



BRIAN SANDOVAL
Governor

JAMES DZURENDA
Director

BARBARA K. CEGAVSKE
Secretary of State

ADAM LAXALT
Attorney General

**STATE OF NEVADA
BOARD OF PRISON COMMISSIONERS**

MINUTES

The Board of Prison Commissioners held a public meeting on Thursday, March 1st, 2018.

The meeting began at 11:00 am 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 Laxalt

Department Attendees: James Dzurenda - Director; John Borrowman - Deputy Director Support Services; Kim Thomas - Deputy Director Programs; David Tristan - Deputy Director Prison Industries; Harold Wickham - Deputy Director Operations; Sheila Lambert, Policy, Programs and Grant Administrator, Robin Hager, Medical Administrator

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

2. Public Comment.

T. Harvey a Correctional Officer C/O at Northern Nevada Correctional Center discussed NDOC staff overtime issues and comments made at the last Interim Finance Committee meeting. He explained how mandatory overtime is implemented and the difficulties it presents to staff. C/O Harvey discussed the State of Nevada Audit Report. He said the department is handling the overtime crisis by running below minimum staffing and rewriting minimum staffing standards to eliminate overtime. He said this forces institutions to operate in an unsafe manner and lists several examples in his attached statement. C/O Harvey discussed the change of staffing at hospitals and believes this is putting the community at large in danger. He went on to discuss ways to improve morale and retention of staff by reverting to 12 hour shifts. He recommends recruiting at places such as local colleges and advertising more using social media and perhaps hiring a professional recruiter. [Item 2 a Exhibit](#)

Amber Fryer a correctional officer at Northern Nevada Correctional Center said that correctional officers have been hidden and have been forgotten. She said vital positions have been cut such as 2nd officers in half of the housing units on any given day. She said fights are becoming more common on the yard due to the stress of lower staffing levels. She discussed other correctional officers across the country who have been recently killed. She said without the towers being staffed there will be no solid way to enforce perimeter security. She implored the Governor to change the staffing back to 12 hour positions from 8 hour ones.

Kristin Blaise Lobato introduced herself and explained that she had recently been exonerated after 16 years of wrongful imprisonment. She said she has a unique perspective on things happening inside the prison that they may not be aware of. She gave the example of not enough feminine products or toilet paper being issued to the inmates. She said although there are many good, decent officers, there are several that take it upon themselves

to change the rules and make people's lives Hell. She said there are not enough programs so something needs to be done with the budget to accommodate these things. [Item 2 b Exhibit](#)

Mercedes Maharis brought up the 1971 Stanford Project and that the template for prisons is incorrect and that's why everyone is suffering. She is requesting a think tank group to restructure everything from grievances to medical care including facilitating electronic medical records. Ms. Maharis is including records that a Mrs. Kollar sent to Senator Segerblom and is passing it on for your investigation. She also discussed problems with the inmate banking system and how money is deducted when it shouldn't be. She said inmate banking should be under federal or state banking regulations and should be audited. Ms. Maharis has included a new graph on inmate deaths from 2016 showing that 42% of the deaths were sex offenders and wants to know why this is the case as it's statistically questionable. She reminded everyone that some are innocent and in prison for the least infraction. She said she hopes and prays this template can be changed. [Item 2 c Exhibit](#)

Rolando Larraz the founder, publisher and Editor In Chief of the Las Vegas Tribune newspaper said this is the 1st time he has used this forum to speak to the Governor. He discussed how Kristin Lobato was incarcerated for 16 years because the court system was insistent in putting her as guilty. He said the least the State of Nevada can do is write an apology letter to this young lady for all that she has endured.

3. Acceptance and Approval of Minutes – August 30th, 2017 meeting. For Possible Action. (See Item 3 Exhibit) Attorney General Laxalt moved to approve the Minutes and Secretary of State Cegavske seconded the motion. 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 – Chief Medical Officer or designee – For Discussion Only. Ross Armstrong Deputy Administrator for Regulatory and Planning for the Division of Public and Behavioral Health testified on behalf of the acting Chief Medical Officer, Doctor Ravin. He explained the division conducts dietary and sanitation inspections of each NDOC facility each year and visit two prisons per year for full-blown medical surveys. Descriptions of what the surveys include our attached. He noted that any critical violations are corrected on-site, either before the Bureau of Health Care Quality and Compliance leaves or shortly thereafter. He noted that the presence of insects or rodents is the number 1 item most often cited, followed by improperly labeled or stored chemicals, and equipment not sanitized. The heading of equipment not sanitized, is generally an equipment breakdown, not a staff or inmate issue of not sanitizing something. In reviewing historical trends of medical surveys, the highest citations tend to be: medication expiration, storage, and securing them, emergency supplies being unavailable and staff TB testing not being done in the proper time frame. He went on to explain that they have implemented an inmate nutritional adequacy tool. He said on page 7 the X's on the pages are good things, not bad things and through the inspections they have confirmed that all the facilities are following guidelines to ensure the nutritional adequacy for individuals. [Item 4 Exhibit](#)

Governor Sandoval asked for a better sense on how serious these citations are and what are the follow-ups? Mr. Ross stated they catch them before there is a critical issue. He said they find the same issues in the public and in the facilities on a regular basis. They found no more to be concerned about than what they find in the general public when they do their environmental inspections. He said he appreciated the seriousness and cooperation taken by NDOC staff. He said one item was fixed before they even left the culinary area. He explained they have an after action meeting. He clarified that the inspectors are always looking hard and will find something and as long as you don't keep finding the same issues over and over again that they are assured that it's taken care of. The Governor said he would be interested to see the follow-up. Mr. Ross explained inspections and follow-ups are done throughout the year. The culinary sanitary inspections are unannounced and the medical inspections are usually scheduled ahead of time. The Attorney General brought up page 3 and asked to compare to the past inspections; he wanted to know if this was a routine number of citations or spike. Mr. Ross said there were a total of 13 critical violations in 2017 and he will provide historical data for the future. Secretary of State Cegavske asked about medical and dental findings being addressed. Ross said he was not sure about the Ely and NNCC dental chair upholstery being repaired however all the rest were fixed. He said he will highlight what is fixed on the information they provide in the future. Director Dzurenda added that the new dental chairs were

ordered immediately; however, he was not sure if they came in yet. He also explained that NDOC has contracted exterminators that monitor the kinds of insects and rodents that come out depending on the season. He said they also go to facilities monthly using traps and sprays and will also go to a facility immediately when called. Director Dzurenda explained that each facility meets with the inspectors immediately after an inspection and work together to create an action plan to assure all issues are addressed.

5. Telemedicine update and information on the kiosk system for medical requests – Robin Hager, Medical Administrator – For Discussion Only. Ms. Hager said the telemedicine is used for HIV and Hepatitis C and that it works well and the inmates like it. She said the telemedicine's for G.I. issues didn't work well. Governor asked about the efficacy. Ms. Hager said a nurse attends the tele-meds with the inmates as well. She explained the broadband is okay for now however NDOC would like to expand the use of tele-med and would need more broadband to do so. Governor Sandoval said there is an opportunity for savings to the tax payers and increased safety. As he builds the budget for the next session he needs to know about the technology requests for expanding the system. He said this is an opportunity to enhance medical treatment for inmates. Ms. Hager said Renown has 40 specialties for which they could use telemedicine.

Secretary Cegavske said it's disheartening how long legislature has been talking about this technology and that implementing it is well worth it. She asked if NDOC is working with the university system for community colleges in rural areas. Director Dzurenda said he has not reached out to the universities on the broadband issues however he has been working with EITS and other public works organizations that are helping to figure out how to get funding for the next cycle. He said they are conducting video conferences, parole hearings, banking etc. at the same time daily which also uses up broadband. Secretary Cegavske said she believes if they reach out to the community colleges in the rural areas there may be a way for everyone to work together and bring this closer to being done correctly and within a proper timeline. The Governor asked about provision of medical services through the University of Nevada, Reno School of Medicine and project ECHO. Ms. Hager said she and Teresa Wickham, Chief of Nursing, have spoken with UNLV recently about tapping into their resources even to have their nursing students come work with them. They already have a deal in place with University of Nevada Reno for the same thing. Governor Sandoval stated it would benefit them as well as the NDOC and he would like to follow up on this at the next meeting. Governor Sandoval shared that his staff informed him that the Governor's Office Science Innovation and Technology is working with NDOC on solutions to increasing broadband at the rural prisons, including applying for federal grant this year to jumpstart telemedicine efforts.

Item 5 Exhibit

6. General update – James Dzurenda, Director – For Discussion Only. Director Dzurenda discussed changing the policy on how many correctional officers need to be present with inmates at the hospital. He said they did extensive research before changing the policy and now follow the same policy as the sheriffs and local police in Nevada as well as adding the extra roaming officer inside the hospital. He said this policy is also the same as used in Connecticut and New York. He pointed out that if the Warden sees a risk of only having one officer on a particular inmate they can use two correctional officers.

Director Dzurenda described how incident data is collected and reported. He also discussed moving PCN's from Ely State Prison and Lovelock Correctional Center where they can't fill them to the larger facilities that need them. Director Dzurenda explained that NDOC has eliminated 45 non-evidence-based programs. They have increased well over 45 evidence-based programs which impacts inmates releasing. He said they have reconnected with and created more joint reentry ventures with community wraparound services which reduces crime in the community. They have teamed up with Health and Human Services, local support groups like Hope For Prisoners and other advocate groups. Only activities were reduced, not programs. Director Dzurenda said he meets with Metro regularly to discuss trends, and to see what they can do to help reduce crimes in those areas by how were placing offenders back into the community, where they're going, and what services we are connecting them with. Director Dzurenda was told that felony arrests have been reduced by 20% since last June however there has been an increase in violent crimes. This should help lower NDOC's intake numbers however the inmates they are receiving are more violent so are a higher level of security. Director Dzurenda went on to discuss birth certificates stating since January 1st 1,500 inmates have asked for help getting their birth

certificates. Having birth certificates helps with DMV, jobs, and obtaining housing etc. when they release from prison. He said staff has met with the Director of Juvenile Services, the new Chief of Las Vegas Metro and the Consulate representatives from Mexico and Puerto Rico. The State of Nevada has been identified as the leading state by the Department of Justice for the 2nd Chance Reentry Grant as being the most progressive in changing behaviors, addictions, and reentry, than the other systems in the United States. NDOC is actually the forerunner to be able to do the training for other states on how to accomplish what we are doing. Those are the big impacts that reduce our population, which help reduce staff over time and increase safety for everyone.

Governor Sandoval thanked Correctional Officers Harvey and Fryer for speaking and said he has a great appreciation for staff. He said Nevada will not ever compromise the safety of staff but we have to figure things out and find a balance as the budget is \$20 million in the hole. Governor Sandoval said in his mind in terms of fixing this, everything is on the table. He stressed that no decision will be made to the detriment of a correctional officer. He wanted to assure on the record that there is always an analysis done 1st before implementing how something would affect the officers on the front line. Deputy Director Wickham apologized for the apparent miscommunication on the balancing act between our fiscal resources and the necessity to provide safety and security for the inmates, staff and community. He pointed out that the wardens have been empowered to monitor what is safe and what is not for the correctional officers and staff. He said he provided a great deal of discretion to the wardens and trusts their decisions. They've reduced recreational and yard time down to 50% in some cases and can do that temporarily but not long-term. The new Hospital staffing policy shows a reduction of overtime. Deputy Director Wickham told officers Harvey and Fryer he would be happy to speak with them about their issues and concerns. **Item 6 Exhibit**

7. Update on out of state beds – James Dzurenda, Director – For Discussion Only. Director Dzurenda said there are 197 inmates that are housed in Eloy, Arizona. Approximately 28 inmates were brought back from Arizona because they didn't fit the criteria properly. He said they are conducting video visitation. He's been told the inmates like the food better in Arizona as they have a contract with Hawaii and receive food there geared towards the Hawaiian inmate population. He said other than that they have the same access for everything else; medical, dental, parole board and grievances. Also they have a counselor from the State of Nevada working with them. Director Dzurenda said moving the inmates out of state has allowed the reconditioning of Southern Desert Correctional Center. Also ADA issues are being worked on at Northern Nevada Correctional Center. Governor Sandoval asked about the 2nd Chance Act. Director Dzurenda explained that the inmates in Arizona inmates are offered the same services they would receive in Nevada. He said there were a few fights in the beginning but this leveled out. Secretary Cegavske thanked Director for keeping them informed and asked if the inmate numbers have grown or stayed the same. Director Dzurenda said they staying at about 197 inmates in Arizona. Director Dzurenda said they have minimum beds available and are working on classifications to try and get more inmates to these minimum beds. **Item 7 Exhibit**
8. Regulatory Audits update – James Dzurenda, Director – For Discussion Only. Sheila Lambert discussed that a segregation audit as per AR 707 was completed and all facilities are compliant now. She discussed the AR 740 Grievance audit and said all staff has been audited. There was a southern Nevada contraband audit. The Governor asked if the grievance numbers are improving. Ms. Lambert said yes and also that the Deputy Directors are being audited again in June. Director Dzurenda pointed out that NDOC is working with the Las Vegas Supreme Court to develop a better grievance system for the future. **Item 8 Exhibit**
9. Administrative Regulations – James Dzurenda, Director – For Possible Action. (See Item 9 Exhibits) Director Dzurenda explained that all administrative regulations are sent out to staff twice for review before and AR is made temporary. Sheila Lambert reminded everyone that all AR's are vetted through the Attorney General's office as well. Director Dzurenda reported that he seeks the opinions of Nevada Correctional Association (NCA) and ASCME on the administrative regulations. NCA wanted to make AR 430 consistent to what the local police departments are doing; therefore, AR 430 was pulled to be worked on further and submitted at a future meeting. Director Dzurenda briefly discussed the administrative regulations. Chief Deputy Secretary of State Scott Anderson suggested that in AR 223 Inmate Organizational Fundraisers, 1, C; the clause "and have an active State of Nevada business license" be struck. Secretary of State Cegavske motioned to approve AR 223 with the

recommended change and the remaining administrative regulations and Attorney General Laxalt seconded the motion. Motion passed 3 to 0. [Link to AR section will be added](#)

10. Prison Industries update – per NRS 209.459 Employment of offenders: Report on potential impacts of new program; program for employment in services and manufacturing; submission of contract related to new program for approval – Dave Tristan, Deputy Director – For Possible Action. Deputy Director Tristan said there are 3 new industries they are recommending approval for. Erickson Framing NV, LLC, Terra Firma Organics, Inc., and Sewing Collection Inc. he introduced William Quenga, Marketing Coordinator, Silver State Industries and Diane Dastal, Chief of Financial Services, to make the presentation. Mr. Quenga said one contract is already in progress and the other 2 are still in the negotiation stage. He confirmed they’ve gone through the process of ensuring that they follow NRS 209.461 in obtaining impact studies and that they not displace any Nevada residents or businesses. Mrs. Dastal explained that they have obtained the approval of the Committee on Industrial Programs for the partnerships and that all of the necessary requirements for the new businesses have been satisfied. She said the next step is to obtain this board’s approval before the contracts are submitted to the board of examiners. She gave an overview of each company from the attached impact studies for new industries. [Item 10 Exhibit](#)

Governor Sandoval confirmed that the Committee on Industrial Programs members had reviewed impact studies. He then confirmed that these businesses would not be displacing workers in the community. Mr. Quenga also assured that the minimum custody inmates working at an industry outside of the facility would be accompanied by a correctional officer at all times and that the cost for this is built into the contract that does not cost the State of Nevada anything. Governor Sandoval complemented staff on finding these employers, jobs and training opportunities for the inmates. Attorney General Laxalt moved to approve and Secretary of State Cegavske seconded the motion. Motion passed 3 to 0.

11. Public Comment. Jojo Myers-Campos, State Broadband Development Manager for the Governor’s Office of Science Innovation and Technology (OSIT) said she is working with NDOC, EITS, and Renown on how they can provide better broadband. She believes they will have a robust telehealth system by 2025 or sooner. She explained that Steven Swabacker, NDOC’s Chief of IT/ISO, created a comprehensive spreadsheet of all facilities and what they’re getting as opposed to what they’re paying and is working with EITS to improve numbers. Ms. Myers-Campos said they are also working with CentryLink and Commnet looking at alternate ways to get increased broadband. She is proposing a pilot program between NDOC, EITS, and Renown.

12. Adjournment. Meeting was adjourned at 1:02 PM.

APPROVED THIS DAY, MONTH OF , 2017

GOVERNOR BRIAN SANDOVAL

SECRETARY OF STATE BARBARA K. CEGAVSKE

ATTORNEY GENERAL ADAM PAUL LAXALT

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

NEVADA DEPARTMENT OF CORRECTIONS
 BOARD OF PRISON COMMISSIONERS MEETING

March 1, 2018

Attendance Roster – Carson City, NV

	NAME (please print)	Organization	Request to Speak	
			Yes	No
1	TeJay Harvey	NDOC	X	
2	Ronda Larsen	NDOC		X
3	Bill Quency	NDOC-PT		
4	REHA A PAIZ	NDOC-PI		X
5	Diane Daxer	NDOC-PT		
6	Kathy Swain	NDOC		X
7	Chelsea Langley	NDOC		X
8	THERESE Wickham	NDOC		X
9	Harold Wickham	NDOC	X	
10	Perry A. Russell	NDOC		X
11	Ross Armstrong	DPBH	Item 4	
12	Chris Ferrari	Ferrari Pub. Affairs		X
13	James Dzurenda	NDOC	X	
14	Robin Hager	NDOC-Medical	X	
15	Ken BART	NDOC		X
16	Isidor Bacc	NDOC		X
17	William Hollman	NDOC		X
18	CODY Witt	Full Circle Nevada Services		X
19	GREGORY W. SMITH	PRIVATE		
20	John Burrows	NDOC		
	Dwayne Deal	NDOC		X
	Scott Anderson	SOS		X
	Jennifer Russell + Maria Tello-Mogena	SOS		X

NEVADA DEPARTMENT OF CORRECTIONS
 BOARD OF PRISON COMMISSIONERS MEETING
 March 1, 2018
 Attendance Roster – Las Vegas, NV

	NAME (please print)	Organization	Request to Speak	
			Yes	No
1	Cynthia Keller	NDOC		✓
2	DAVID TRISTAN	NDOC		
3	SHEILA LAMBERT	NDOC		
4	Kim Thomas	NDOC		✓
5	Craig Coplan	NV-CURE		✓
6	ERIAN MITCHELL	OSOT		✓
7	D. Randall Gimes	AGO-PS		✓
8	Marcos Puharis	Part of NV CURE	✓	
9	Barbara Cegavste	SOS		
10	Caroline Bateman	OAG		X
11	Michelle Rindels	NV Independent		
12	Adam Lexalt	AG		
13	Joye Taylor	—		✓
14	Shannon Leon			
15	Michelle Powell			✓
16	ROLANDO LARRAZ	LAS VEGAS TRIBUNE		
17	KIRSTIN Blaise Lobato		✓	
18				
19				
20				

U:16am

Board of prison commissioners,

Hello my name is T. Harvey and I am employed as a correctional officer at Northern Nevada Correctional Center. I would like to share a few thoughts regarding today's agenda. First I would like to express the extreme disappointment of myself and many of my fellow officers when after a recent IFC meeting we begin to see in the news that we are being accused of, "Gaming the system", "Feathering our nest" or, using the State as though it it's our own personal, "bottomless ATM". However those quotes were intended they were missing their mark. I personally have never been so close to leaving this department as I was last year; and that's including 5 years of pay freezes and furloughs.

Last year in seven months, from February through August, I was mandated to work overtime close to 40 times, that's nearly one and a half mandatory shifts per week where I wasn't allowed to go home to my family. I was on the graveyard shift, I'd wake up at 1PM spend a few hours with my family commute an hour, and arrive for work at 8:30 PM. I'd then work 8 hours till 5 AM, be mandated for another 8 hours and wouldn't arrive home till 2 PM the next day. For those adding it up, that's staying awake for over 24 hours. This was happening, one, two, and sometimes even three random days per week. For those that don't understand what a mandatory overtime is, it's when an officer is at the end of his or her 8 hour shift and then receives a call, usually about 45 minutes prior to the end of the shift, saying sorry you have to work another 8 hours. This means you can't leave or you risk losing your job for abandoning your post. I was mandatoried on my daughter's birthday, on my anniversary and when I had family visiting from out of town. I was once sent home because I arrived at work sick and reported I was too sick to stay for two full shifts; I was then informed that if I was too sick to work 16 hours I shouldn't report all. After 7 months of this I finally transferred from graveyard to dayshift where the overtime is at least spread amongst more staff.

