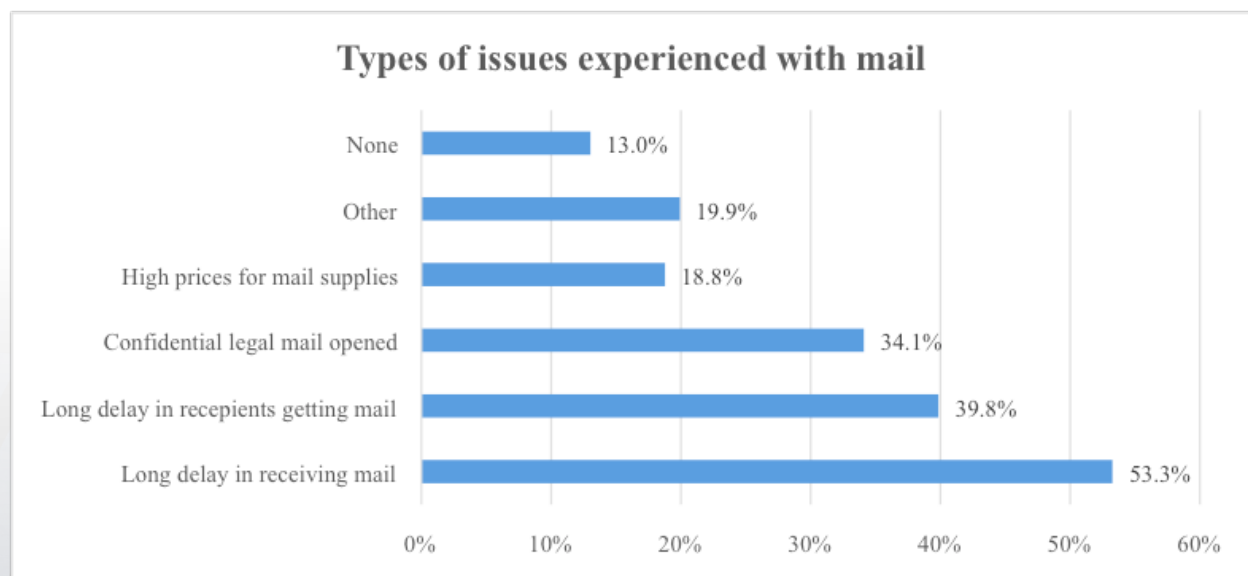
Many respondents reported that they are allowed to shower between one and four times per week (42.1 percent). Just 2.7 percent reported that they are allowed to shower less than once per week.

Many wrote that the showers are rarely or never sanitized. “Other inmates simply sweep up any debris. You have to shower in filthy pools of water,” wrote Eric.

Contact With the Outside World

Close to 40 percent of respondents reported dissatisfaction with their access to incoming and outgoing mail while in segregation.

Over half (53.3 percent) experience long delays in incoming mail, and close to 40 percent experience long delays in outgoing mail. One-third (34 percent) indicated that their confidential legal mail had been opened. Many wrote that their mail is frequently delivered to the wrong people.



Nearly half of respondents indicated that they had weekly access to phone calls, while 28 percent could make calls daily and 14.3 percent had monthly access. Eight percent never had access to telephone calls.

Almost half of respondents (48 percent) reported that they are allowed weekly visits. Another 11.3 percent could have monthly visits and 2.7 reported daily access to visitation. Over one-third (38 percent) never have access to visitation.

Carmen wrote that she is allowed to write to her family, have a “no contact visit through glass, one [15 minute] phone call every two days.” Neal wrote that “We have a cordless phone. The cops don’t do their jobs and pass the phone like they’re supposed to.” Frank wrote that “we are supposed to get the phone once a week but that never happens. You get the phone in probably 2-3 weeks, if that. They throw your phone kites away. The phone call is only 15 minutes and you can’t call back.”

Isaac wrote that while in segregation, “I was on medication and couldn’t urinate on demand so my visits were taken for two years.”