I watched a brand new officer show up for work, walk into the gatehouse for the first time and be informed, "I hope you brought enough food for 16 hours because you won't be going home". Apparently by the look on his face he had not. I listened to an officer ask to be given a pass on their mandatory because they couldn't stay that day and be told, "If you don't like it then quit". I watched as a new officer that relocated from Arizona specifically for this job, was mandatoried so many times she could no longer find child care for her kids and had to quit and return to Arizona. We have another single parent who has had to send their child to school in an Uber, because refusing to work is not optional. So when we've given so much, and these accusations come out accusing us of "Gaming the system" it's like being unprepared for a slap in the face.

Since the Overtime finger has pointed our way it's left a few questions in my mind. First, in the State Of Nevada Audit Report under Scope and Methodology (page 15) it says, "We began the audit in February

2017". Overtime didn't start getting out of hand until February of 2017; I remember because my coworker and I had to quit carpooling because of overtime. So how does an official study get approved, financed, and commissioned the very same month overtime begins to become such a problem?

Second, the study also says that state wide we were short 192 positions in 2017 (pg 16) if you add the salaries alone of those funded positions it amounts to about \$13.5 million dollars and that's not even counting benefits and training for those officers. What has become of that money? Are we demanding reasons why these positions aren't being filled and making sure we're doing everything possible to fill them?

Regarding the recent news reports that state the overtime crisis has been quelled in one month- I'd like to explain how this is being accomplished. Number one- Department wide we are either running below minimum staffing or re-writing our minimum staffing standards to eliminate overtime. Last year at NNCC after receiving the Serious Mental Illness inmates from ELY, the Director approved staffing a second officer in units 4, 5, and 6. Unit 5 can house 180 inmates alone and is not safe to have a solo officer; this is stated in the ASCA study completed in 2015. Now those units are the first to be short staffed with a single officer. I have seen 6 Incident Reports documenting an order to go below minimum staffing at NNCC. In addition a SGT informed me that that number is underreported, and dropping below minimum standards is occurring more frequently than said. His opinion was that he is being forced to operate our institution in an unsafe manner in order to avoid overtime; after all when the Deputy Director sends out an institutional email that states "Overtime is not authorized unless it is justified to me and specifically approved by me or my designee", what SGT wants to have to explain their request to hire overtime to the Warden who then will have to explain it to the DDO? Ely's Incident Reports reads like a log for violating minimum staffing- Feb 26- 16 hours under, Feb 25th- 12 under, Feb 24th-12 under, Feb 23- 24 hours under minimum and it goes on and on. An officer from High Desert has told me they regularly go below minimum staffing often without limiting programs or even limiting lock down operations with solo staff. I have an email forwarded to me from an officer at Ely, from their Warden, that details how starting January 24 of 2018 they will begin shutting down one of their towers for 12 hours a day as well as lowering minimum staffing in their units. Ely now has more open yard time than ever before which should result in increased staffing not decreased. According to the ASCA study we need to be drastically increasing our staffing not cutting it. We are saving money at the expense of safety. A recent news article states- there have been no major disruptions to operations because of these cuts, I would add the word yet. A SGT in Pennsylvania was murdered last Monday for removing a towel blocking a window, something similar will happen in this State. That SGT at least had help coming, when we short minimum staffing there is no help coming, an officer may not be discovered missing until the next count.

Two other reasons overtime has dropped is because it's the beginning of the year and most people aren't taking vacation; also we are not yet conducting our annual In Service Training. Combined that's 15 officers a day we'll lose later in the year. Also we just received notice that our training is being restructured and we now have to complete 2 of our 5 days of training through computer based training while working our assigned post. I'm still trying to wrap my head around how I will complete ten, one and two hour courses, while simultaneously monitoring the safety and security of my unit as a solo officer.

My 4th point- At NNCC we are now sending a fraction of the amount of inmates to the hospital compared to last year. At one point last year we had ten inmates in the hospital and now we have almost none, how this is being accomplished and at what cost, I have no idea. 5- Lastly, staffing at the hospital, we are now staffing only one officer per inmate with a roving officer for up to 4 inmates. It's ironic that recently our DDO sent out an email reassuring staff that the department will not be jeopardizing safety and security in an effort to reign in overtime; my point is, nowhere else should be as important to maintain safety and security as in our community hospitals. If you short staff at the institution it's creating an unsafe environment but at least we have a fence, cutting staffing at the hospital is putting the community at large in danger. June 2017 Director Dzurenda sent out an email after two officers in Georgia were killed during transport, in his email he says to "not become complacent", and to "remember what and how we were trained". He says, "When transporting inmates, the officer who's in the position to struggle with an inmate should not have a sidearm ... Only an officer who is in a position to be able to ...view the entire scene of an incident should be armed to ensure a secure and safe environment." Then, a short six months later, DDO Wickham essentially creates an entirely new policy which leaves a single officer to supervise each inmate alone in the hospital. This is going against every bit of training we have ever received and is arming every officer at the hospital, eliminating the hands on officer Director Dzurenda refers to. We have no clear written set of instructions as to how the rover position is supposed to operate because our AR's and OP's don't reflect this change and the email creating this position is vague at best. It's not uncommon during the day for 4 inmates at the hospital to need to be in 4 different places at once. How is a roving officer supposed to be assisting with the movement of 4 inmates at once? The hospital will not accept that they have to delay surgery or other emergency procedures because we can't support the movement of our inmates. In actuality an armed officer will be forced to escort the inmate through the hospital alone opening him up to any number of security issues. Again this is not how we are trained to operate. DDO Wickham claims that AR 460.02 gives him the authority under special circumstances to reduce the amount of supervision for inmates in the hospital, however the one and only example AR 460 gives of a reduction in staff is if an inmate is in a coma, it doesn't say because of budget constraints we can cut staff at the hospital. If this is indeed the direction we want to take we should study how other agencies, if other agencies, institute solo officer coverage and how to best train for this practice.

My fellow officers have suggestions to improve moral and retention namely reverting to 12 hour shifts. I would also suggest our human resources implement an organized recruiting effort that includes recruiting publicly at places such as local colleges. We could also increase our advertising and social media efforts or perhaps even hire a professional recruiter. This job shouldn't be a hard sell if things are running the way they should be. Wrapping up I'd like to say I believe the DDO when he says he will not jeopardize the safe operations in our institutions, but unfortunately the actions I've outlined above do not speak the same words. I'm not here today because I'm trying to stir the pot and make everyone mad, I'm here because my conscious won't be clear if a life is lost and I have stood by and said nothing.

Thank you for allowing me to share.

C/O Harvey

My name is Kirstin Blaise Lobato. At the Board of Prison Commissioners meeting I shared with you some of my experience at FMWCC while wrongfully imprisoned for the last 16 years. I was exonerated and freed on January 3rd 2018. I wanted to express that conditions inside the prison are NOT what you think they are.

After listening to the Commission members speak I realized the need for my information is even greater than I thought. The problem isn't the AR's or the OPS the problem is the staff. Too many officers are disregarding the rules and regulations.

I recognize and understand your budget constraints. For everything from hygiene items being provided to officers being unhappy with their post and it creating the "trickle down" effect. You've got to find the money and the resources.

I'm including a couple of officers that are unprofessional, harass people every day, make their own rules and just generally abuse their positions.

Officer(s) Harrelson and Blount are constant problems yet maintain their posts. Following you will find specific instances that I have personally witnessed and/or experienced. I have not included any issues that are hearsay.

Harrelson

Enters the cell while people are using the toilet and opens the door for everyone in the pod to see.

Enters a cell while a person is sleeping and starts pulling their bedding and searching.

Harasses and singles out people she perceives to be "couples", berates them publicly – yells, cusses and will even leave her post to harass these people.

While she was the officer in G pod (the psyche pod) she would neglect and verbally abuse the inmates under her control.

She makes up her own rules for shower times and cell cleaning

Blount

Cusses and talks about sex.

Discusses gang activity/topics with certain inmates

In unit 4 (segregation) she stays in the bubble for shower time resulting in no one getting searched or handcuffed and they can move about the pod at will

She refused to bring me toilet paper but provided it to others. She picks and chooses who gets supplies and who doesn't.

This is by no means a complete list of issues. If you would like to discuss I can be reached at 702-994-2625

TO: Nevada State Board of Prison Commissioners

FROM: Mercedes Maharis MA MS MA, 1910 W Oakey Boulevard, Las Vegas, NV 89102

RE: 4 Items

DATE: 28 Feb 2018

Honorable Commissioners,

1) Attached is a letter that Ms. Kollar sent to Senator Segerblom. I am passing it on for your investigation and hopefully, a peaceful and just resolution.

2) Also attached is an email that I sent to inmate banking, no answer yet... about an intended gift coupon deposit that had problems. Why is it that correcting a deposit error is so difficult? The same issue happened years ago with J-Pay. Why doesn't inmate banking fall under state or federal banking regulations? I think that it needs to.

3) Ronald E. Jenkins 48209 (REJ) reported to me in June problems with his property after an Ely cell move, 1 of about how many, about 100 cell moves, since his incarceration. He reported that his TV was no longer working after his cell move, on or about 09 June 2018, plus, that other property was missing.

Senator Segerblom received a letter from the NDOC PIO, that REJ had a new TV, but, REJ reports to me that he still has no TV. Something is terribly wrong. This is the 2nd TV to go south. He was found not guilty of the charges that prompted this move, he reports.

What is being done to ensure better protection for prisoner property, so important to them... and very expensive for family, friends and sponsors to replace?

4) Attached is an update of the NV NDOC reported sex offender deaths. What is being done to bring this high percentage of deaths down in this small population? Are they being rehabilitated by specialists in the field in NDOC? I hope so, for the benefit of all.

Sincerely yours,



Mercedes Maharis MA MS MA
Past Director Nevada CURE
Lifetime Member CURE Washington DC
Nevada Chaplain

See: 3 attachments:

Kollar Email (2 pages) + *hand submitted docs at meeting*
NDOC Inmate Banking Email (2 pages)

NV Sex Offender Deaths and Total NV Prison Deaths 2007 - 2017

From: Danna Seidel [mailto:dseidel@tcilv.com]
Sent: Thursday, February 22, 2018 11:47 AM
To: Tick.Segerblom@sen.state.nv.us
Subject: NDOC - FMWCC

Dear Senator Tick Segerblom,

My name is Danna Kollar my inmate number is 1132566. I am currently on Residential Confinement from FMWCC. I am writing to see if I can get some problems solved. I am serving a 4-10 year sentence. On 8/11/2016 I was able to apply for the Residential Confinement program with NDOC. I was approved and finally released on 12/28/2016. I found a job right away and was working full time. I followed all the rules and was and am a model inmate. I am aware that while on Res-Con I am considered an inmate. Which is funny since they give you no tools to reach out to anyone for help.

On 2/28/17 I was picked up by my House Arrest Officer and simply told I had a major write from the prison and was taken directly back to FMWCC. I was given no explanation nor a phone call, I was arrested at work and returned to FMWCC. It took FMWCC 57 days to give me those charges (which were false). On 5/10/2017 I had a hearing and I was found not guilty. No system is in place to put an inmate that was in a program and did not violate or allegedly violated back into that program. So I had to reapply. I was released back into the Residential Confinement program on 7/21/2017.

I am writing for help. I have given no way to contact NDOC. I was simply told if I contacted anyone at NDOC I was in violation of the AR's. I know what happens if you violate an AR. I followed the rules. I never had a major write up, I worked and simply wanted to put this behind me. I programmed when I could. I was for the most part a model inmate. Even after my return I followed the chain of command. I wrote grievances, kites and asked for help.

When I was released on Res-Con the first time my release dates were as follows: PED 8/11/2018 MPR 10/25/18 EXP 2/21/2019. Find my shock that after I have worked full time from my re-release back in the program that my dates moved to: PED 8/11/2018 MPR 1/25/20019 EXP 6/30/2019.

I have no caseworker assigned to me. My parole officer doesn't really know that part of the program. I wrote several grievances while in prison that were never answered. I contacted Rhonda Larsen who told me I needed to speak with the Time Keeper Williams but I can't call because it's a violation. So let me get this straight. I am simply sit while my date moves away from me I lost over 4 months as of now. I just want to put this behind me. I work 2 jobs, I pay my fees and

always keep my appointments. I spent 5 months in prison that I shouldn't have. I lost my job, wages and time with my family. I was never in trouble before this nor will I ever be in trouble after this. I want to get this behind me. I want to get my dates corrected. I was told by NV Cure to reach out you. I violated no AR's but spent 5 months I didn't have to in prison. The prison violated 5 AR's and punishment what so ever. They can simple pick a person up and bring them back to prison for any reason they deem fair. Doesn't seem very fair to me. There is no program in place to reinstatement if this problem arises. Inmates are put thru an intake program and going to a Behavioral Modification Unit upon disposition of the allegations. The inmates that did violate that AR where already out into their program and sat in Medium Custody. Doesn't seem very fair. What recourse do I have. Oh yes Kites and wrote plenty, Grievances wrote plenty of those as well. I reached out the Warden, Assistant Warden, Lt, Caseworker, I filed a complaint with the attorney general, Also filed an administrative complaint for \$80,000. All of these avenues have gone unanswered.

HELP. I have attached all the paperwork that I have regarding this incident. I hope you can help me.

Thank you

Danna Kollar
5070 Tara Ave #102
Las Vegas, NV 89146
dannaseidel@mail.com

cc: file

Correction Request for NDOC Inmate Banking Deposit



Mercedes Maharis <mmaharis@gmail.com>

12/
4/1
7

to dhowry

Dear Ms. Howry,

I have been trying to find out how to correct an error in an Access Corrections online deposit made to Ronald E. Jenkins 48209, Ely State Prison.

The intent was for my deposit to go into his account as a gift coupon for \$250.00... not to go into the regular account where money can be deducted by NDOC, but, the deposit went into the regular account where money was deducted, he reports.

Please put the amount deducted by NDOC back into his gift coupon account, where it was intended to go.

I cannot find out how this error occurred. Access Corrections personnel cannot show me how this happened, because they have no record of how I filled out the deposit. Next time I will take a photo of each screen in the process! But, I am certain that I would have filled out gift coupon if a space to do so were there!

Your department phone staff told me to contact Access Corrections, that someone there would have to notify your department, that the deposit was meant to be a gift coupon deposit.

So, I put on record with Access Corrections customer service that I wished this to be a gift coupon deposit. After several calls, ultimately, Robert told me by phone "There is nothing that I can do about this deposit. NDOC already knows this." He said that there is nothing that Access could do about it because it was already posted.

As his sponsors, my husband and I have made deposits only during NDOC gift coupon periods in NDOC for Ronald E. Jenkins 48209 for many years... always during the gift period.

Please review our deposit history for him personally. You will see our pattern of always depositing money for him during the gift coupon periods so that he would receive the entire amount.

In closing, as head of inmate banking, which the NDOC operator told me you are, will you kindly use your power to move the entire \$250 back into Ronald E. Jenkins' 48209 gift coupon account?

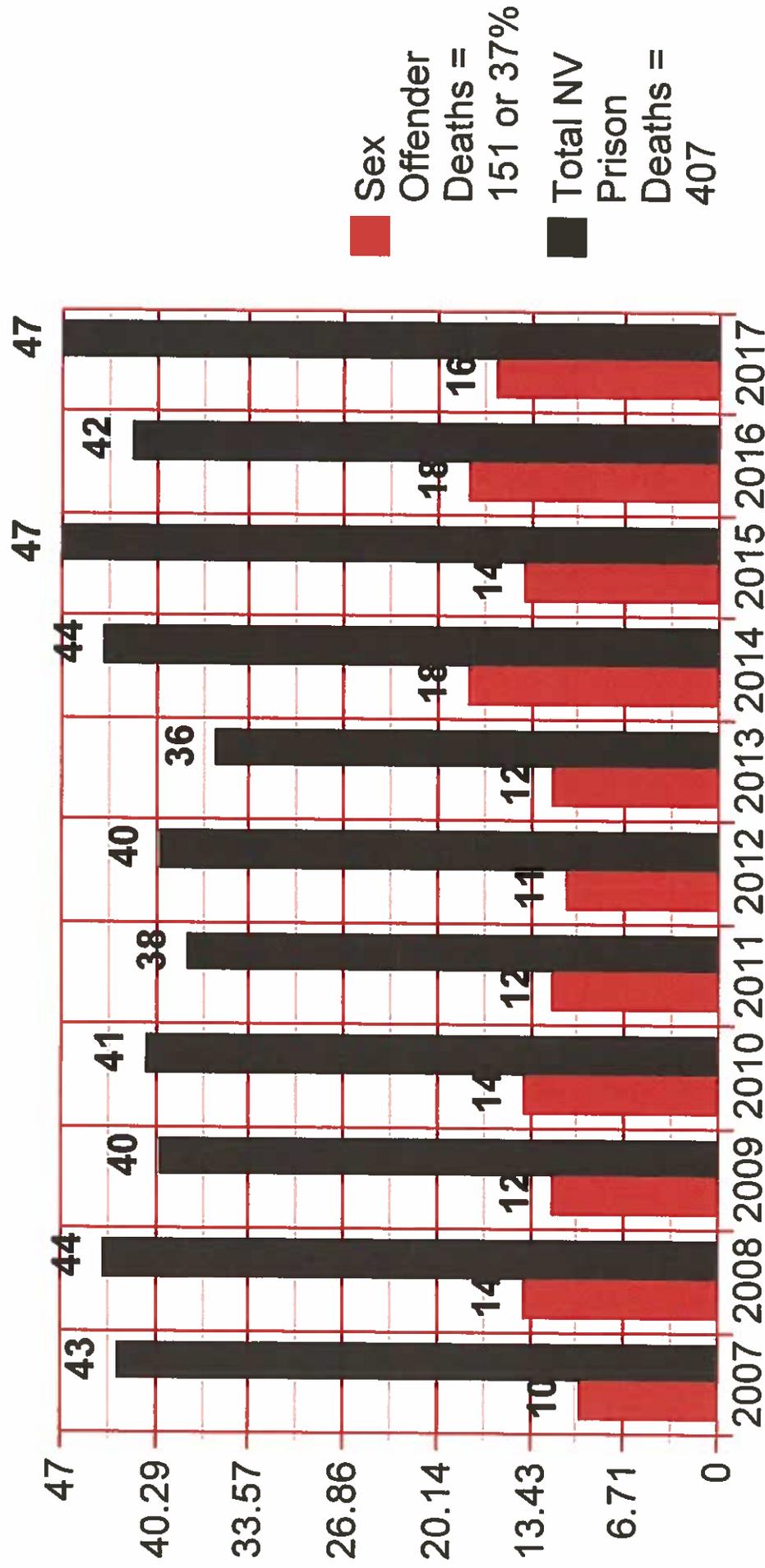
If you do not have the power to do so, please inform me who can.

Money is precious for prisoners, every dime, so, please help get it all to him, as was the original intent. We will appreciate it.

Please respond within 5 business days.

Thank you for all you do.

NV Sex Offender Deaths and Total NV Prison Deaths 2007 - 2017



Sex Offender Deaths: 2007 = 23%; 2008 = 32%; 2009 = 30%; 2010 = 34%; 2011 = 28%; 2012 = 33%; 2013 = 33%; 2014 = 41%; 2015 = 30%; 2016 = 43%; 2017 = 34%

Data Source: NV LCB and NDOC; Disclaimer: Nevada may have more current or accurate information, therefore, we make no warranties or guarantees about the accuracy, completeness, or adequacy of the information contained in this document.

> From: "Danna Seidel" <dannaseidel@mail.com>

> Date: October 13, 2017 at 1:53 PM

> To: ig@doc.nv.gov

> Subject: complaint Ndoc

>

> My name is Danna Kollar #1132566, I am currently in the residential confinement. I have unusual circumstance regarding my program. I was released on Residential Confinement on 12/28/16. I adhered to all the rules given to me by Parole and Probation. On 2/28/17 I was arrested while at my place of employment and taken directly back to FMWCC. I was given no reason other than I did not violate with Parole and Probation. I also was given no phone call. I was simply put into the intake system.

>

> Two days later I was taken to an office with the AWO, AWP, and 3 caseworkers. During this interview they stated I violated two A/Rs and I had 2 major write up pending (while I was on Residential Confinement). I was simply told MJ 31 and MJ52. After this brief encounter I was taken back to the intake unit (10). I stayed in intake for a little over 30 days.