Access to Books, Radio, Television

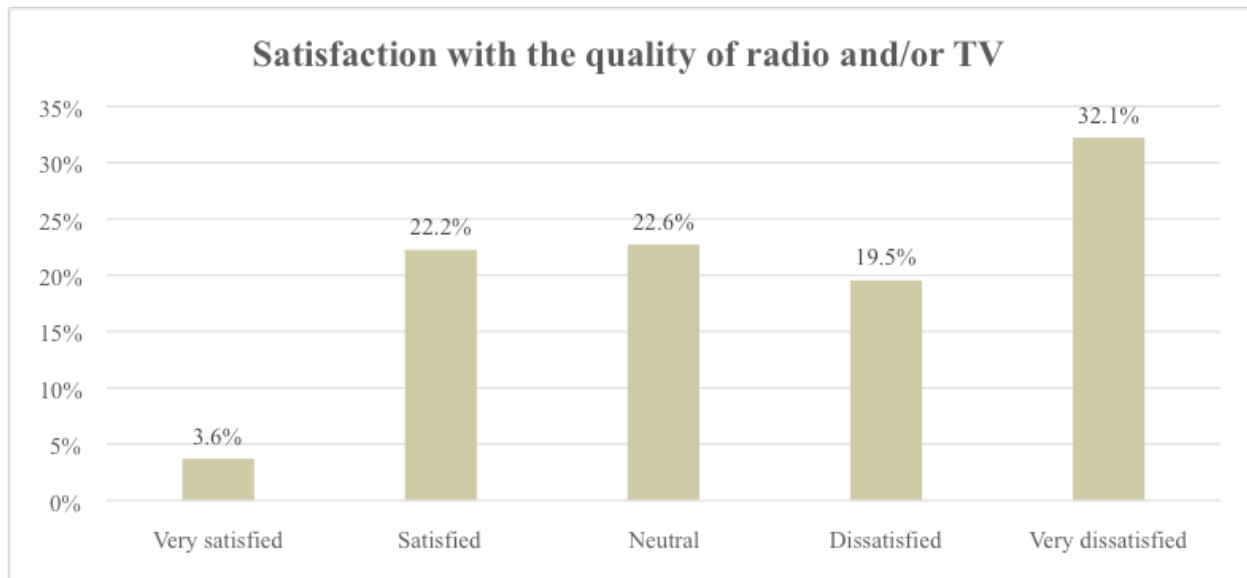
People in segregation are subjected to a severe lack of mental stimulation. More than half of respondents (53.7 percent) indicated that they were not satisfied with access to reading materials. Half of respondents reported that they have access to television, and over 40 percent access to radio (29 percent have access to both). One-third (33.3%) did not have access to either television or radio.

Many reported that in-cell televisions and radios are only available by purchase, so many without families to support them have to do without. “You can get your t.v. after three months of good behavior,” wrote Carmen. “Then radio after another three months of good behavior.”

Of those with access to radio and/or television, 32 percent indicated they were very dissatisfied with the quality and only 3.6 percent were very satisfied.

Mike wrote that prisoners in seg “only get ‘up to’ two books per week! Radio only gets one music station.”

According to Alex, “In disciplinary segregation you are not allowed to have anything. No books, mags, no tv, commissary, or hygiene items. In austere you can have books, mags, and TV, but no commissary and very limited hygiene supplies.” He also reported that people in disciplinary segregation “are only allowed undergarments,” while those in austere can wear their normal clothing.