>

> Upon release into GP (which only lasted 1 day), I was put in the BMU (Behavioral Modification Unit). I still did not know why I was taken back to prison out of my program only that I had these write ups. I wrote a kite to the Caseworker, AWO, and finally the Warden. 57 days after my arrest I finally learned the nature of the problem. I was arrested because another inmate had written a letter (supposedly to me) and the letter was returned her. I lost my program because of another inmate. The guard (Ms. Weston) wrote me 17 days after the fact. However, MJ 31 states (The unauthorized or inappropriate use of telephone, mail, computer, or supplies). Simply stated it means to be charged with this I have to miss use the device). I never wrote any letters and of course the letter in question was returned to sender so I did not receive any letters.

>

> A/R 707 clearly states the following:

>

>

> 707.01 #2 - Disciplinary action should be taken as soon after the misconduct as is practical. (I was not given any notice of charges for 57 days after my arrest and no action was taken for 17 days after the incident).

>

> 707.01 #3 - Disciplinary shall be applied in an impartial and consistent manner. (The others involved in this incident not only were given their charges right away they were moved from JCC to CGTH. I was not only arrested and taken to FMWCC, I was not given my charges for almost 2 months. I was taken to BMU and was there for 6 weeks after my 30 days in intake.

>

>

> 707.01 #11 #A - Only one charge per incident will be assigned to the inmate on the Notice of Charges from NDOC 3017. There were 2 charges that were applied.

>

>

> 707.01 #11 #C - No additional charges will be added. Charges will not be stacked. The charges were stacked with 2 major violations.

>

>

> 707.01 #11 #G - The designated Preliminary Hearing Officer shall serve notice within 15-calendar days of the date of discovery of the violation. No notice of charges were given for 2 months.

>

> I filed 2 grievances while I was at FMWCC. Both were never returned to me. One was while I was in the BMU unit and it sat in the box in the unit for over 20 days. When I asked about the grievances in the box the next day the box was taken down.

>

> I finally received my charges 57 days after the fact. I received my hearing on time and the MG 52 with dismissed due to stacked charges and I was found not guilty on the MJ31.

>

> So after all this I was not guilty, I wasn't given any notice that I had charges. Why can't the NOC's be given to an inmate on Residential Confinement while they are still in the program. How can such a tragedy like me being arrested, losing my job, being sent back to prison all for a misunderstanding. Then when I was found not guilty I could not be reinstated. I didn't get back into my program until July 21, 2017. Almost 5 months after the fact. I had to reapply for Residential Confinement. I lost wages, and was sent back to prison of no fault of my own. I DID NOT violate any rule or regulation. I was simply arrested and sent to sit in prison for 5 months because of one write up which was written incorrectly and correct procedures weren't followed. I lost my program because of this.

>

> I asked for compensation in my grievance which was never heard at FMWCC and still I have no response to that. I appreciate your help regarding this matter.

>

> Sincerely,

>

>

> Danna Kollar #1132566

> 5070 Tara Ave #102

> Las Vegas, Nevada 89146

Log Number _____

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE

NAME: Danna Kellar I.D. NUMBER: 1132566

INSTITUTION: FMWCC UNIT: 8R-209B

GRIEVANT'S STATEMENT: On 5/10/2017 @ 3:57pm I had my disciplinary hearing OIC # 422277 and was found not guilty. Attached is my 1st informal grievance that was never heard stating I was innocent from the onset. I was arrested from my House Arrest program on 2/28/17 and wasn't given the work ups or

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 5/14/17 TIME: 9:13am

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____ TIME: _____

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

___ GRIEVANCE UPHELD ___ GRIEVANCE DENIED ___ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: _____ DATE: _____

___ INMATE AGREES ___ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

- Original: To inmate when complete, or attached to formal grievance
- Canary: To Grievance Coordinator
- Pink: Inmate's receipt when formal grievance filed
- Gold: Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Danna Kollar I.D. NUMBER: 1132566

INSTITUTION: FMWCC UNIT #: 8R-209B

GRIEVANCE #: _____ GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

even given any paper work until 4/25/17 (56 days after my arrest). I was found not guilty. When I left on House Arrest on 12/28/17 my PED was 8/11/18 my MPR was 10/25/18 and my EXP was 2/21/19. Now my PED is 8/11/18 my MPR is 1/25/19 and my EXP is 6/30/19. I clearly did nothing to violate my program and have spent 75 days losing days. I am sure there are more days I'm losing since it will take another 30-90 days to get my program to approve me again.

REMEDY

REINSTATE my MPR to 10/25/18 and Ex 2/21/19. I should lose no time since I was found not guilty on my charges.

Thank you

Original: Attached to Grievance
Pink: Inmate's Copy



**State of Nevada
Department of Corrections**

**DISCIPLINARY FORM I
NOTICE OF CHARGES**

INMATE INFORMATION **VIOLATION INFORMATION**

INMATE NAME: KOLLAR, DANNA 1132566
CURRENT LOCATION: SNWCC-U7-P-207-A; :NC
OIC#: 422277

CHARGING EMPLOYEE: C/O Weston, T
DATE OF INCIDENT: 02/11/2017
DATE CHARGES WRITTEN: 02/28/2017

CHARGES AND EVIDENCE

Chrg	Description	Evidence	Evidence Disposition
MJ31:	Unauthorized use equipment or mail		
MJ52:	Refusal to Participate		

REPORT OF VIOLATION

On February 16th 2017, at Jean Conservation Camp while working my regular shift (21:00-06:00) I correctional officer (C/O) Weston, called inmate Gayton B.#1114134 to admin. approximately 21:45 to ask her about a letter she was sending out to the address L. Seldel P.O. Box 370411 Lv. Nv. 89134, because of possible unauthorized inmate to inmate correspondence. When I asked inmate Gayton B.#1114134 who she was writing, she stated that it was just a pen pal. I C/O Weston advised her to open her letter to show what she was sending out and inside the envelope was a letter that was returned to sender to inmate Gayton B.#1114134 around February 6th 2017 with the address Dagny Seldel P.O. Box 370411 Las Vegas, NV.89137. There was also a second letter in the envelope stating "As you can see your letter came back. I have the right address and after talking to Pam (inmate Cirull P.#1127690) she said send it L. Seldel Not Dagny. Hope it works this time."

I C/O Weston also noticed in the return to sender letter inmate Gayton B.#1114134 states "It was nice to hear from you. I sent a letter with Pam (inmate Cirull P.#1127690) and I think they crossed over the one you sent to me." she also states in this letter "We got a bunkie (Rene) in your bunk." This "Rene" is referring to inmate Austin R.#1165072 assigned to 1A-6D who paroled on the 6th of February. After doing a search of who was in that bunk prior to inmate Austin R.#1165072. I C/O Weston found that it was inmate Kolar D.#1132566 aka Seldel, that was assigned to the bunk 1A-6D and left Jcc on Residential Confinement on December 28th 2016. After reading both letters it's obvious that inmate Gayton B.#1114134 is corresponding with someone who has lived at Jcc. I C/O Weston did ask inmate Gayton B.#1114134 several times who she was writing and even advised her that it's obvious she was writing an inmate. Inmate Gayton B.#1114134 still insisted that she was just writing a pen pal. Copy and original of letter will be attached to this report. End of Report.

CHARGING EMPLOYEE SIGNATURE **SUPERVISOR SIGNATURE**

[Handwritten Signature] *[Handwritten Signature]*

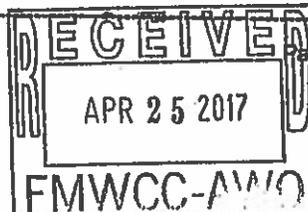
SERVICE OF NOTICE OF CHARGES **DISTRIBUTION**

DATE OF SERVICE: 4/25/17 **TIME OF SERVICE:** 1504
PRINTED NAME OF HEARING OFFICER: S/O Melchior
SIGNATURE OF HEARING OFFICER: S/O hr
SIGNATURE OF INMATE: _____

- Primary Hearing Officer (Original)
- Charging employee (Copy)
- Inmate (Copy)

(Signature indicates receipt of notice only. It is not a plea; refusal to sign should be noted)

Report Name: NVRNOC
Reference Name: NOTIS-RPT-OR-0061.2
Run Date: APR-24-17 01:39 PM





State of Nevada Department of Corrections

DISCIPLINARY FORM II SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION

INMATE INFORMATION		HEARING INFORMATION	
INMATE NAME: KOLLAR, DANNA 1132566	DATE OF HEARING: 04/25/2017	TIME OF HEARING: 03:12 pm	
CURRENT LOCATION: SNWCC-U7-P-207-A; : NC	NAME OF HEARING OFFICER: MEDEIROS, DEAN	DATE OF SERVICE OF NOTICE OF CHARGES: 04/25/2017	
OIC#: 422277	WAVE HEARING: N	REFUSE TO SIGN: N	
WAVE PREPARATION: N	IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCE: Received late		

Offcn	Description	Plea	CHARGES
MJ31	Unauthorized use equipment or mail	Not Guilty	
MJ52	Refusal to Participate	Not Guilty	

PRELIMINARY STATEMENT OF OFFENDER
I didn't communicate with this inmate by mail or by phone.

PRELIMINARY INSTITUTION PRESENTATION
Inmate Cirul #1127690 had other inmates letters in her out going mail that was returned as a return to sender. Inmate Gayton, B #1114134 was one letter that was inside the envelope

Chrg	Description	RCRtr	Description	Finding
MJ31	Unauthorized use equipment or mail	MJ31	Unauthorized use equipment or mail	Refer to Disciplinary Hearing Refer to Disciplinary Hearing
MJ52	Refusal to Participate	MJ52	Refusal to Participate	

RESULTS OF INFORMAL SUMMARY HEARING					
Line	Description	Mins	Days	Eff Date	Eff Date
EVIDENCE REVIEWED ON FOR PRELIMINARY HEARING					
Date	User Name	Statement	SSN	Rest Act	Parity Comment
04/25/2017	SC/O Medeiros	Officer's report and severity of charges.			

ADVISMENT TO DISCIPLINARY COMMITTEE
Counsel Substitute Requested: No Name of Counsel Substitute:

Witness Decision Justification: None requested

WITNESS INFORMATION			
Name	NOCCID#	Decision	Reason



**State of Nevada
Department of Corrections**

**DISCIPLINARY FORM III
SUMMARY OF DISCIPLINARY HEARING**

INMATE INFORMATION	HEARING INFORMATION
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INMATE NAME: KOLLAR, DANNA 1132586 CURRENT LOCATION: SNWCC-U7-P-207-A; ; NC LOCATION OF INCIDENT: JEAN CONSERVATION CAMP OIC#: 422277	DATE OF HEARING: 05/10/2017 TIME OF HEARING: 03:57 pm NAME OF HEARING OFFICER: HOLMES, WILLONTRAY DATE OF SERVICE OF NOTICE OF CHARGES: 04/11/2017 CHARGING EMPLOYEE: AGUILAR, KATIE
--	--

IF PLATE PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCE

Disciplinary Hearing

CHARGES AND PLEAS	ADDITIONAL HEARING INFORMATION
-------------------	--------------------------------

CHRG	Description	Plea
MJ31	Unauthorized use equipment or mail	Not Guilty
MJ52	Refusal to Participate	Dismissed

Counsel Substitute Requested:
 Name of Counsel Substitute:
 Proceeding Recorded: X
 Stat Forfeiture Possible: X
 Potential Category:
 Offender Cautioned Regarding Possible Criminal Charges and Right to Remain Silent:

WITNESS INFORMATION

Witness Decision Justification: Inmate was asked and did not want a witness.

Name	NDCC/ID#	Decision	Reason	Title
------	----------	----------	--------	-------

CONFIDENTIAL INFORMATION (CI) CHECKLIST (BOTH A & B MUST BE YES TO RELY ON CI)

A CI RELIABLE **CHECK AT LEAST ONE BOX BELOW**

INVESTIGATION OFFICER TESTIFIES PERSONALLY AS TO THE TRUTHFULNESS OF THE CONFIDENTIAL INFORMATION IN HIS REPORT.
 CORROBORATING TESTIMONY
 DISCIPLINARY CHAIR HAS FIRST HAND KNOWLEDGE OF SOURCE AND SOURCE HAS BEEN RELIABLE IN THE PAST
 IN-CAMERA REVIEW OF DOCUMENTS FOUND RELIABLE

B STATEMENT BY CORRECTIONAL OFFICIAL: SAFETY PREVENTS DISCLOSURE OF CI

DISCIPLINARY STATEMENT OF OFFENDER

Inmate provided a written statement and plead not guilty.

INSTITUTION PRESENTATION

On 2/11/17 It was alleged that inmate Kolar had unauthorized use of the mail system.

EVIDENCE RELIED ON FOR DISCIPLINARY HEARING



**State of Nevada
Department of Corrections**

**DISCIPLINARY FORM III
SUMMARY OF DISCIPLINARY HEARING**

INMATE INFORMATION		HEARING INFORMATION	
INMATE NAME:	KOLLAR, DANNA 1132566	DATE OF HEARING	05/10/2017
CURRENT LOCATION:	SNWCC-U7-P-207-A; : NC	TIME OF HEARING	03:57 pm
LOCATION OF INCIDENT	JEAN CONSERVATION CAMP	NAME OF HEARING OFFICER:	HOLMES, WILLONTRAY
OIC#:	422277	DATE OF SERVICE OF NOTICE OF CHARGES:	04/11/2017
		CHARGING EMPLOYEE:	AGUILAR, KATIE

EVIDENCE RELIED ON FOR DISCIPLINARY HEARING

Date	UserName	Statement
05/10/2017	LI Holmes	<p>Evidence relied upon; Written report of Correctional Officer Weston, inmate plea and statement. Inmate D. Kollar #1132566 plead not guilty and was advised that she has the right to appeal to the Warden via the grievance process within 10 days of this hearing.</p> <p>Rational/Justification; The Notice of Charges (NOC) written is clear and concise however it does not support the charge of MJ31 Unauthorized use of Mail. Per AR 707 only one charge per incident will be assigned to the NOC, the charge of MJ52 Refusal to Participate is dismissed. The NOC written does not clearly articulate the violation of the rules (MJ31) on the behalf of Inmate Kollar. There was no evidence collected/attached to the NOC or the IR-2017-JCC-000037 to support the unauthorized use of mail. The NOC was written on 2/28/17, seventeen days after the allege violation. There was no written justification as to why the NOC was completed two weeks after the date of incident. Based on this information/lack of evidence Kollar plead not guilty and was found not guilty.</p> <p>Restitution; Restitution as needed.</p> <p>Evidence disposal; There are no evidence issues for this incident.</p> <p>Disciplinary Committee; LI W. Holmes, CCSIII Ruebart, Officer Bird</p>



**State of Nevada
Department of Corrections**

**DISCIPLINARY FORM III
SUMMARY OF DISCIPLINARY HEARING**

INMATE INFORMATION		HEARING INFORMATION	
INMATE NAME:	KOLLAR, DANNA 1132588	DATE OF HEARING:	05/10/2017
CURRENT LOCATION:	SNWCC-U7-P-207-A; ; NC	TIME OF HEARING:	03:57 pm
LOCATION OF INCIDENT:	JEAN CONSERVATION CAMP	NAME OF HEARING OFFICER:	HOLMES, WILLONTRAY
OIC#:	422277	DATE OF SERVICE OF NOTICE OF CHARGES:	04/11/2017
		CHARGING EMPLOYEE:	AGUILAR, KATIE

DISCIPLINARY HEARING ACTION				
Chrg	Description	RMtg	Description	Finding
MJ31	Unauthorized use equipment or mail	MJ31	Unauthorized use equipment or mail	Not Guilty
MJ31	Unauthorized use equipment or mail	MJ31	Unauthorized use equipment or mail	Refer to Disciplinary Hearing
MJ52	Refusal to Participate	MJ52	Refusal to Participate	Dismissed
MJ52	Refusal to Participate	MJ52	Refusal to Participate	Refer to Disciplinary Hearing

RESULTS OF DISCIPLINARY HEARING

Line	Description	Mins	Days	End Date	End Date	SSL	Req/Act	Penalty	Comment
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ANCILLARY INFORMATION AND INSTRUCTIONS

- STAT FORFEITURE REFERRAL
- RECOMMENDED CATEGORY
- POST DISCIPLINARY CLASSIFICATION

HEARING QUESTIONS:	HEARING ANSWERS:
--------------------	------------------

Inmate Defendant Present?	Yes
Counsel Substitute Requested	No
Slat forfeiture possible?	Yes
Proceedings Recorded?	Yes
Slat Referral Sent	No
Recommended Category?	Cat A
Potential Category?	CAT A
Cautioned for Possible Criminal Charges?	No
Reminded of Right to Remain Silent?	No
Parole Board Referral?	No



**State of Nevada
Department of Corrections**

**DISCIPLINARY FORM III
SUMMARY OF DISCIPLINARY HEARING**

INMATE INFORMATION	HEARING INFORMATION
--------------------	---------------------

INMATE NAME: KOLLAR, DANNA 1132566	DATE OF HEARING 05/10/2017 TIME OF HEARING 03:57 pm
CURRENT LOCATION: SNWCC-U7-P-207-A; : NC	NAME OF HEARING OFFICER: HOLMES, WILLONTRAY
LOCATION OF INCIDENT JEAN CONSERVATION CAMP	DATE OF SERVICE OF NOTICE OF CHARGES: 04/11/2017
OIC#: 422277	CHARGING EMPLOYEE: AGUILAR, KATIE

Post Disciplinary Classification?	No
Director Review Required?	No
Does the offender want a witness	Was asked and does not want a witness

SIGNATURES AND RECEIPT	DISTRIBUTION
------------------------	--------------

DATE OF SERVICE: _____ TIME OF SERVICE: _____	I-FILE (Original)
PRINTED NAME OF HEARING OFFICER _____	Inmate Services (Copy)
SIGNATURE OF HEARING OFFICER _____	Inmate (Copy)
SIGNATURE OF INMATE _____	
<small>(Signature indicates receipt only. It is not a plea; refusal to sign should be noted)</small>	
WARDEN/DESIGNEE _____	

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Danna Kollar I.D. NUMBER: 1132566

INSTITUTION: FMWCC UNIT #: 7P-207-A

GRIEVANCE #: _____ GRIEVANCE LEVEL: IF

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 6

to FMWCC and put through the intake process. On 3/2/17 at about 9:15am I was brought to an office with AWO Piccinni, AWO Garcia, Mr. Amador, Mr. Kunt, and Mr. ^{Daniel} ~~Ferris~~. They asked what my violation was. I told them I did not violate my program. Confused Mr. Kunt searched the computer and stated I had two write-ups. (1) Miss use of a device and (2) Failure to program. There were no questions asked, I was simply ^{was} taken back to intake. I stayed in intake until my classification on 4/4/17. Mr. Rupert and Dr. Mabry were in attendance. I was classified a level 2. I asked again what brought me back here and why I haven't heard anything. Mr. Rupert said he would get right on it and get back to me. I was taken to 3B. On 4/6/17 I was brought into the counselors office and simply told I had pending write-ups and was I was a level 3 and would be going to Unit 7. How in the hell

Original: Attached to Grievance
Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Danna Kollar I.D. NUMBER: 1132566

INSTITUTION: FMWCC UNIT #: 71-207-A

GRIEVANCE #: _____ GRIEVANCE LEVEL: IF

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 6

48 hours I could go from Level 2 to Level 3 when nothing had changed? I again asked Mr Robert I haven't been given my Notice of Charges - sending me to Unit 7 seems unfair. I also stated it had been over 30 days and I still don't even know why I'm back here let alone have to go to Unit 7. At this point I still don't know why I was arrested and taken to FMWCC for write-ups. At ~~5pm~~^{about 5pm} the same day Lt. Holmes came into the unit and I spoke to him about my situation. He took me into an office and read bits and pieces of those write-ups. Needless to say I was stunned. I told him under no circumstances did I do this. I did nothing wrong to warrant this write-up and he stated he would get to the bottom of it. Now over 2 weeks have gone by, I'm still in Unit 7 and still haven't been told or given anything.

Original: Attached to Grievance
Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Danna Kollar I.D. NUMBER: 1132566

INSTITUTION: FMWCC UNIT #: 7P-207-A

GRIEVANCE #: _____ GRIEVANCE LEVEL: IF

GRIEVANT'S STATEMENT CONTINUATION: PG. 4 OF 6

On 4/12/17 I sent a letter to AUM Pirrianni also asking
for help regarding this matter (see attached). I still
haven't received any response.

The A/P 707 is clear the inmate is to be given a prelimi-
nary review of charges which I was given on 3/2/17. Next
step within 10 calendar days a Notice of Charges should be
given and the final step within 24 to 30 ^{WORKS} days of that step
a Hearing - both of which have not been done.

I can only be responsible for one person and that is myself.
I can't be responsible for what other inmates do. They can
be vindictive or jealous or both. I gave no one my
address except for JCC case worker, NIDOC and P+P. I
did not write to anyone nor did I receive any letters.
Nor did I ask to be written to.

I was on House Arrest, I found a job within 2 weeks of
my release. I was working, paying restitution, house arrest

Original: Attached to Grievance
Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Danna Kollar I.D. NUMBER: 11325166

INSTITUTION: FMWCC UNIT #: 7P707-A

GRIEVANCE #: _____ GRIEVANCE LEVEL: IF

GRIEVANT'S STATEMENT CONTINUATION: PG. 5 OF 6

fees, and PIP fees on time. I checked in on the required
days and did what was asked of me. I was always there
where I was suppose to be.

Being taken back into custody without so much of an
reason why seems a bit extreme. If the investigation was
ongoing the arrest seems premature. I was arrested at my
place of employment and brought straight to FMWCC
without even a phone call.

I have asked on several occasions regarding my situation
with no follow-up or closure. I sit in Unit 7 as a level 3
inmate.

I have done over 30 months with no problems, I
follow the rules, and stay out of trouble, I worked and
programmed when I could. The A/P's are there to protect
the inmates and staff, but in my case I believe a
huge injustice as been done. I was brought back to

Original: Attached to Grievance
Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Danna Kollar I.D. NUMBER: 1132566

INSTITUTION: FMWCC UNIT #: 7P-207-A

GRIEVANCE #: _____ GRIEVANCE LEVEL: IF

GRIEVANT'S STATEMENT CONTINUATION: PG. 6 OF 6

to FMWCC and ^{DK}exhaustion ~~about~~. It's been 52 days
and NOTHING has been done.

REMEDY:

- 1) Dismiss all charges
- 2) Move me out of Unit 7 into G.P
- 3) Re-instate my Residential Confinement Program.

I appreciate your time regarding this matter.

D. Kollar 1132566

Original: Attached to Grievance
Pink: Inmate's Copy

**NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE CLAIM FORM**

THIS FORM MUST BE COMPLETED PER NRS 41.036, 41.0322,
209.243 AND ADMINISTRATIVE REGULATION 740

DO NOT SEND DIRECTLY TO ATTORNEY GENERAL'S OFFICE,
BOARD OF EXAMINERS, OR DIRECTOR

This form is to be attached to your grievance form for any injuries or any other claim (except property) arising out of a tort alleged to have occurred during your incarceration as a result of an act or omission of the Department of Corrections or any of its agents, former officers, employees or contractors.

The following information is necessary to fairly evaluate your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. You may submit additional evidence if available. Such additional evidence will be returned.

CLAIM IN THE AMOUNT OF \$ 80,000.⁰⁰ is hereby made against the Department of Corrections, based upon the following facts:

1. NAME OF CLAIMANT (Please print full name) <u>Danna Kollar</u>	2. I.D. # <u>1132566</u>	3. INSTITUTION <u>FMWCC</u>
4. AMOUNT OF CLAIM <u>80,000.⁰⁰</u>	5. DATE AND DAY OF OCCURRENCE <u>2/28/17</u>	6. TIME (a.m. or p.m.) <u>approx 11:30am</u>
7. PLACE OF OCCURRENCE <u>2035 E Windmill Lane Las Vegas NV 89123</u>		

DOC 3095 (12/01)

8. Describe here, in complete detail, exactly how your claim loss or damage occurred and why you believe the institution is responsible or liable:

NDOC arrested me out of my Res. confinement program for
an alleged violation OIC # 422277. Date of incident 2/11/17 and my
arrest date were 17 days apart. A write up should be immediate
according to the AIR. I also waited until 4/25 to receive my write up
58 days after my arrest and 73 days after the incident another violation
I was found not guilty. I lost my program, my job, lost time was
wrong inaccurately.

9. Witnesses. Be sure to include any staff member who may have been involved in, or has any knowledge of, your alleged loss; also, list any inmate who has actual knowledge of facts pertinent to your claim:

Officer Naethu - my Residential Confinement officer.
Lt. Holmes - was the hearing officer
Mr. Klaus Weyers - my fiance' was aware no violation and
what transpired.

10. Other pertinent information:

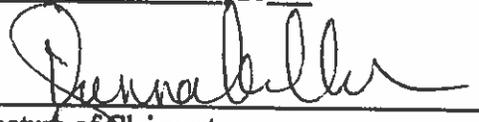
I was denied visiting - lost days while in prison for
143 days. NDOC violated many AIR during this case.
matter. I wrote 3 grievances that were never heard.
I reached out to the Caseworker, AWO & the warden to
no avail during this process I lost wages - time.
At this time I believe compensation for my loss is due.

STATE OF Nevada)
COUNTY OF Clark) SS

I, Danna Kollar, do hereby swear under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE STATE OF NEVADA/DEPARTMENT OF CORRECTIONS.

I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC FOR THE EXACT AMOUNT I AM CLAIMING BEFORE ANY PAYMENT WILL BE OFFERED TO ME. THIS GENERAL RELEASE WILL BECOME EFFECTIVE ONLY UPON ACTUAL PAYMENT OF THE CLAIM BY THE STATE OF NEVADA.

DATED this 20th day of July, 2017



Signature of Claimant

NOTICE

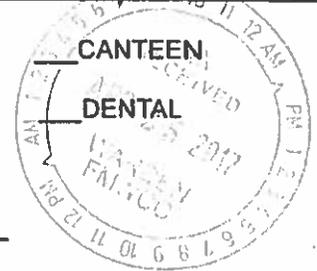
NEVADA REVISED STATUTE 197.160 provides that every person who knowingly presents a false or fraudulent claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.00.

8R-209 5/12

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	11325666	7P-307A	4/22/17

- 4.) REQUEST FORM TO: (CHECK BOX)
- MENTAL HEALTH
 CASEWORKER MEDICAL LAW LIBRARY
 EDUCATION VISITING SHIFT COMMAND
 LAUNDRY PROPERTY ROOM OTHER Warden



5.) NAME OF INDIVIDUAL TO CONTACT: Warden Neven

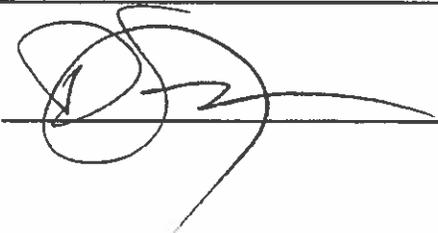
6.) REQUEST: (PRINT BELOW) I'm asking for help. I've already asked Mr. Ruppert, Lt. Holmes, AWD Piccinini and I started an informal grievance. However, with the events that happened on 4/20/17 in Unit 7 I need to plead for help. Simply I was on House Arrest (which I didn't violate) and brought drizzette to FMHC for a write-up on 7/28/17. It has been over 30 days (which 48 days) I spent in lock down. I've been given no NOC's. I was simply arrested at work and brought to FMHC. I was never asked my side. I can let you know I did not (1) Miss use a device or (2) Failure to program - both of which I'm accused. I was flourishing in my program. I found a job within 2 weeks, paid fees online, and reported when asked. I can only be responsible for 1 person a that is myself. Others can be vindictive - jealous or both. I am begging for help. Please move me back to G.P, drop these charges and re-instate my program. I appreciate your help.

7.) INMATE SIGNATURE D. Kollar DOC # 11325666

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

You as indicated were on a 317 House arrest, & P violated you for contact with 'inapp' people. Your NOC was dismissed (?). You must reply.

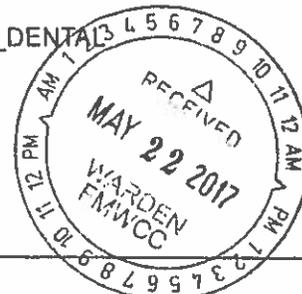
10.) RESPONDING STAFF SIGNATURE  DATE 5-11-17

INMATE REQUEST FORM

1.) INMATE NAME <u>Kollar, Dänne</u>	DOC # <u>113256dp</u>	2.) HOUSING UNIT <u>8R-209B</u>	3.) DATE <u>5/21/17</u>
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4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>Warden</u>	



5.) NAME OF INDIVIDUAL TO CONTACT: Warden Neven

6.) REQUEST: (PRINT BELOW) I'm in receipt of your answer to my letter dated 4/22/17. I believe there is some miss communication. I was on the 317 program, however I did not violate my program. I was picked up by P+P by the request of NDOC. I was charged by NDOC with a MT31 & MJ52. That is what brought me back to FMWCC. The hearing on 5/10/17 proved my innocence. I was found Not Guilty. Since I did not violate, I'm asking for my 317 program be re-instated. I would greatly appreciate your assistance regarding this matter. Thank you

7.) INMATE SIGNATURE D Kollar DOC # 113256dp

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 5/21/17

9.) RESPONSE TO INMATE

you have been resubmitted.

C.S Amacker did so on 5.22.17

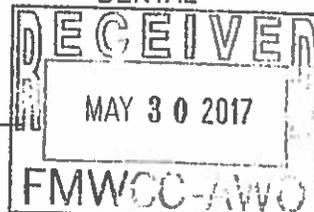
10.) RESPONDING STAFF SIGNATURE [Signature] DATE 5.30.17

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	1132566	8R-209B	5/25/17

4.) REQUEST FORM TO: (CHECK BOX)

CASEWORKER MEDICAL LAW LIBRARY DENTAL
 EDUCATION VISITING SHIFT COMMAND
 LAUNDRY PROPERTY ROOM OTHER AWO



5.) NAME OF INDIVIDUAL TO CONTACT: AWO Piccinini

6.) REQUEST: (PRINT BELOW) I wrote visting on 3/8/17 asking status of my (3) approved vistor and was told they need to re-apply. I got a copy of APE 719 and on 5/2/17 work again stating 719.09 #6 specifically states vistor who have been previously approved for visting need not re-apply in order to visit a parole violator if it has been less than (2) years since they last applied. It has been less than (2) years. Though I'm not a parole violator I was on Res Con and id in fact not violate and am waiting approval to go back on Res Con why can't they visit. ^{to Ashley Seidel} Klaus Weyer (3) Charlene Kollar

7.) INMATE SIGNATURE D Kollar DOC # 1132566

8.) RECEIVING STAFF SIGNATURE _____ DATE 5-25-17

9.) RESPONSE TO INMATE

I spoke with Warden Reven and you were granted a special visit ~~and~~ Friday 6/2/17. I took Weyer's Klaus application out of his hand personally to process in a week or so. Once you leave on Parole or House arrest, your visting file is archived. We have to re-do the paperwork for our record. We are working on ways to improve the process - S/P J...

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 6/5/17

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	1132566	7P 207A	5/2/17

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input checked="" type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Visiting officer

6.) REQUEST: (PRINT BELOW) I sent a letter on 3/2/17 asking about my family that was approved for visiting in mid 2015. I was told they would be reapplying. According to Art 719.09 it is 3 years to reapply with the exception of immediate family that reapply every three (3) years to maintain visiting privileges. I had 3 on the letter (1) Ashley Seidel - daughter (2) Danna Kollar - mother should not have to reapply and 3) Kristina Patis - friend was approved 7/2015. It has not been 3 years. Please let me know why they must reapply or if my letter was a mistake. Thank you.

7.) INMATE SIGNATURE D Kollar DOC # 1132566

8.) RECEIVING STAFF SIGNATURE _____ DATE 5/2/17

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	1132566	10-T201A	3/8/17

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input checked="" type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER

5.) NAME OF INDIVIDUAL TO CONTACT: Visiting officer

6.) REQUEST: (PRINT BELOW)

Can you tell me if these people are approved for visiting:

Charlene Kollar - MOM DOB 7/23/49
Ashley Seidel - daughter DOB 1/22/99
Klaus Wevers - fiance DOB 4/23/59

7.) INMATE SIGNATURE Danna Kollar DOC # 1132566
8.) RECEIVING STAFF SIGNATURE Ch. [Signature] DATE _____

9.) RESPONSE TO INMATE

THEY NEED TO REAPPLY

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 3-10-17

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	1132566	8R-209B	5/15/17

- 4.) REQUEST FORM TO: (CHECK BOX)
- | | | | |
|--|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> CASEWORKER | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> CANTEEN |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> VISITING | <input type="checkbox"/> LAW LIBRARY | <input type="checkbox"/> DENTAL |
| <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> PROPERTY ROOM | <input type="checkbox"/> SHIFT COMMAND | <input type="checkbox"/> OTHER _____ |

5.) NAME OF INDIVIDUAL TO CONTACT: Mr. Ruepart

6.) REQUEST: (PRINT BELOW) I'm checking on the status of the re-instatement of my Residential Confinement. I appreciate your help regarding this matter.

Thankyou

7.) INMATE SIGNATURE D Kollar DOC # 1132566
8.) RECEIVING STAFF SIGNATURE _____ DATE 5/15/17

9.) RESPONSE TO INMATE

Application attached

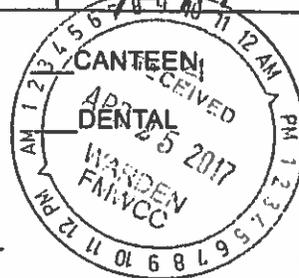
10.) RESPONDING STAFF SIGNATURE CCS [Signature] DATE 5/17/17

8R-209 5/12

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	1132566	7P-207A	4/22/17

- 4.) REQUEST FORM TO: (CHECK BOX)
- CASEWORKER MEDICAL MENTAL HEALTH
 EDUCATION VISITING LAW LIBRARY
 LAUNDRY PROPERTY ROOM SHIFT COMMAND
 OTHER Warden



5.) NAME OF INDIVIDUAL TO CONTACT: Warden Neven

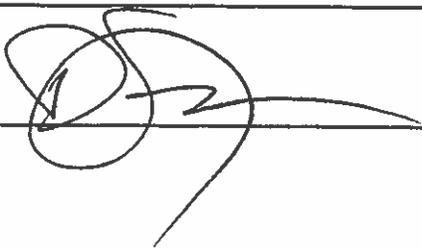
6.) REQUEST: (PRINT BELOW) I'm asking for help. I've already asked Mr. Rypuit, Lt. Holmes, AWD Piccinini and I started an informal grievance. However, with the events that happened on 4/20/17 in Unit 7 I need to plead for help. Simply I was on House Arrest (which I didn't violate) and brought directly to FMUC for a write-up on 7/28/17. It has been over 50 days (which 48 days) I spent in lock-down. I've been given no NOC's. I was simply arrested at work and brought to FMUC. I was never asked my side. I can let you know I did not (1) Miss use a device or (2) Failure to program - both of which I'm accused. I was flourishing in my program. I found a job within 2 weeks paid fees online and reported when asked. I can only be responsible for 1 person that is myself. Others can be vindictive - jealous or both. I am begging for help. Please move me back to G.P, drop these charges and re-instate my program. I appreciate your help.

7.) INMATE SIGNATURE D. Kollar DOC # 1132566

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

You as indicated were on a 317 House arrest, P&P violated you for contact with 'inapp' people. Your NOC was dismissed (?). You must reply.

10.) RESPONDING STAFF SIGNATURE  DATE 5/11/17

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Kollar, Danna	1132566	8R-209B	5/18/17

4.) REQUEST FORM TO: (CHECK BOX)

<input checked="" type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: ~~Mr Ruerpart~~ / Ms Amacker

6.) REQUEST: (PRINT BELOW) I'm in receipt of the Res Con Application you sent. I was already approved for Res Con and released on 12/28/16. I did NOT violate Res Con, I was taken into custody for a work-up which one was dismissed the other NOT GUILTY. Why do I need to re-apply? It seems unfair that I lost my Rescon, job, freedom for something I never did. I've been at FMWCC for 79 days and 7 days have passed since I had my hearing why I am just getting this application and how long can I expect to wait till re-instatement is granted? Please advise - Thank-you -

7.) INMATE SIGNATURE D Kollar DOC # 1132566

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 5/18/17

9.) RESPONSE TO INMATE

Application submitted to OMD on this date

10.) RESPONDING STAFF SIGNATURE CCS [Signature] DATE 5/22/17

Kollar, Donna

On 2/28/2017 at approximately 11:30 am, I was taken into custody by Parole and Probation. I was simply told I had "write-ups" and did not violate with Parole and Probation. I was returned directly to FMWCC with no phone call to family. I was subjected to the intake process (again).

On 3/2/2017 I had a preliminary hearing with Mr. Ruepart, Ms. Amacker, Mr. Daniels, AWO Piccinini, AWP Garcia. I was shocked when they did not know why I was there. I was told I violated with Parole and Probation. I disagreed. Mr. Ruepart looked up in the computer and stated I had 2 major write-ups pending MJ31 and MJ52. When I asked what those were. I was told Miss Use of a device and failure to program. I was returned to intake to wait NOC's.

On 4/2/2017 I was classified by Mr. Ruepart. I asked again about my NOC's saying it had been 31 days. He states he would get right on top of it.

On 4/4/17 I was taken to a caseworker's office and Mr. Ruepart told me I was being moved to Unit 7, because I had a "pending" write-up. I stated at that time it seems rash and unfair since I am still waiting for my NOC's. He stated he had sent an email to get them done. I spoke with Lt. Holmes on the same day to voice my concern. He said he would work on it, but I still had to go to Unit 7. On 4/12/2017 I sent a kit to AWO Piccinini also asking for my NOC's (I never received a reply). On 4/22/17 I sent a kite to Warden asking him to review my case (the return kite simply stated I was violated for contact ((which was incorrect)).

On 4/25/17 S c/o Mederios cam into Unit 7 and present my NOC's to me for a plea. I pleaded not guilty. The NOC incident was dated 2/11/2017 but I wasn't written up until 2/28/17 (17 days after the incident). No reason was attached. AR 707.01 #2 states Disciplinary action should be taken as soon after the misconduct as practical. Also I never received my NOC's until 4/25/17 at 3:12pm 57 days after I was arrested for this alleged infraction. AR 707.01 #11-0. The designated Preliminary Hearing Officer shall serve notice when 15 calendar days of the date of discover of the violation. I wasn't given mine until 57 days after the write up and 75 calendar days after the alleged incident. The explanation is that it was received late. However, at the Preliminary Mr. Ruepart had said write up available to him. Also on the incident report there were 2 charges. AR 707.01 #11-A state's only one charge per incident will be assigned to the inmate on the Notice of Charges form NDOC 3017. Another violation since I had 2 major infractions.

After reading the IR# 422277 C/O Weston writes very clearly that the letter that supposedly was to me was return to sender. Since MJ31 states very clearly that the inmate must miss use the device - in this case mail. I was stunned that I was even written up. An inmate doesn't have control over other inmate's actions. No letter was received by me nor was any letter sent by me.

On 5/10/17 at 3:57pm I had my hearing regarding these charges. The MJ52 was dismissed and the MJ 31 finding was not guilt. I had finally had my hearing and was found not guilty. NDOC does not have a program in place when innocent inmates are pulled out of Res-Con to be re-instated. I was told I would have to re-apply again only after asking and 10 days after my hearing. I had to until 7/21/2017 to be released again on Res-Con where I still currently reside.

The AR's clearly state an inmate cannot contact NDOC directly. I was told by Rhonda Larsen 9/1/2017 that I needed to speak with Time Keeper to get my MPR and EXP dates fixed. I went to Parole Officer for permission and was told she would work on it. I suppose I should have a caseworker to go to since I am considered an inmate but I have given no such information. My dates moved away from me. I have worked over full time since my re-release on Res-Con.

REMEDY:

Reinstate my original dates PED 8/11/2018 MPR 10/25/18 and EXP 2/21/19. I have been on Res-Con since 7/21/2017 and my dates have not moved 1 day towards me.