Law Library/ Access to Legal Materials

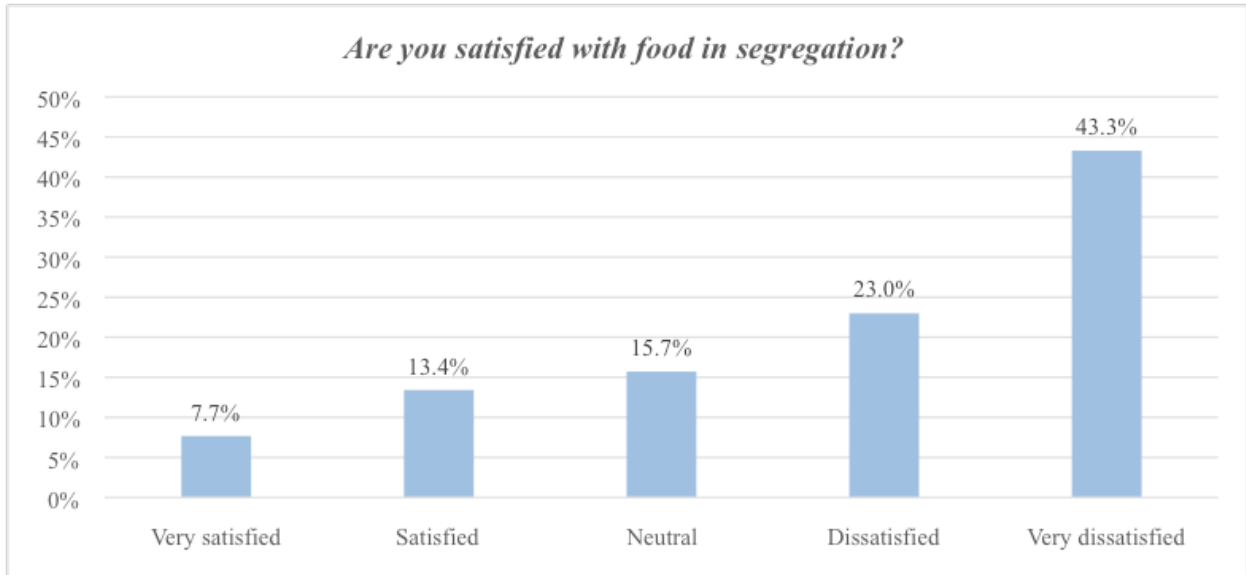
Incarcerated people use law libraries to research legal claims and bring appeals. Almost 40 percent of respondents were very dissatisfied with the law library services and legal materials available in segregation and an additional 20.3 percent indicated they were dissatisfied. Just 13.4 percent were satisfied with legal materials.

Kevin said that “it is very hard to get access to tools/materials to prepare papers for legal mail, court, lawyers,” such as staplers, pens, and tape. He said this delays grievances and legal mail.

Phillip wrote that his legal mail is opened outside of his presence. He said this survey came to him opened and “the staff claims you’ve opened and resealed the envelopes and that they did not open it. I doubt it.”

Food Quality

Nevada Department of Corrections (NDOC) statutes require a “healthful diet and appropriate, sanitary housing.”⁵⁰ However, 43 percent reported that they were very dissatisfied with food in segregation and an additional 23 percent were dissatisfied. Just over 20 percent were satisfied.