My administrative claim form:

REMEDY

Pay my claim in the amount of \$80,000. This should be for loss of my program from no fault of the inmate. I was wrongly incarcerated for 143 days. I lost my job, car and time with my family. C/O Weston wrong wrote me up and it revoked my program. Many AR were violated while I awaited my NOC's and my Disposition Hearing.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



AMY ROUKIE, MBA
Administrator, DPBH

LEON RAVIN, MD
Interim Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 Fairview Dr., Suite E, Carson City, NV 89701
Telephone: 775-684-1030, Fax: 775-684-1073

November 28, 2017

MEMORANDUM

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

Through: Dr. Leon Ravin, Interim Chief Medical Officer, DPBH

From: Vincent Valiente, REHS, EHS III
For Paul Shubert, Chief, DPBH

Subject: Prison Commission Meeting Update

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

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

During each State Correctional Facility inspection, pursuant to NRS 209.382, NRS 444.330, and NRS 446.885, the inspectors verified if the nutritional adequacy of inmate diets was appropriately demonstrated through the contracted Dietitian recommendations. The nutritional adequacy of inmates was verified by onsite observations, document review, and State Correctional Facility staff interviews. The following table summarizes the information obtained in 2017 from the inmate nutritional adequacy verification process.

Additionally, we have prepared a spreadsheet which summarizes the critical violations identified during the annual dietary inspections conducted at each State Correctional Facility in 2011 through 2017. We have also summarized the deficiencies identified during the most recent medical surveys conducted at each State Correctional Facility. Please see the attached tables in which each “X” signifies a violation or deficiency.

Dietary and Sanitation Inspections

A review of the attached dietary inspection table reveals that for 2017, one of seven facilities were found to have no critical violations, one of seven facilities were cited for one critical violation, three of seven facilities were cited for two critical violations, one of seven facilities were cited for three critical violations, and one of seven facilities were cited for four critical violations, for a total of thirteen critical violations cited in 2017. Overall, the total of critical violations cited in 2017 decrease by two when compared to 2016. Four of seven facilities had repeat critical violations in 2017 when compared with 2016. Repeat dietary critical violations identified were as follows:

- Equipment not being sanitized (Northern Nevada Correctional Center; Ely State Prison; Southern Desert Correctional Center)
- Presence of rodents or insects (Northern Nevada Correctional Center; High Desert State Prison)

Medical Surveys

A review of the attached medical survey table reveals four deficiencies were cited for one of two facilities medically surveyed in 2017 (Ely State Prison). None of the deficiencies cited at Ely State Prison were repeats from the 2013 survey. Additional review of the attached medical survey table reveals three deficiencies were cited for one of two facilities surveyed in 2017 (Northern Nevada Correctional Center). One of these deficiencies cited at Northern Nevada Correctional Center was a repeat cited from the 2014 survey. Repeat medical deficiencies identified were as follows:

- Infection Control/hazardous waste disposal (Northern Nevada Correctional Center)

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

Attachments: Health Officer Expanded Summary of Dietary and Medical Deficiencies (pg. 3 – 4)
Summary of Dietary Violations (pg. 5)
Summary of Medical/Dental Deficiencies (pg. 6)
Summary of Nutritional Adequacy Tool spreadsheet and summary (pg. 7 – 9)

Health Officer Expanded Summary of Violations Cited in Nevada State Prisons

DIETARY FINDINGS OF CRITICAL VIOLATIONS IN 2017:

One of seven facilities were cited for 0 critical violations

- **Lovelock Correctional Center**

One of seven facilities were cited for 1 critical violation

- **Warm Springs Correctional Center**
 1. Presence of rodents observed
(Rodent droppings were observed within the culinary operations)

Three of seven facilities were cited for 2 critical violations

- **Ely State Prison**
 1. Handwashing sinks not fully operational
(A hand sink was not installed in the recently relocated Canteen)
 2. Equipment not sanitized
(There was no detectable sanitizer at the Bakery three compartment sink during use)
- **High Desert State Prison**
 1. Presence of insects (roaches) observed
(Live roaches were observed in dry storage)
 2. Dented Cans
(Multiple dented cans were observed on dry storage room shelves)
- **Florence McClure Correctional Center**
 1. Improperly labeled and stored chemicals observed
(Multiple unlabeled chemical spray bottles were observed within the culinary operations)
 2. Improperly labeled and stored chemicals observed
(A chorine cleaning agent was not used properly)

One of seven facilities were cited for 3 critical violations

- **Northern Nevada Correctional Center**
 1. Expired food
(Expired cottage cheese was observed in a walk-in refrigerator)
 2. Presence of rodents observed
(Rodent droppings were observed throughout the warehouse)
 3. Equipment not sanitized
(The chlorine sanitizer solution was not detectable at the three compartment sink)

One of seven facilities were cited for 4 critical violations

- **Southern Desert Correctional Center**
 1. Refrigeration at improper temperature
(A walk-in refrigerator was not holding a temperature of 41 degrees F or below)
 2. Refrigeration at improper temperature
(A walk-in refrigerator was not holding a temperature of 41 degrees F or below)

3. Equipment not sanitized
(The pot wash high temperature dish machine was in disrepair and not sanitizing)
4. Equipment not sanitized
(The chow hall high temperature dish machine was in disrepair and not sanitizing)

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

MEDICAL/DENTAL FINDINGS IN 2017:

- **Ely State Prison**

1. Physical Environment
(Multiple wheelchairs were in disrepair)
(There was an unsecured oxygen tank observed)
2. Infection Control/hazardous waste disposal
(The dental examination chair had tears in the upholstery potentially exposing foam cushioning material to infectious fluids)
3. Sterilizer Training
(Standards were not followed by staff, dental instruments were not sterilized in the open position)
4. Pharmaceutical Services
(Multiple expired medications/medical supplies/biologicals were observed)

- **Northern Nevada Correctional Center**

1. Physical Environment
(Multiple unsecured oxygen tanks were observed)
2. Infection Control/hazardous waste disposal
(The dental examination chair had tears in the upholstery potentially exposing foam cushioning material to infectious fluids)
3. Pharmaceutical Services
(Multiple expired medications/medical supplies/biologicals were observed)

DIETARY INSPECTIONS

Critical Violations Identified During Annual Dietary Inspections of State Prisons

YEAR	Ely							Florence McClure							High Desert							Lowelock							Northern Nevada							Southern Desert							Warm Springs							
	11	12	13	14	15	16	17	11	12	13	14	15	16	17	11	12	13	14	15	16	17	11	12	13	14	15	16	17	11	12	13	14	15	16	17	11	12	13	14	15	16	17	11	12	13	14	15	16	17	
Presence of insects/rodents					X			X	X																																									
Handwash sinks not fully operational						X		X	X																																									
Dented cans of food	X							X																																										
Improper food temperatures																																																		
Refrigeration at improper temperature																																																		
Improperly labeled/stored chemicals	X	X				X					X																																							
Potential for cross-contamination				X																																														
Expired/spoiled food																																																		
Equipment not sanitized					X	X	X																																											
Handwashing sinks not accessible																																																		
Culinary staff hygienic practices cited																																																		
Person-in-Charge not knowledgeable																																																		
Sub Total of Critical Violations/Year:	2	1	1	0	2	2	2	3	1	0	2	0	0	1	2	1	0	0	1	3	2	0	4	2	2	1	1	0	4	1	2	5	2	2	3	1	1	5	3	0	1	5	4	3	1	0	1	0	2	1
otal Critical Violations years '11' - '17'	13																																																	
Total Critical Violations 2017	13																																																	

* Re-inspection

MEDICAL SURVEYS

Deficiencies Identified During Medical Surveys Conducted Two Per Year

	Ely				Florence McClure		High Desert		Lovelock		Northern Nevada		Southern Desert		Warm Springs												
	05'	10'	13'	2017	07'	11'	2015	08'	11'	2014	02'	09'	12'	2016	07'	10'	14'	2017	03'	08'	12'	2015	07'	09'	13'	2016	
Infection control/hazardous waste dispo	X			X	X	X	X	X	X																		
Sterilizer testing/maintenance		X									X		X														
Sterilizer training	X	X			X	X		X	X		X	X															
Medication (expired/storage/secured)	X	X		X	X	X		X	X			X	XX		X	X											X
Medication administration issues						X																					
Physician orders						X					X																
Emergency supplies unavailable	X					X		X	X		X	X			X	X											
Medications unsecured					X																						
Inmate TB testing						X						X			X												X
Staff TB testing	X	X			X	X		X	X		X	X			X	X											
Staff CPR	X				X	X		X							X												
Inmate dental care					X			X																			X
Lab staff/lab licensure					X			X	X		X	X			X												X
Lab test (quality control/procedures)	X							X					X														X
Physical environment				X										X													
Inmate consent to treatment											X																
Dental tool accountability											X				X												
24 hour nursing coverage															X												X
Staff health and safety													X	XXX													
Medical Records																											
Total of Violations Cited/Year:	7	4	1	4	8	10	1	7	10	0	1	7	8	9	7	5	1	3	1	7	5	0	3	5	1	3	

INMATE NUTRITIONAL ADEQUACY TOOL SUMMARY 2017

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

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

INMATE NUTRITIONAL ADEQUACY TOOL SUMMARY 2017

Please refer to the Nutritional Adequacy Tool spreadsheet on page 7

A) Contracted License Dietitian oversight for nutritional adequacy of meals served

Mary Agnes Boni; NV License #32076-DI-2; Expiration 3/18/19

Also noted, a new NDOC Dietitian has been contracted and is currently reviewing all current menus. (Michele Cowee; NV License #31976-DI-2; Expiration 3/6/19)

B) Menus in place to meet the needs of those in the infirmary or on special diets

Each State prison was verified to have special diet menus in place to meet the medical needs of the inmates (these diets include: mechanical soft, pureed, low sodium, 1500 Kcal, 2000 Kcal, low fat/low cholesterol, renal/protein restricted, 2600 Kcal, lactose intolerant, common fare religious, vegetarian, double portions, allergen).

C) Food & Nutrition Board Institute of Medicine, National Academies standards used to review menus by contracted Licensed Dietitian

Verified through the licensed Dietitian (Mary Agnes Boni)

D) Menus followed at the time of inspection

All menus offered were followed at the time of inspection for each State prison. In addition, each facility holds the previous 72hrs of meals. Each of those meals were consistent with the posted menu at the time of inspection.

E) Spreadsheets available with portion sizes for preparing and serving meals

Spreadsheets were utilized at the time of inspection for each State prison.

F) Pre-measure portion control utensils available and used

Portion control utensils were observed at the time of inspection for each State prison.

G) Religious diets available

6 of 7 State prisons currently have inmates on religious/common fare diets. These diets are served through separately constructed common fare kitchens at each of the six facilities.

H) Internal process available for inmate to request diet

During inspection, the KITE system for inmates to request diets was in place at each State prison.

I) Medical oversight for inmates requiring special diets

Each State prison had medical oversight by a physician for inmates requiring special diets.

J) Nutritional assessments for special diets conducted by facility

A sample of inmate files were reviewed at the time of inspection at each facility. Inmates had nutritional assessments for a special diets if the diet was required.

K) Special diet ordered by physician for condition or ailment

A sample of inmate files was reviewed and verified each special diet had been ordered by the physician. Special diets are ordered after physician assessments.

L) Process in place for Medical Staff and Culinary Staff to ensure special diet order was received

During inspection, it was verified each facility culinary department utilized a special diet report from medical to cross check inmates requiring medical diets. Interview with culinary and medical staff revealed these lists were printed out weekly and daily if necessary.

M) Facility has a standardized process to ensure inmate has received diet at meal time

During inspection, each facility served their special diet menus first while cross checking the weekly inmate special diet report. Any inmate who decides not to eat their prescribed diet were documented and culinary reported them to medical.

N) Inmate assessments include level of physical activity

Facility documentation of 'level of physical activity' was not located during review of inmate files.

BRIAN SANDOVAL
Governor



JULIE KOTCHEVAR, Ph.D.
Administrator

RICHARD WHITLEY, MS
Director

LEON RAVIN, M.D.
Acting Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way
Carson City, Nevada 89706
Telephone (775) 684-4200 • Fax (775) 687-7570
<http://dpbh.nv.gov>

MEMORANDUM

DATE: March 13, 2018

TO: Board of State Prison Commissioners
c/o Cynthia M. Keller

FROM: Ross E. Armstrong
DPBH Deputy Administrator, Regulatory & Planning

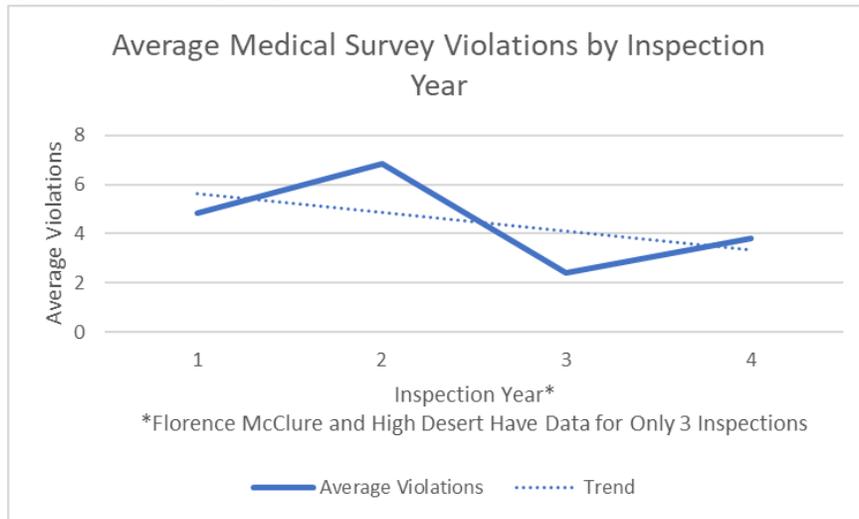
RE: Chief Medical Officer Report to Board of Prisons March 1, 2018

During the Division's presentation of the Chief Medical Officer's Report to the State Board of Prison Commissioners on March 1, 2018, the Commissioners asked about trends of numbers of violations for the inspections compared year to year. In order to best respond to the Board's questions, the Division has created three charts. Those charts are included in this memo.

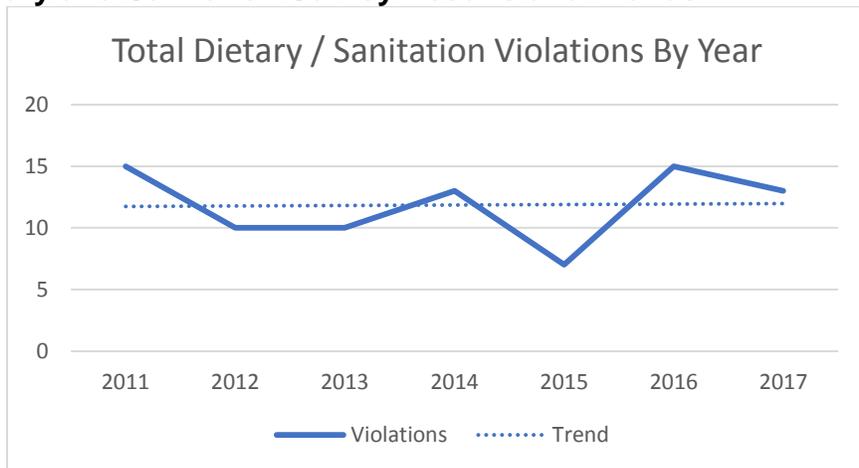
In addition, the Board asked about the Division's ability to ensure corrective action is taken. The Division will be coordinating with the Department of Corrections on enhanced information sharing for corrective actions going forward.

If the Board has any further questions about these regular inspections, please do not hesitate to contact me.

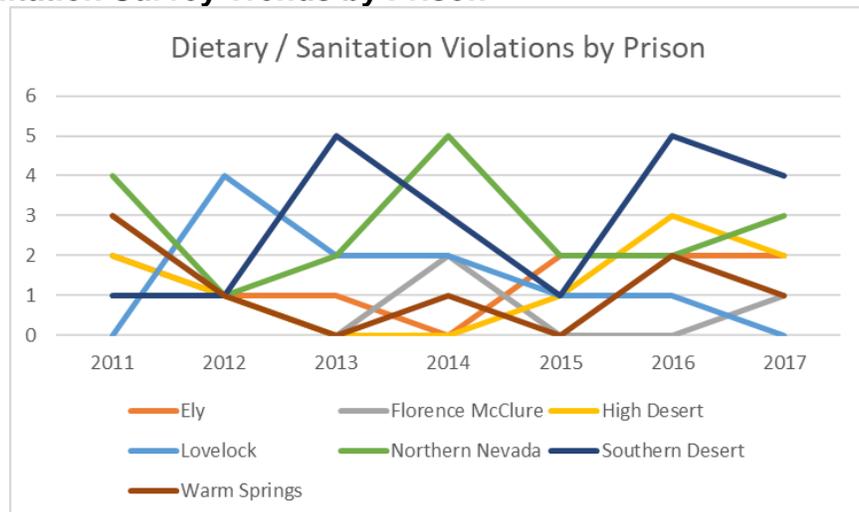
I. Medical Survey Results and Trends



II. Department Dietary and Sanitation Survey Results and Trends



III. Dietary and Sanitation Survey Trends by Prison



NDOC Tele-medicine update

1. Number of locations where tele-medicine is occurring

All seven locations have very basic telehealth set-ups. Four locations (Ely, Lovelock, High Desert, and Southern Desert) have been approved for \$35,000 Grant Funding for complete telehealth carts, but cannot be deployed until we solve the infrastructure/internet connectivity issues.

2. Number of inmates being seen broken down by service (i.e. psychiatry, specialists, etc.)

Currently, despite the fact that Renown has over 40 specialties in the program, only HIV and Hepatitis C tele-med appointments are currently being utilized. The Gastroenterology providers have changed and the Medical Division is working on bringing that service back to the institutions.

NDOC treated the following with telemedicine:

	Psychiatry*	HIV	Hep C	Gastroenterology
SFY 2017	333	239	40	10
SFY 2018 to February 1, 2018	205	216	13	1

*In SFY17, psychiatry was provided through tele-med to LCC and ESP. In SFY18 to date, psychiatry has been provided through tele-med to LCC (ESP has a Sr. Psychiatrist providing the services in person for SFY18).

3. Current limitations

1) Broadband infrastructure – The facilities are operating on very old infrastructure and equipment. Due to the location of the actual facility, running fiber is cost prohibitive in some cases. Due to the topography and terrain finding a resolve is difficult.

2) Lack of a competitive market place – The lack of a competitive market place in rural areas limits the number of providers willing to engage in a solution and actual build outs, whether fiber, towers, and/or equipment.

3) Lack of confidence in Telemedicine system – NDOC has to overcome an old mindset that dictates a patient must be present in order to receive quality

healthcare, when in fact a new study shows the improvement of medical outcomes and reduced costs as well as emphasizes the improvement of depression, anxiety, and stress, especially with Behavioral Health. Telemedicine also aids in fewer hospital admissions.

4) Technical Training and Equipment – purchasing equipment takes time and costs money. Physicians, practice managers, nurses, CMA's and other medical staff need to be trained on new systems.

4. Current areas for improvement

- 1) Broadband Infrastructure and other connectivity solutions
- 2) Training
- 3) Acquisition of Telemedicine Equipment and technology
- 4) Strategic Plan to move initiatives forward

5. Number of doctors currently providing services

NDOC currently uses one doctor for HIV and one doctor for Hep C treatments. There are over 300 providers in the program. NV has a huge opportunity because with telehealth, people in rural or remote areas benefit from quicker and more convenient specialist access. Telemedicine offers better access to more specialists without the use of transports, employee overtime, inmate safety issues, and overall facility efficiency.

6. Areas where we have a critical need that is not met

Telemedicine consults specifically related to dermatology, gastroenterology, and urology are needed.

7. Are we working with University of Nevada School of Medicine (UNSOM)? If no, why not? If yes, in what capacity?

No. UNSOM does not have telemedicine services. They do Project Echo, which is a peer to peer case review, but they do not currently provide care to patients via telehealth.

8. The equipment available for NDOC use from Renown - what would it provide in terms of cost-savings.

Renown is resistant to expanding services to more specialties given the current infrastructure. The HIV and HEP C providers are very patient with network inadequacy issues (pixilation, no sound, no video, unable to use stethoscope, unable to use exam camera). If we want to expand this program to all 40 specialties in the program, the bandwidth situation must be improved. Once we are able to utilize telemed, the cost savings would include

- Cost of Correctional Officers to transport;
- Travel costs for transport (gas, wear and tear)
- Population Health (Prison health services are much less expensive when you are managing a chronic disease state proactively as opposed to having to transport them to the hospital for an acute exacerbation (transport costs, ER costs, Hospitalization costs, etc.)



Nevada Department of Corrections

Public Information Office: 775-887-3309

PIO Brooke Santana Cell: 775-350-0037

February 14, 2018

For Immediate Release

NDOC Improving Medical Systems in Prison

The Nevada Department of Corrections (NDOC) announces the integration of a kiosk system for medical requests. The automation of this inmate request system will heighten efficiencies for inmates and staff handling medication refills, as well as dental and eye doctor requests, with no added cost to the state.

The kiosks are provided by Keefe Group and have been in place since 2012, used by inmates when purchasing items from the store. In November 2016, a pilot program was launched at Florence McClure Women's Correctional Center in Las Vegas to utilize the kiosks for more than just purchases. The program was a success and this week is being incorporated in each institution across the state.

"This self-serve style of technology is well received in prisons by both the inmates and staff," stated NDOC Director James Dzurenda. "The more ways in which we can get inmates to be responsible for themselves, the more likely they are to take an active role in self-care when released. This is just one more step in the right direction."

The kiosk works much like an email delivery system. One benefit is time management. What used to take a few days will now only take a few hours as nurses receive requests and submit responses in the pharmacy system. Another benefit is the curbing of false claims or multiple paper requests being sent which clogs the system and slows the process.

Last year the Medical Division handled approximately 52,000 paper inmate requests, meaning 1,000 pieces of paper being handled by numerous people each week throughout the state. This kiosk system will save paper, time and money and will ensure better delivery of medical services.

Nevada Department of Corrections

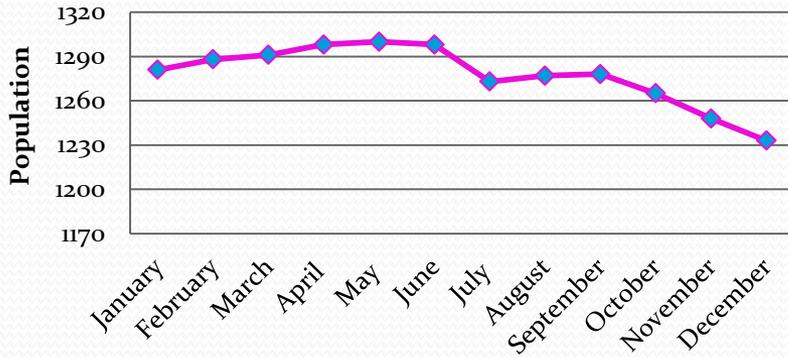
James Dzurenda, Director

February 15, 2018

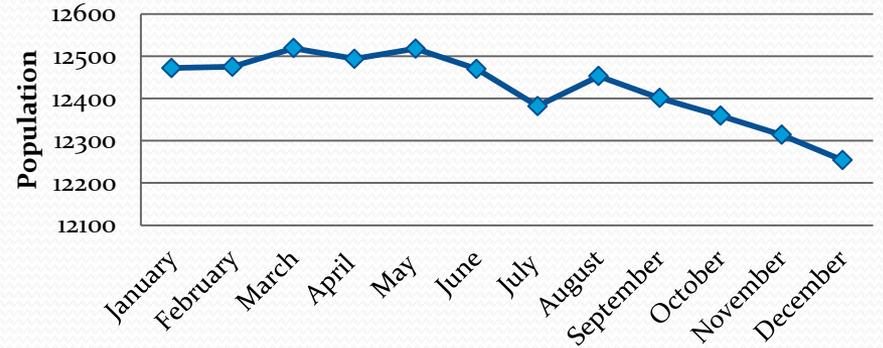


Population "In-House"

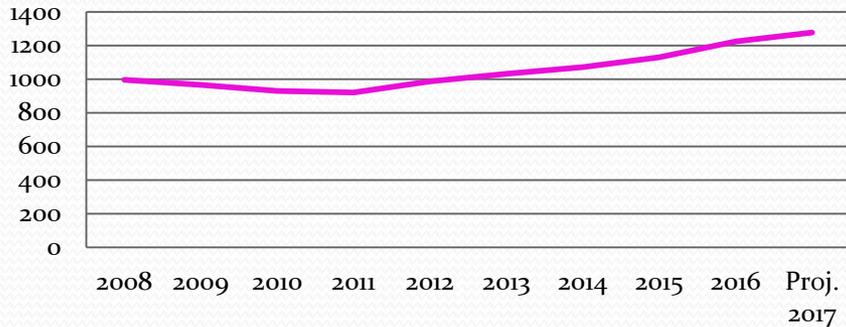
2017 Female Inmate Population Trend



2017 Male Inmate Population Trend

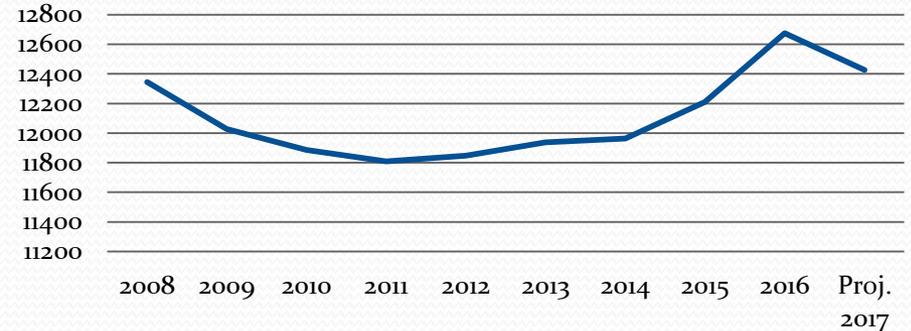


Female Inmate 10-Year Population Trend



— Female Inmate 10-Year Population Trend

Male Inmate 10-Year Population Trend

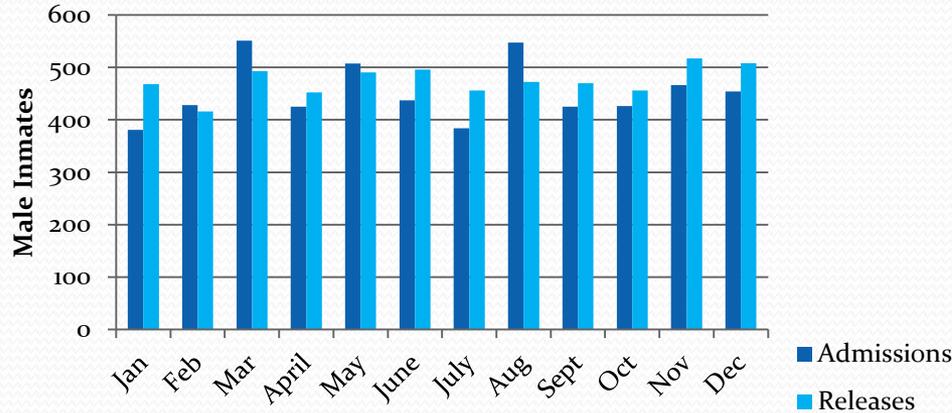


— Male Inmate 10-Year Population Trend

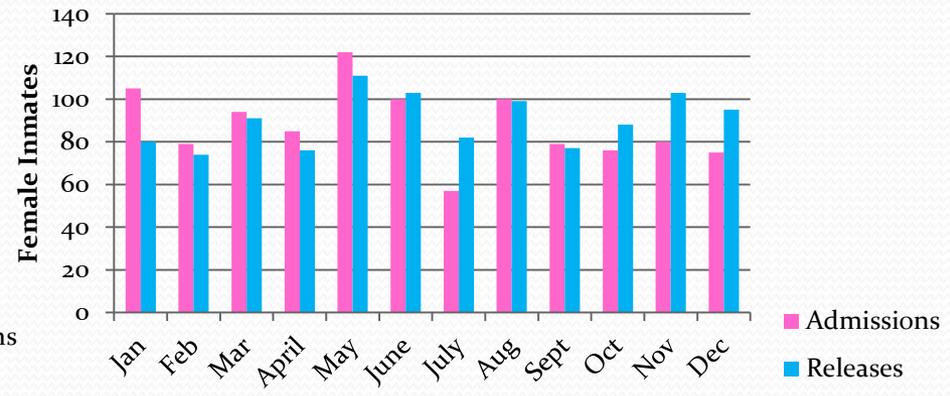
Note: 200 Inmates out of state 12/17

Admissions and Releases Trending

Male Admissions/Releases CY17



Female Admissions/Releases CY17



Total Admissions YTD: 6,483

Total Releases YTD: 6,773

Monthly Average:

Admissions: 540

Release: 564

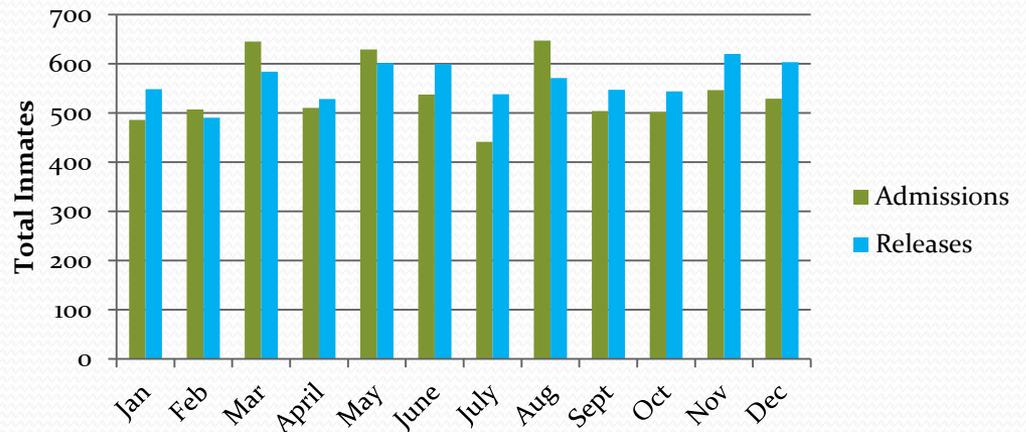
Male Admissions: 453

Male Releases: 475

Female Admissions: 88

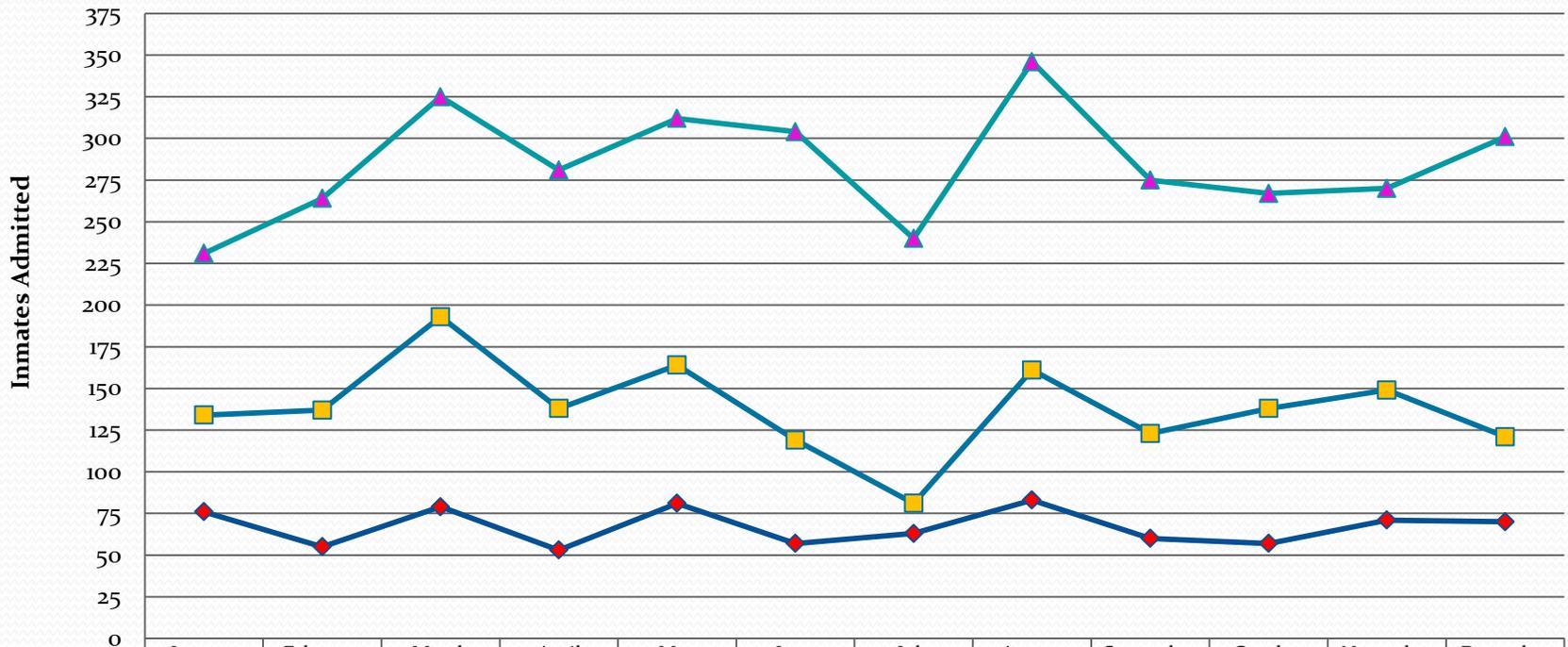
Female Releases: 90

Total Admissions/Releases CY 17



Admission Trends by Type

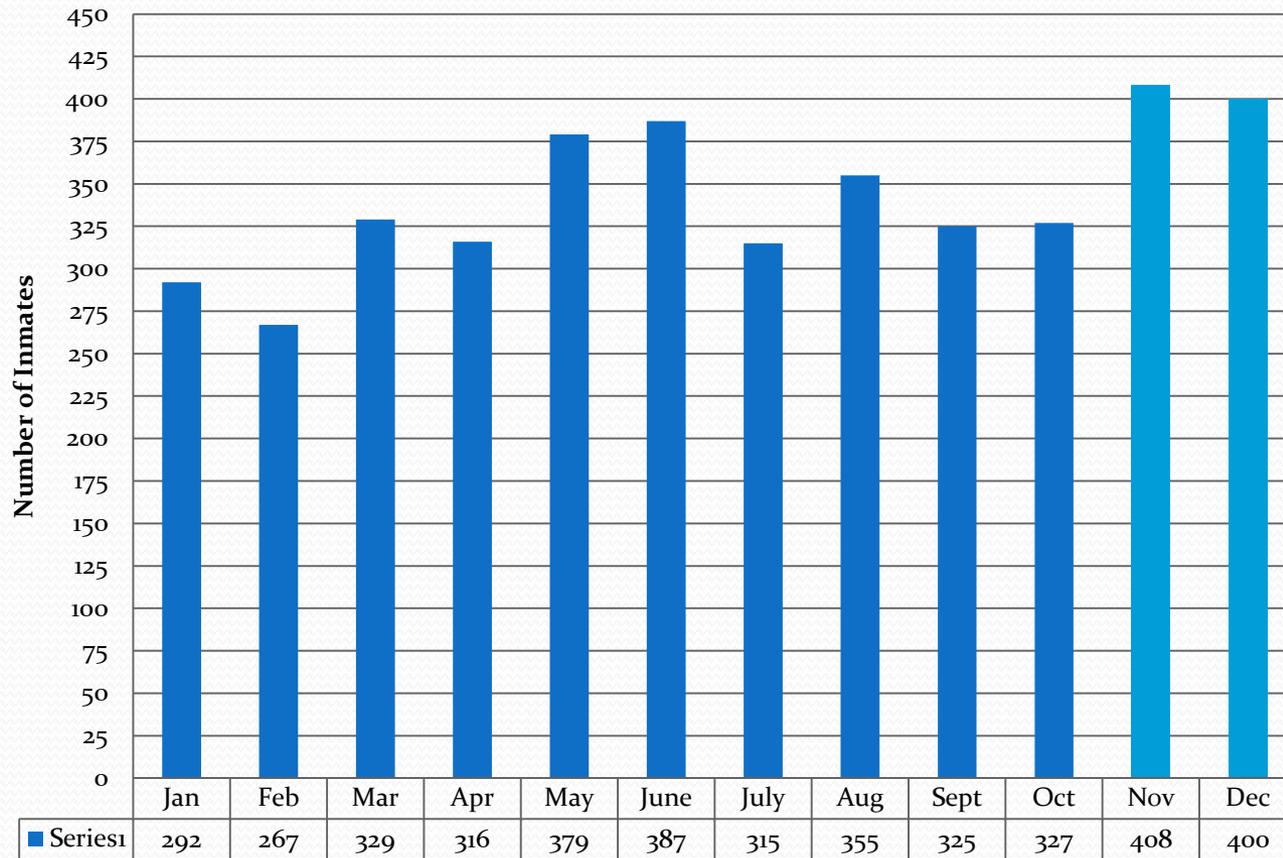
Admissions by New Commit, Probation Violator or Parole Violator



	January	February	March	April	May	June	July	August	September	October	November	December
Parole Violators	76	55	79	53	81	57	63	83	60	57	71	70
Probation Violators	134	137	193	138	164	119	81	161	123	138	149	121
New Commits	231	264	325	281	312	304	240	346	275	267	270	301

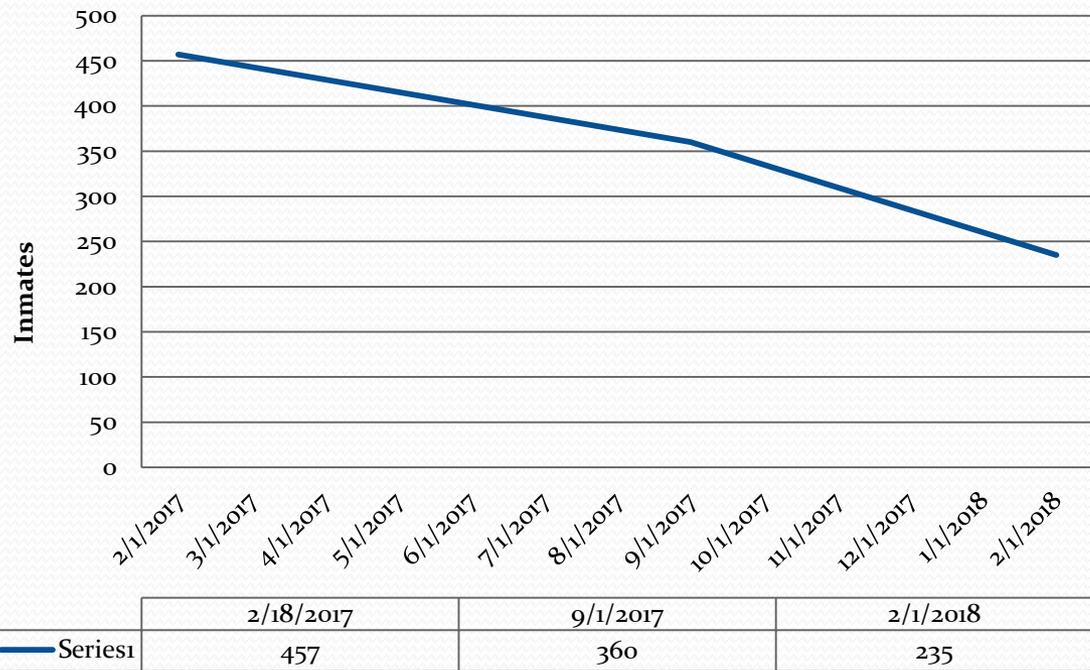
Does not include Safe Keepers or PARHU. Expectation is that parole violators will decrease with new centers and GPS home confinement for use by Department of Public Safety, Division of Parole and Probation.

Parole Board Granted Release



Expected to continue the trend towards a higher number of parole releases based on updated policies reflecting evidence-based programming

Impact of Embedded Specialists on Capacity



Overdue Inmates:

Inmates who have been granted parole, but are past their parole eligibility date.

February 2017:

NDOC started aggressive measures and identified additional housing in the community to expedite parole plans with P&P.