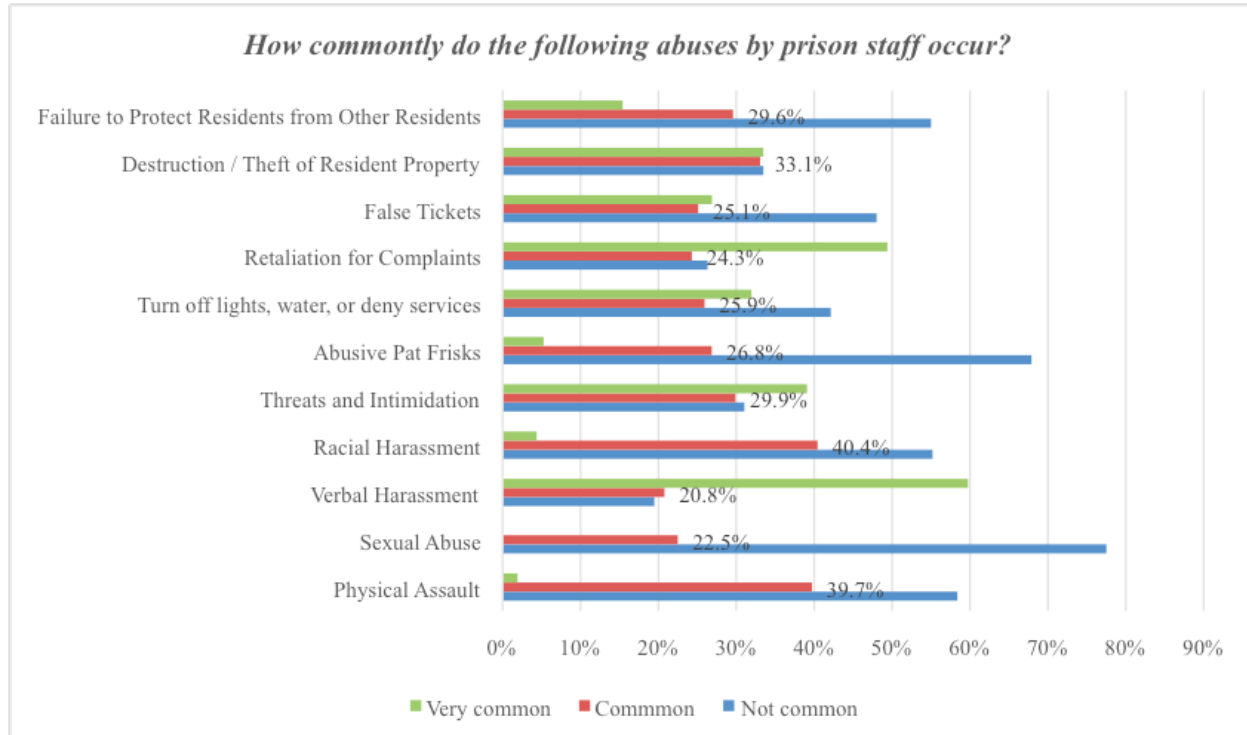
“They have GPs serving PCs food,” wrote Jesse, “and have been caught spitting in our food, putting soap in it, getting small portions, and a lot of time it’s cold.”

“The c/os will prepare the trays with food and then stack the trays as many as six high on one arm while opening the tray slot with the other hand,” wrote Eric. “The bottom of the trays are sitting on the food below them.”

Treatment by Correctional Officer

NDOC statutes prohibit corporal punishment and inhumane treatment.⁵¹

The most common types of abuses at the hands of correctional officers, according to survey respondents, were racial harassment (with 40 percent indicating they are common) and physical assault (40 percent). Thirty-three percent reported that property destruction was common and 30 percent also indicated that threats and intimidation were common.



“They play with our food, beat up on people, take property,” wrote Javier. “They do what they want. It’s like we are lost to the world.” Todd Honeycutt said he endures abuse like “officers withholding food, showers, and yard, kicking doors while inmate is asleep in cell, abusive taunting and keeping lights on for days.”

“Officers keep bright lights on all night, don’t put heat or air on when needed. If you file grievances, your mail gets lost, store list does not get turned in.” wrote Brandon.

“When receiving your meals, officers will bang food slot door to agitate inmates. They say it’s to make you think about not coming back to solitary,” wrote Stacey. “Or they yell at chow time over and over. They definitely treat solitary inmates like less than human. That’s part of your punishment.”

Other prisoners reported violence or threats of violence from correctional officers. Jay has been “tripped while handcuffed, pushed into doors, slammed against walls, not given food, and been cuffed too tight.” Wilbert “was smashed against the wall for screaming water when the shower was too hot.”

Brent wrote that when he reported to guards that he was being threatened and harassed by other prisoners, one CO “beat me and threatened me if I filed grievances,” he wrote. He said the guard threatened him, “I’ll fuck you up even worse the next time you come to count if you file a grievance, you P.O.S!”

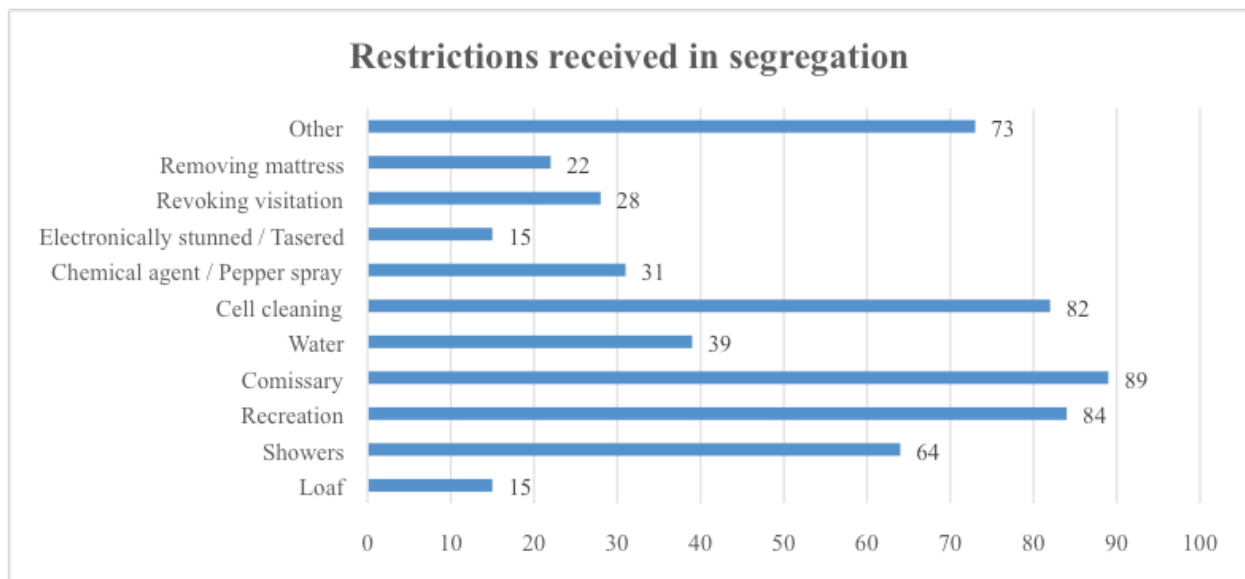
Chip wrote that in 2010, he was in isolation in the infirmary at High Desert State Prison, when an officer “snatched me out of the shower cage while I was in handcuffs, slammed me on the hard floor, punched me in my jaw, punched me in my nose and caused it to bleed, and then put a pillowcase over my head! Then he put his knee in the middle of my back!”

Dan listed a variety of abuses he has faced in segregation, including “abusive pat frisks, damaged property, cell trashed in full-unit shake-downs, physical assault, ass grabbed during pat frisk, denied clean water during ‘boil water orders,’ denial of hot water for showering for 2-4 months.”

Nearly two-thirds of respondents reported that they are frequently (37 percent) or somewhat frequently (27 percent) punished in their segregation unit.

“The guards disrespect us,” wrote Jesse. “They take their job to the extreme. I have had no writeups and it seems like I get into an altercation on a weekly basis over petty things, i.e. a cover over the door window when I have to use the toilet and minor things like that. They give us all these rules but don’t seem to follow their own rules and they don’t get in trouble for it.”

Nearly half (49 percent) of respondents reported that they have received restrictions since they have been in their current unit. Restrictions include the use of pepper spray, the loss of recreation, mattress removal, and getting put on the loaf.



Some respondents wrote that when people in segregation return from the yard or shower they often find their cells searched and trashed. “A lot of officers, especially the ones in segregation, tend to do things like this to punish us further for being in segregation,” wrote Derek. “It’s bad enough to be in segregation but to be punished for it and harassed as well makes it worse.” He said the officers’ treatment discourages him from speaking with medical or mental health staff (since officers are always present) and discourages him from taking recreation or showers because his cell will get trashed.

Chip also said that officers trashed prisoners’ cells while they were in the shower or taking recreation to discourage them from doing these activities in the future. He said they removed letters from envelopes, threw photographs on the floor, and ripped blankets off bunks.