September 2017:

Worked with P&P to provide space for embedded specialists

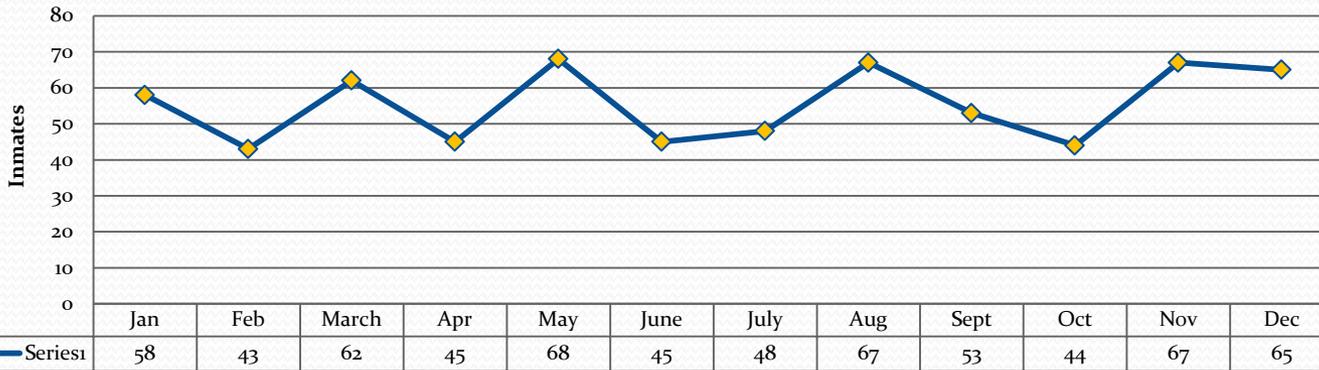
March 1, 2018:

P&P Specialists are embedded

Expecting to see a continued downward trend based on Parole and Probation estimates on reducing the overdue inmates.

Probation and Parole Violators No New Offense

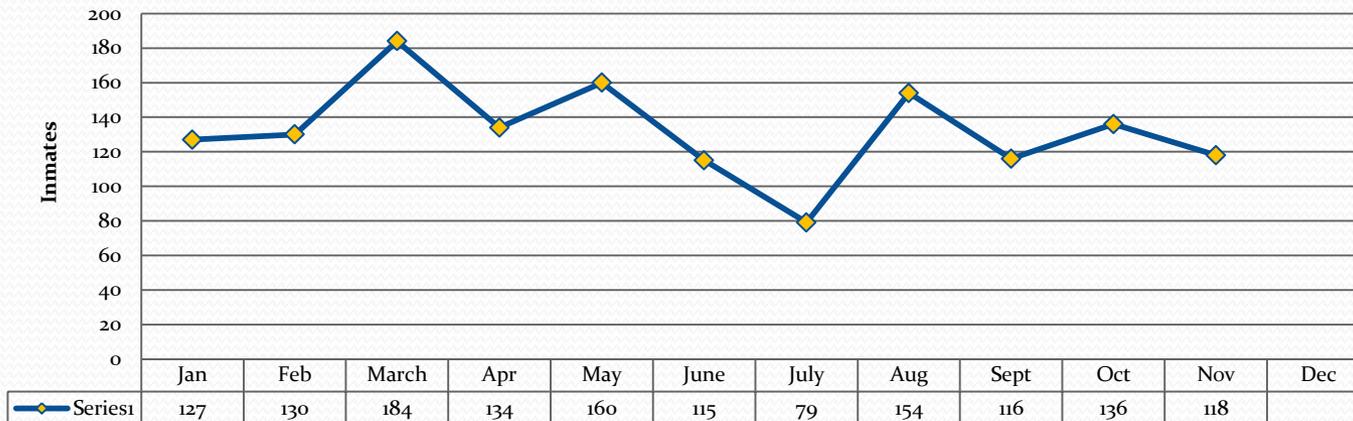
Parole Violators No New Offense 2017



Parole and Probation (P&P) recently opened the Day Reporting Center in Clark County and in Washoe County.

P&P provided projections that the Day Reporting Center would reduce technical violators and potential other parole or probation violations.

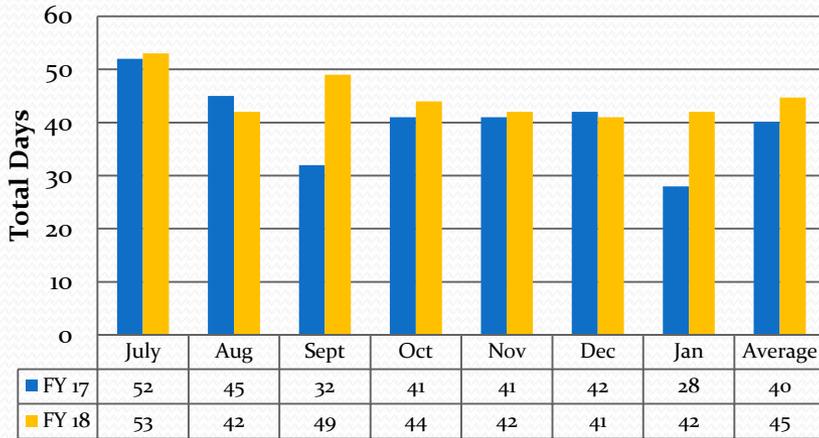
Probation Violators No New Offense 2017



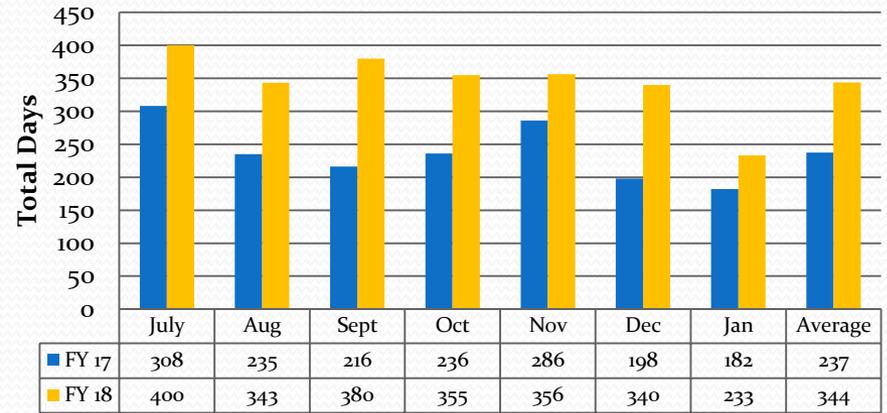
The Parole Board indicated they would approve the use of home monitoring as an added resource. NDOC anticipates that the Parole and Probation violators with no new offense should decrease with the operation of the new centers. Will trend 2017, with 2018.

Outside Medical Statistics

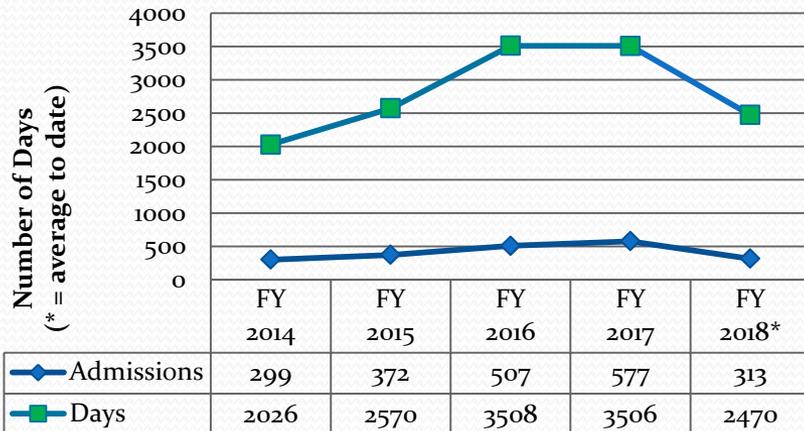
Admissions FY 17 VS FY 18



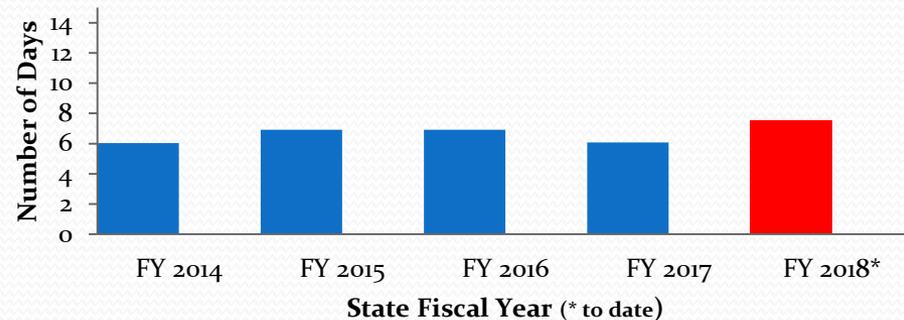
Inpatient Days FY 17 VS FY 18



Inmate Hospitalization

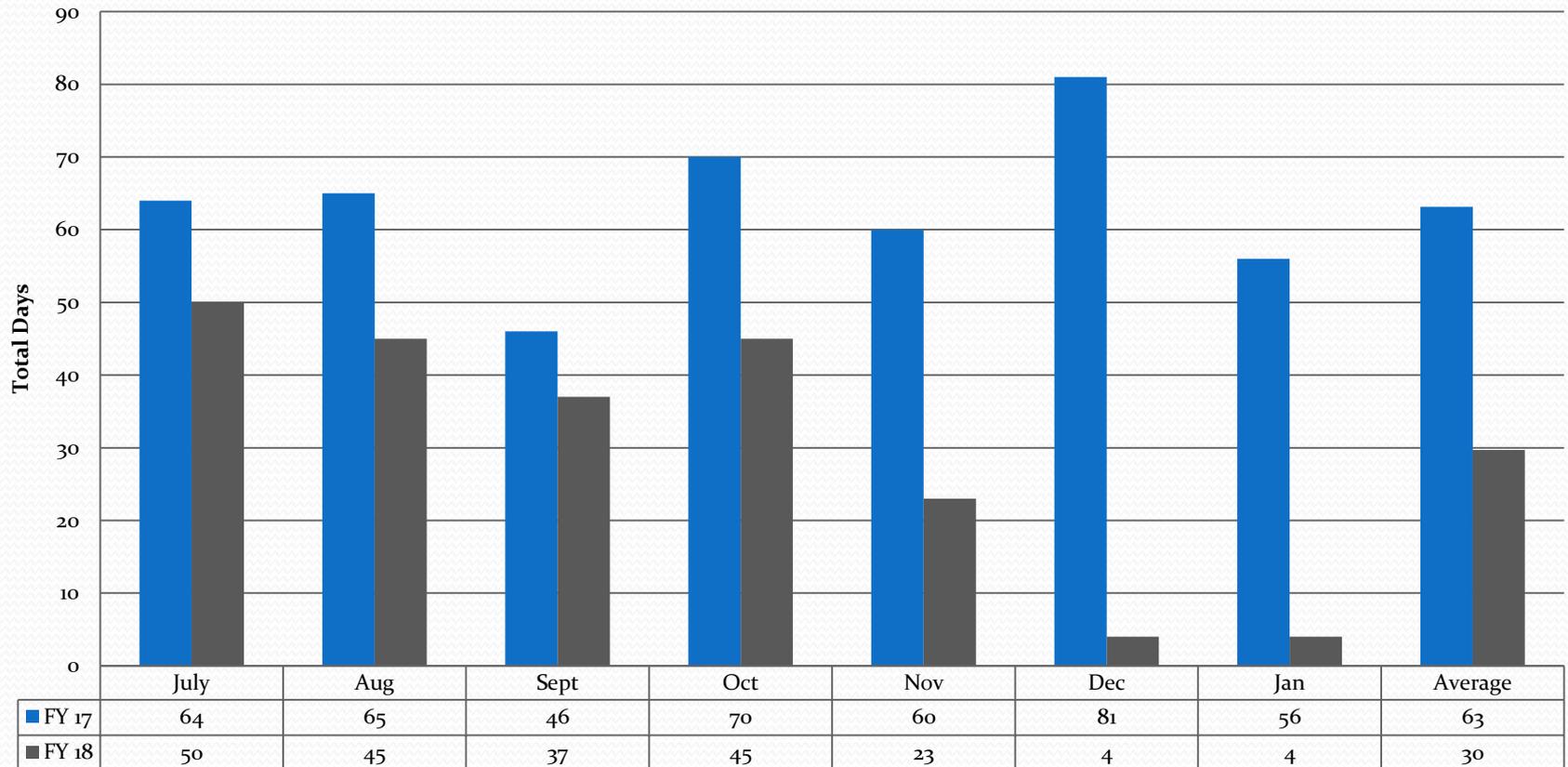


Hospitalization Length of State (LOS) Average



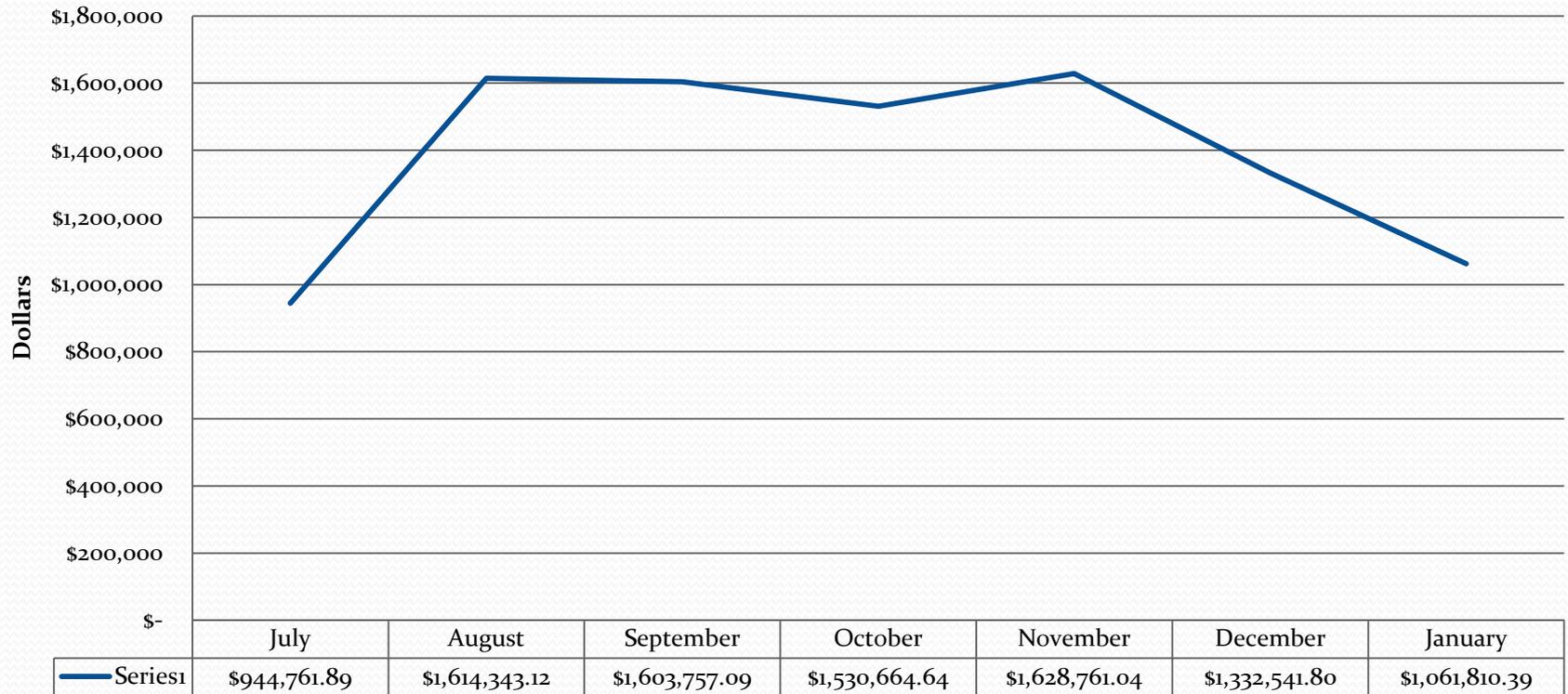
Emergency Room Visits

Emergency Room Visits
FY 17 VS FY 18



Monthly Overtime Trend

NDOC Overtime Trending SFY 18



Detailed report on overtime provided separately.

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Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9912



Brian Sandoval
Governor

James Dzurenda
Director

State of Nevada Department of Corrections

Date: February 13, 2018

To: All Staff

From: Director James Dzurenda

Re: Warden, Southern Desert Correctional Center (SDCC)

A handwritten signature in blue ink, appearing to be "JD", is written over the "From" and "Re" lines of the memo header.

Jo Gentry has resigned from the NDOC and her position as Warden of SDCC.

I am pleased to announce the appointment of Jerry Howell as the new Warden of Southern Desert Correctional Center, effective immediately.

Jerry Howell has over 40 years of experience in Corrections. After completing a Bachelor's degree in Criminal Justice, Jerry began his career as a Probation Officer. He then transferred to the State Prison of Southern Michigan (the world's largest walled prison) as a Correctional Specialist. He promoted to the rank of Sergeant, Lieutenant and Captain. He then, transferred to the Office of Field Services (Parole and Probation) as an inspector in charge of training and protocol for the Special Alternative Incarceration program. He completed the United States Marine Corp Rehabilitative Officer's course in Quantico, Virginia.

Jerry Howell became a Deputy Division Administrator with oversight for the Michigan Reentry Initiative and assisted in the creation of the first reentry prison. Jerry has extensive experience in designing and implementing staff training for Boot Camp Drill Instructors and Community Reentry staff. He was instrumental in the development and monitoring of residential home placements for intensive supervision of inmates returning to the community. He was a presenter at the Michigan Judicial Conference and provided training for Freshman Legislators. In 2006, he retired from the Michigan Department of Corrections and began a second career with the Nevada Department of Corrections at Southern Nevada Correctional Center as the Associate Warden of Programs for the Youthful Offender program.

Following the closure of Southern Nevada Correctional Center he was transferred to Southern Desert Correctional Center as the Associate Warden of Operations. His accomplishments include initiation of the electronic callout of inmates in NOTIS, which vastly improved inmate movement. He also improved the disciplinary process, reducing the number of inmates placed in Administrative Segregation. In 2010 he moved to High Desert State Prison as an Associate Warden of Operations, also having worked during his time there as an Associate Warden of Programs. His accomplishments at High Desert include leading a team of staff in the creation and implementation of the Behavior Modification Unit.

Please join me in congratulating Jerry Howell, our newest Warden, and assist him in every possible way as he transitions into his new position.