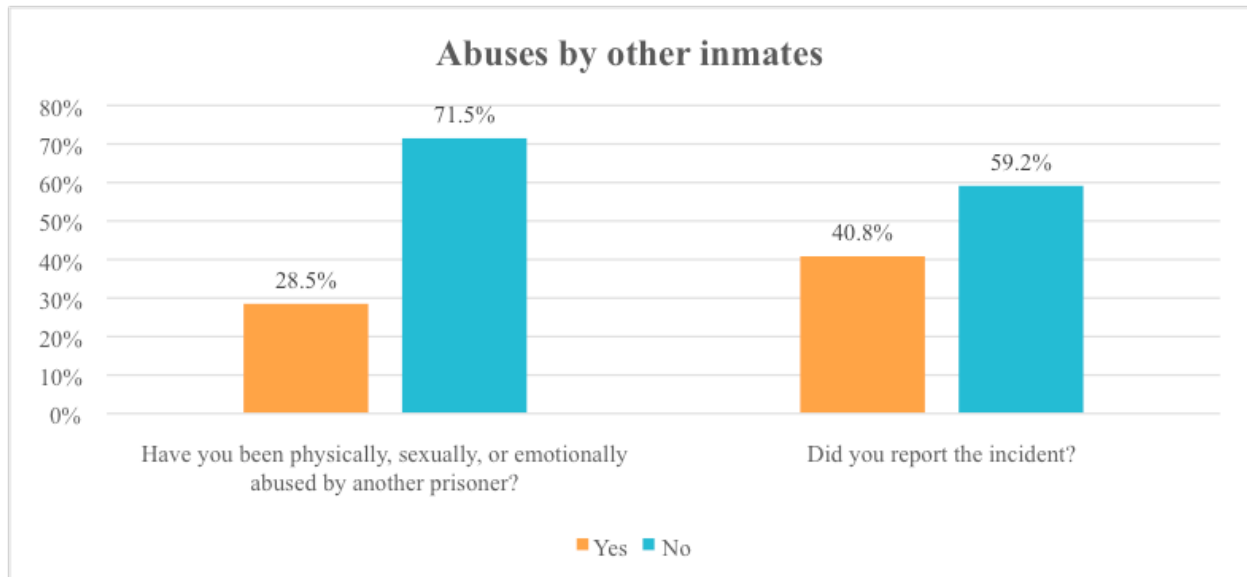
“Rather than punish individual violators...staff in their laziness punish all the inmates,” wrote Dan. “This makes the responsible inmate a target of those that unjustly suffer as a result of one individual’s actions.”

Some respondents reported that they have also been restrained by guards for episodes lasting from 7.5 hours to 12 months. The most common type of restraints was handcuffs or leg restraints or chain cuffs. Ivan said that his arms and legs are restrained every time he leaves his cell which aggravates his existing shoulder injury.

Most respondents (78 percent) who were restrained during their segregation were not examined by a medical professional during or after the application of restraints.

Treatment by Fellow Prisoners:

Nearly one-third (28.5 percent) of prisoners reported that they had been physically, sexually, or emotionally abused by another prisoner. Of those who had suffered abuse, 40.8 percent reported the incident. The nature of abuse was either physical (30 percent), emotional (22.5 percent), or sexual (12.7 percent).



Maria wrote, “Other inmates called me all kinds of bad names and told me to kill myself on a daily basis for months and the officers did nothing to stop it. The officers actually provoked their behavior to continue and told details of my case to the other inmates. The inmates threatened to kick my ass when I made it to GP on the yard.”

PART V: RECOMMENDATIONS

International human rights authorities agree that solitary confinement should only be utilized in exceptional circumstances, as a last resort, and for the shortest period of time possible.⁵² The Nevada Department of Corrections' (NDOC) history of poor record keeping and vague answers to inquiries regarding segregated housing, coupled with stories from inmates within NDOC who have experienced the damaging effects of extreme isolation, make clear that there is a significant problem with the use of solitary confinement in Nevada prisons.

NDOC must work to severely limit the use of segregation and prohibit its use among vulnerable populations. It can achieve this by admitting there is a solitary confinement problem; auditing its use of solitary confinement; adopting stringent protocols for placing individuals in segregated housing; removing individuals with serious mental illness or developmental disabilities from segregated units; and improving overall conditions of solitary confinement.

Recommendation One: Admit There is a Problem

Real reform requires a change in institutional attitudes toward solitary confinement. The first step toward changing these attitudes is acknowledging that the widespread practice of extreme isolation exists in Nevada prisons.⁵³ Once this fact is acknowledged, NDOC can begin to train officers and other prison personnel on what comprises extreme isolation; its detrimental impact on individuals; when it is and is not necessary; and how to utilize other, less invasive behavioral interventions.

Recommendation Two: Audit the Use of Isolation within the NDOC

NDOC not only struggled with identifying which units qualify as segregated housing, but also with identifying who is in a particular type of segregation unit. In response to public records requests, NDOC stated it “[has] no ability to go back and figure out how many inmates were segregated at a given time. “Our computer system only shows where a person is housed, but not why they are housed there...we don’t have the ability to give demographics either,” nor could the department provide an estimate for the amount of time each individuals was placed in a segregation unit.

In order for NDOC to move forward with necessary reforms, it must have a global picture of the use of solitary confinement, at every level, within the system. This includes analyzing which and how many units qualify as extreme isolation units; the purpose for which an individual is placed in isolation; the mental health diagnosis of each individual in such units; whether the individual has developmental disabilities; the healthcare needs of the individual; the individual’s age, race, gender and other demographic information; how long each individual is in an isolation cell; the sentence term for each individual; etc.

This audit must be public and conducted by an independent committee or agency and aim at removing as many individuals as possible from solitary confinement.⁵⁴ It should further aim to provide the NDOC with strategies and systems to develop a uniform data system for tracking the use of solitary confinement.

Recommendation Three: Adopt Policies and Practices Designed to End Use of Long-Term Solitary Confinement

NDOC leadership and state policy makers must move toward an institutional policy where isolation is used only in exceptional circumstances and for the briefest period possible.

NDOC must establish a clear and objective system of protocols and safeguards for placing an individual in solitary confinement. Protections must ensure that a prisoner is separated only when officials have proven through specific and demonstrable evidence that the prisoner: (1) is chronically violent or assaultive, (2) presents a serious escape risk, or (3) otherwise poses a serious ongoing threat to prison safety and security or whose personal safety is at risk while in the general prison population.⁵⁵

If the department must isolate an individual, its policy must limit the time spent in isolation to 15 days.⁵⁶ The reason for isolation must be explained to the individual and the justification must be “increasingly detailed and compelling” as time goes on.⁵⁷

The department must establish procedures for review when placing an individual in solitary confinement. Best practices require a hearing before an impartial decision maker in accordance with ABA standards within 3 days of placement in segregation.⁵⁸

Finally, the department must address the 11 percent of the prison population currently in confinement. Those who have been in isolation for an extended period of time will struggle if immediately released back into the general population. The department must create step-down programs designed to incrementally reintegrate those individuals.

Recommendation Four: Remove Individuals with Serious Mental Illness and Developmental Disabilities from Solitary Confinement

The vast majority of inmates in the NDOC will eventually be released from prison and expected to lead productive, crime-free lives.⁵⁹ This task is incredibly challenging for a typically functioning individual, and even more challenging for an individual with serious mental illness or a developmental disability. The state's most vulnerable inmates face further mental deterioration when confined to a segregated unit. Treating these populations with out-of-cell interventions is necessary for the health and well-being of the formerly incarcerated individual and for the safety of the community.

Any individual with a qualifying mental health diagnosis or developmental disability should be immediately diverted to a psychiatric unit or other appropriate setting. If a diagnosis is unknown, NDOC should provide mental health screenings before placing an individual in isolation, placing an emphasis on treatment and long-term intervention.

Recommendation Five: Improve Overall Conditions in Solitary Confinement

In the exceptional case where solitary confinement is necessary, an individual is still entitled to basic human necessities. Again, most individuals in the Nevada prison system will be released to the street. Several individuals who responded to our survey have spent the majority of their prison term in an isolation cell and many may finish their term in confinement. Prolonged periods of confinement without access to certain basic interactions and stimuli can lead to serious anti-social tendencies which cause problems both in and out of prison.

Medical and mental health care is a right that cannot be denied regardless of housing status. Individuals ought to have regular physical and mental health screenings and access to fresh air for at least one hour a day.⁶⁰

Moreover, individuals should have access to educational opportunities and other programs to prepare themselves for their eventual release. They should not be deprived of sensory stimuli such as books, music, art supplies, etc., for extended periods of time. Nor should NDOC deny them access to their families who provide their sole connection to the outside world.

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- ² Hearing on H.R. 3194 Before the Advisory Commission on the Admin. of Just., 2013 Leg., 77th Sess. (Nv. 2013), available at <https://www.leg.state.nv.us/interim/77th2013/Committee/StatCom/ACAJ/Other/1-May-2014/MinutesDraft.pdf> at 23.
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- ⁴ “by having the discussion on today’s agenda, the Commission has complied with the requirements of SB 107...there is nothing additional in the statute requiring any affirmative action.” LCB staff <https://www.leg.state.nv.us/interim/77th2013/Committee/StatCom/ACAJ/Other/1-May-2014/MinutesDraft.pdf> at . 5
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⁴⁰Letter from Brooke Keast, *supra* note 20.

⁴¹Spinazola Presentation, *supra* note 16, at 4.

⁴²Nev. Rev. Stat. § 209.385 (2015).

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⁴⁵*Id.*

⁴⁶Anna Guy, *Locked Up and Locked Down: Segregation of Inmates with Mental Illness, Amplifying Voices of Inmates with Disabilities Prison Project* (Sept. 8, 2016), <http://avidprisonproject.org/>.

⁴⁷Fatos Kaba et al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, 104 *Am. J. Pub. Health* 442, 445 (2014).

⁴⁸Nev. Rev. Stat. § 209.387 (2015).

⁴⁹ABA Standards, *supra* note 37, at Standard 23-3.6(b).

⁵⁰Nev. Rev. Stat. § 209.381 (2015).

⁵¹Nev. Rev. Stat. § 209.371 (2015).

⁵²Manfred Nowak (Special Rapporteur of the Human Rights Council), *Interim Report of the Special on Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment* ¶ 83, U.N. Doc. A/63/175 (July 28, 2008).

⁵³See Minutes of the Advisory Commission on the Administration of Justice March 5, 2014, 2013-2014 Interim, 77th Sess. 22 (2014) (“Mr. McDaniel [Former Deputy Director of NDOC] said the definitions people made concerning solitary confinement versus protective segregation or disciplinary segregation did not apply to Nevada. He said they did not have solitary confinement in the Nevada Department of Corrections”); Letter from Brooke Keast, *supra* note 20 (“Many of your questions I cannot answer for the simple reason we do not have “Segregated Housing Units in the manner in which you are referring, with few exceptions...we do not have “solitary confinement,” “isolation” or any type of segregation that sequesters an inmate from others”).

⁵⁴Nevada to Join Study on Solitary Confinement in Prisons, KRNV (Dec. 20, 2016), <http://mynews4.com/news/local/nevada-to-take-part-in-study-focused-on-prisons-solitary-confinement> (During the drafting of this report, the Vera Institute announced that Nevada was among five states selected for an in-depth study of solitary confinement within their prisons systems. This study will address many of the issues discussed in this report and poise the NDOC for reform).

⁵⁵See generally ABA Standards, *supra* note 37, at Standard 23-2.6(a), 23-2.7(a)(ii) Standard 23-5.5(b).

⁵⁶Méndez, *supra* note 1, at ¶ 26.

⁵⁷Méndez, *supra* note 1, at ¶ 34.

⁵⁸ABA Standards, *supra* note 37, at Standard 23-4.2(c)-(d).

⁵⁹Wesley Juhl, *Year of Big Changes Ahead for Nevada's Prison System, Corrections Chief Says*, *L.V.Rev. J.* (Jan. 9, 2017, 7:38 AM), <http://www.reviewjournal.com/news/politics-and-government/nevada/year-big-changes-ahead-nevada-s-prison-system-corrections-chief>.

⁶⁰Méndez, *supra* note 1, at ¶ 32.



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