Nevada Department of Corrections

Overtime Report PP15

James Dzurenda, Director

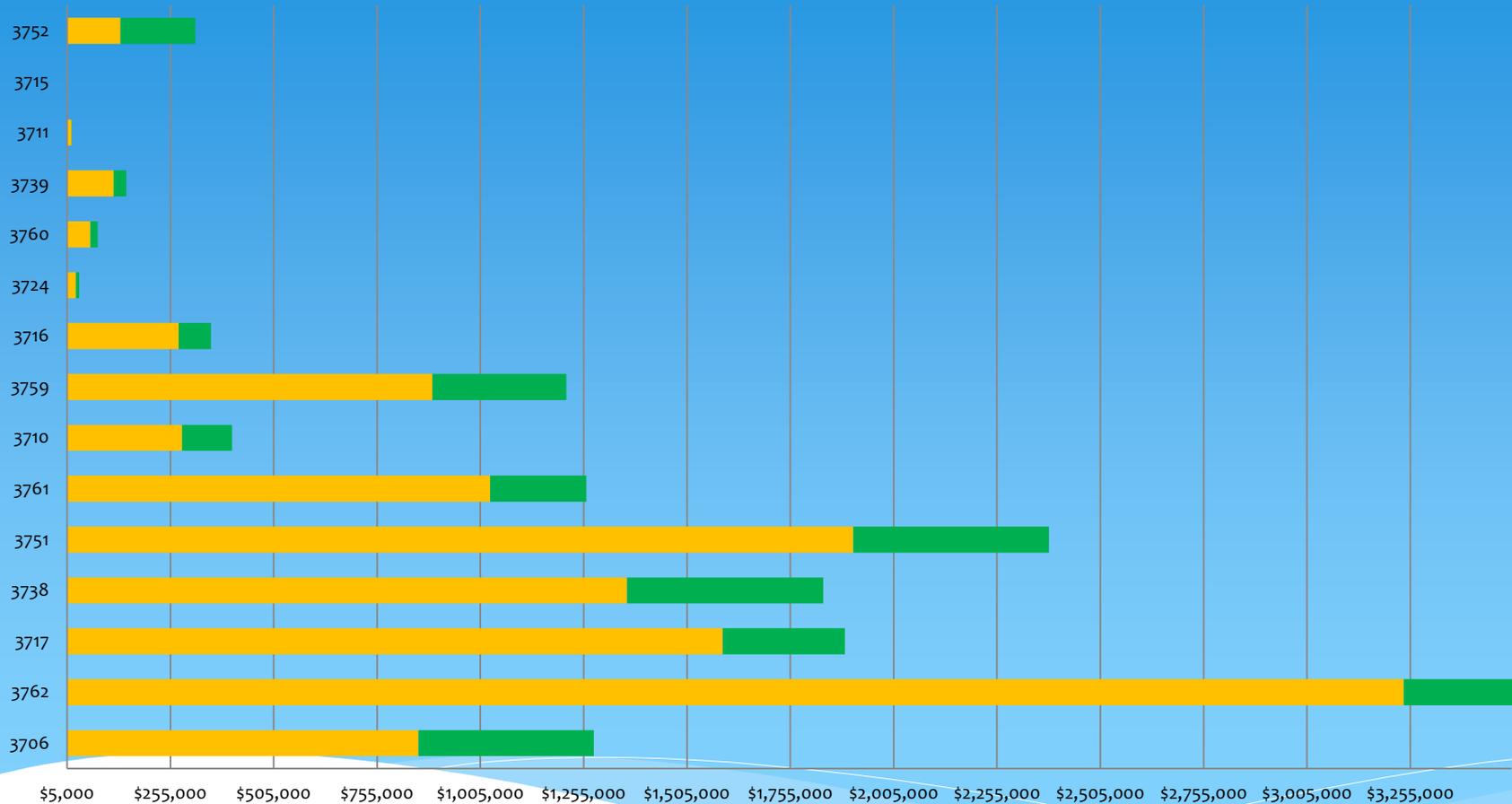
February 16, 2018



Projection and Actuals Workbook

BA	Facility	ORIGINAL	Projected Goals			
		SFY18 Proj Total \$	SFY18 Revised Projection	Expended 01/26/2018	Projected Available	Pay Period Not to Exceed*
3706	MEDICAL ADMINISTRATION	\$ 1,368,606	\$ 1,279,864	\$ 855,164	\$ 424,700	\$ 38,609
3762	HIGH DESERT STATE PRISON	\$ 5,294,689	\$ 3,455,526	\$ 2,841,084	\$ 614,442	\$ 55,858
3717	NORTHERN NEVADA CORRECTIONAL CENTER	\$ 2,485,727	\$ 1,711,714	\$ 1,416,246	\$ 295,468	\$ 26,861
3738	SOUTHERN DESERT CORRECTIONAL CENTER	\$ 2,247,562	\$ 1,655,549	\$ 1,180,716	\$ 474,834	\$ 43,167
3751	ELY STATE PRISON	\$ 3,064,566	\$ 2,140,753	\$ 1,667,914	\$ 472,838	\$ 42,985
3761	FLORENCE MCCLURE WOMENS CORRECTIONAL CENTER	\$ 1,707,573	\$ 1,154,488	\$ 921,492	\$ 232,997	\$ 21,182
3710	DIRECTOR'S OFFICE	\$ 464,699	\$ 402,061	\$ 281,583	\$ 120,479	\$ 10,953
3759	LOVELOCK CORRECTIONAL CENTER ***	\$ 1,088,323	\$ 1,028,323	\$ 704,273	\$ 324,050	\$ 29,459
3716	WARM SPRINGS CORRECTIONAL CENTER	\$ 306,220	\$ 257,591	\$ 178,668	\$ 78,922	\$ 7,175
3724	NORTHERN NEVADA TRANSITIONAL HOUSING	\$ 37,152	\$ 26,731	\$ 19,563	\$ 7,168	\$ 652
3760	CASA GRANDE TRANSITIONAL HOUSING	\$ 75,078	\$ 57,014	\$ 39,165	\$ 17,848	\$ 1,623
3739	WELLS CONSERVATION CAMP **	\$ 133,156	\$ 121,998	\$ 91,012	\$ 30,987	\$ 2,817
3711	CORRECTIONAL PROGRAMS	\$ 24,944	\$ 16,657	\$ 16,560	\$ 98	\$ 9
3715	SOUTHERN NEVADA CORRECTIONAL CENTER	\$ 5,520	\$ 4,290	\$ 2,760	\$ 1,530	\$ 139
3752	CARLIN CONSERVATION CAMP ***	\$ 309,761	\$ 309,761	\$ 128,578	\$ 181,183	\$ 16,471
		\$ 18,613,577	\$ 13,622,321	\$ 10,344,778	\$ 3,277,543	\$ 297,958

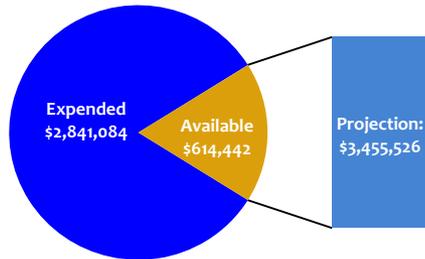
Projection and Actuals Snapshot



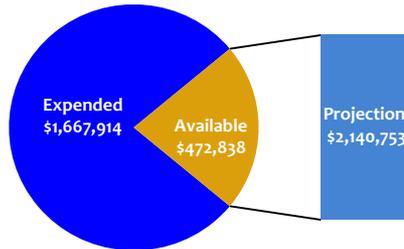
	3706	3762	3717	3738	3751	3761	3710	3759	3716	3724	3760	3739	3711	3715	3752
Actuals	\$855,164	\$3,239,290	\$1,591,390	\$1,359,790	\$1,907,610	\$1,028,500	\$283,596	\$888,986	\$274,634	\$26,914	\$61,525	\$117,627	\$16,560	\$2,760	\$134,278
Remaining	\$424,700	\$614,442	\$295,468	\$474,834	\$472,838	\$232,997	\$120,479	\$324,050	\$78,922	\$7,168	\$17,848	\$30,987	\$98	\$1,530	\$181,183

Overtime Targets By Budget Account

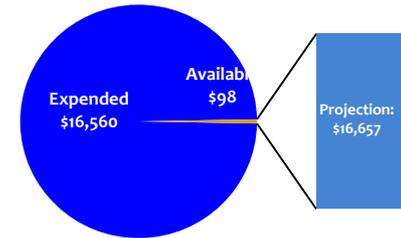
High Desert: 3762



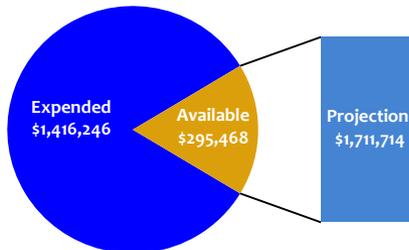
Ely State Prison: 3751



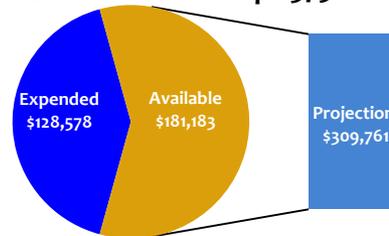
Correctional Programs: 3711



Northern Nevada Correction Center: 3717



Carlin Conservation Camp: 3752



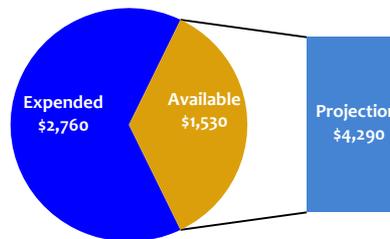
Lovelock Correctional Center: 3759



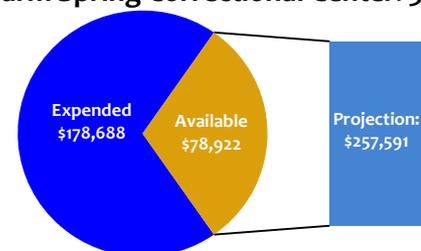
Southern Desert Correctional Center: 3738



Southern Nevada Correction Center: 3715

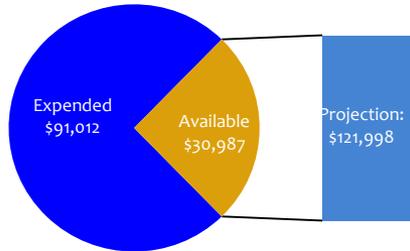


Warm Spring Correctional Center: 3716

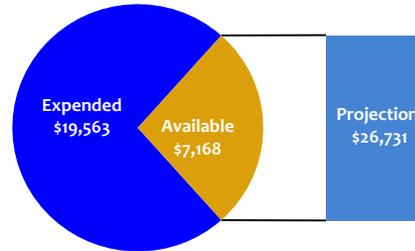


Overtime Targets By Budget Account

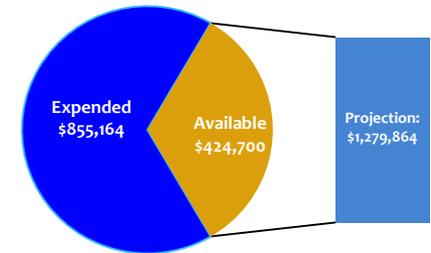
Wells Conservation Camp: 3739



Northern Nevada Trans Housing: 3724



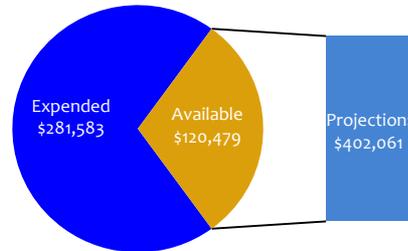
Medical: 3706



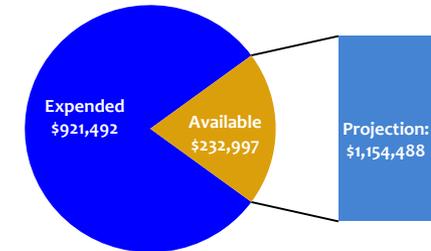
Casa Grande Transitional Housing: 3760



Director's Office: 3710



Florence McClure Women's Correctional: 3761



CORECIVIC
SAGUARO CORRECTIONAL CENTER

WARDEN'S REPORT NVDOC
MONTH OF JANUARY 2018

2018 MONTHLY POPULATION SUMMARY				
	Population Beg. of Month	ARRIVALS	DEPARTURES	Population End of Month
Month	Total	Total	Total	Total
JAN	199	27	26	200
FEB				
MAR				
APR				
MAY				
JUN				
JUL				
AUG				
SEP				
OCT				
NOV				
DEC				

INMATE POPULATION BY ETHNIC RACE		
ETHNIC RACE	NUMBER AT SCC	PERCENTAGE AT SCC
African-American	57	28.50%
Caucasian	46	23.00%
Hispanic	87	43.50%
Native American	5	2.50%
Asian - Pacific Islander	3	1.50%
Other	2	1.00%
TOTAL:	200	100%

DEPARTURES BY REASON		
Type	Total MTD	Total YTD
Expiration of Sentence	0	0
Parole	0	0
Escape	0	0
Death (Natural/Suspicious)	0	0
Court Date	0	0
Nevada Request	26	26
Other	0	0
TOTAL:	26	26

CLASSIFICATION			
NV CLASSIFICATION		CORECIVIC ICAS CLASSIFICATION	
Community	0	Low	0
Minimum	0	Moderate	80
Medium	39	High	120
Close	105	Unassigned	0
Max	56	Overrides	0
Total	200	Total	200

RELIGIOUS SERVICES			
PROGRAM	ATTENDANCE	SESSIONS	HOURS
Accountability Group	0	0	0
Adventist Mentoring	0	0	0
Adventist Service	0	0	0
Catholic Mass	0	0	0
Buddhist	0	0	0
Erickson Bible Study	0	0	0
Good News Bible Study	0	0	0
Islamic Service/Jumah Prayer	0	0	0
Jehovah's Witness	0	0	0
Odinist	0	0	0
Luther Catechism Study	0	0	0
Mormon Service	0	0	0
Native American Smudge	0	0	0
Native Hawaiian Religion - Wednesday-AM	0	0	0

Native Hawaiian Religion - Wednesday-PM	0	0	0
NHR - Programs II	0	0	0
Pagan/Wiccan Group	0	0	0
Prelwitz/Huber Mentoring Session	0	0	0
NHRP Class Assistants	0	0	0
Christian Non-denominational Sat/AM Unit	0	0	0
Christian Non-denominational Sun Comb	0	0	0
Protestant Worship Service/Guest	0	0	0
Roman Catholic	0	0	0
Samoan Services	0	0	0
Jewish	0	0	0
Hotel Unit Protective Custody-Bible Study	0	0	0
Worship Team Practice	0	0	0
Spanish Worship	0	0	0
Thielke Mentoring Sessions	0	0	0
Wiccan	0	0	0
Usher's Meeting	0	0	0
Life Principal Service - Faith Base (M-C)	0	0	0
Special Services-Makahiki Opening	0	0	0
Volunteers for the Month	0	0	0
TOTALS:	0	0	0

PASTORAL DUTIES	ATTENDANCE	SESSIONS	HOURS
Housing Unit Visits	0	0	0
Offender Counseling	0	0	0
Ministerium	0	0	0
Outside Contacts	0	0	0
Seg Unit Visits	96	4	4
Staff Counseling	0	0	0
TOTALS:	96	4	4

FAITH BASED COMMUNITY (M HOUSING UNIT)		
	MONTHLY	YTD
TOTAL INMATES	0	0
TERMINATIONS/MOVED OUT	0	0
GRADUATIONS	0	0

Education			
CLASSES	No. of Inmates	No. Sessions Held	No. Hours Provided
CORRESPONDENCE/COLLEGE			
ABE I			
ABE II			
ABE III			
ABE IV			
ABE V (GED)			
GED Academy			
Ship III Education			
Anger Management			
Cognitive Skills			
Electrical			
Carpentry			
Computers			
HI Language			
Life Skills			
NCCER/OSHA Safety			
Plumbing			
Tutor Training			
Parenting			

Library Services			
Library Attendance	Totals	Book Check-Outs (Circulation)	Totals
Library Books	24	96	120
Law Library Attendance	23		23
Services	Totals	Book Check-Outs (Circulation)	Totals
New Law Books Received	0		0
Inmate Photocopies	0		0

Fathers Bridging the Miles			
CLASSES	No. of Inmates	No. Sessions Held	No. Hours Provided
FBM	0	0	0

CASE MANAGEMENT CONTACTS

Case Management:	Unit J	Unit K	Unit L	Unit M	Unit H	Unit N
# of Appointments					18	
# of Unscheduled Offender Contacts					284	
# Hours Provided					302	
Total Offender Contacts:					160	
# of Scheduled Reclassifications					0	
# of Unscheduled Reclassifications					3	
Intake Screenings					27	

Offender Work Program	
Unassigned Segregation	27
Involuntary Unassigned	0
Unassigned	173
School Only	0
School/Job	0
Program - RDAP/Life Principles	0
Job Only	0
TOTAL:	200

Explanation of involuntary unassigned

Offender Work Program		
Department	NUMBER OF OFFENDERS	NUMBER OF HOURS
Reception & Discharge	0	0
Chapel	0	0
Commissary / Warehouse	0	0
Education	0	0
Food Service	0	0
Laundry Workers	0	0
Library	0	0
Maintenance	0	0
Medical	0	0
Recreation	0	0
Security/Captains Crew	0	0
Program RDAP/Life Principles	0	0
Unit Workers	0	0
TOTAL	0	0

Team Safety		
		YTD
Team Safety Employee of the Month	CO S. Owen	1
Staff Injuries	1	1
Inmate Injuries	5	5
Staff Lost Work Days	0	0
Most common Staff injury for the Month:	Puncture/Scratch	
Most common Offender Injury for the Month:	Abrasion/Scratch/Swollen Areas	

Safety Training / In-service

CPR/New Hire Facility Safety 01/09/18

CIRT Training 01/22/18

Team Safety Committee Recommendations

RECREATION			
Recreation Department Employment Statistics:			
Recreation Usage	Recorded Visits	Hourly High	Average Per Day
J Yard			
K Yard			
L Yard			
M Yard			
H Yard	63	41	115
Music Room			
Inmate Employees			
In-Cell Hobby Participants	0		
Tournament & Leagues	None for the month of Jan		

DISCIPLINARY CHARGES		
	MONTHLY TOTAL	TOTAL YTD
Dismissed Prior to Hearing/Informally Resolved	0	0
Disciplinary Charges Filed	32	32
Referred to Disciplinary Committee	32	32
Dismissed by Disciplinary Committee/Found NG/Informally Resolved	0	0
Appeals Reversed	0	0
Appeals Modified	0	0
Appeals Upheld	0	0

Monthly Majors	YTD Majors	Monthly Minors	YTD Minors
31	31	1	1

# OF CHARGES/HEARINGS	# OF CONVICTIONS	% OF CONVICTIONS
32	32	100%

VISITATION		
Type of Visit	Offender Visitors	YTD
On-Site	17	17
Video Visits (to start in Feb)	0	0

COMMISSARY SALES		
	WEEKLY	YTD
Week 1	-143.56	-143.56
Week 2	5,620.73	5,477.17
Week 3	2,647.79	8,124.96
Week 4	3,388.70	11,513.66
Week 5	3,285.87	14,799.53
Week 6		

Arrest-Employee (on duty) Trinity	0		0
Arrest-Civilian (on CCA Property)	0		0
Discovery of Cash, Money Orders, or Cashier's Checks-\$500 or More	0		0
Attempted Suicide-Requiring Suicide Watch (As determined by a QMHP)	0		0
Discovery of Weapon-HOMEMADE (Other than firearm)	1	01/03/18	1
Discovery of Weapon-MANUFACTURED (Other than firearm)	0		0
Discovery of Illegal Drugs	0		0
Use of Four/Five Point Restraints	0		0
Fight WITH Weapon Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Fight WITHOUT Weapon Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Assault WITH Weapon Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Assault WITHOUT Weapon Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Assault WITH Weapon Requiring Immediate Outside Medical Treatment-Inmate on Employee	0		0
Assault WITHOUT Weapon Requiring Immediate Outside Medical Treatment-Inmate on Employee	0		0
Verified Food Poisoning (3 or more instances in a 24 hour period as determined by Health Services)	0		0
Completed Non-Consensual Sexual Act (Occurring Beyond Past 72 Hours)-Inmate on Inmate	0		0
Completed Non-Consensual Sexual Act (Occurring Beyond Past 72 Hours)-Inmate on Employee	0		0
Alleged Non-Consensual Sexual Act (Occurring Beyond Past 72 Hours)-Inmate on Inmate	0		0
Alleged Non-Consensual Sexual Act (Occurring Beyond Past 72 Hours)-Inmate on Employee	0		0
Alleged Sexual Act (Occurring Beyond Past 72 Hours)-Employee on Inmate	0		0
Abusive Sexual Contact	0		0
Attempted Non-Consensual Sexual Act-Inmate on Inmate	0		0
Attempted Non-Consensual Sexual Act-Inmate on Employee	0		0
Use of Force WITH Chemical/Inflammatory Agents WITH Significant Injuries	0		0
Use of Force WITH Chemical/Inflammatory Agents WITH Less Than Significant Injuries	0		0

Use of Force WITH Chemical/Inflammatory Agents WITH No Injuries	2	01/03/18,01/04/18	2
Use of Force WITHOUT Chemical/Inflammatory Agents WITH Significant Injuries	0		0
Use of Force WITHOUT Chemical/Inflammatory Agents WITH Less Than Significant Injuries	0		0
Use of Force WITHOUT Chemical/Inflammatory Agents WITH No Injuries	0		0
Employee on Inmate Sexual Harassment	0		0
Loss of Ammunition (on CCA Property)	0		0
Loss of Communication Equipment (Cell Phones, Pagers, Hand-Held Walkie-Talkie Radios, Blackberries, etc.) (on CCA Property)	0		0
Discovery of Unauthorized Communication Equipment (Cell Phones, Pagers, Hand-Held Walkie-Talkie Radios, Blackberries, etc.) (on CCA Property)	0		0
Other-Discovery of Electronic Accessories	0		0
Discovery of Cash, Money Orders, or Cashier's Checks-Under \$500	0		0
Fight WITH Weapon NOT Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Fight WITHOUT Weapon NOT Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Assault WITH Weapon NOT Requiring Immediate Outside Medical Treatment-Inmate on Inmate	1	01/03/18	1
Assault WITHOUT Weapon NOT Requiring Immediate Outside Medical Treatment-Inmate on Inmate	0		0
Assault WITH Weapon NOT Requiring Immediate Outside Medical Treatment-Inmate on Employee	1	01/04/18	1
Assault WITHOUT Weapon NOT Requiring Immediate Outside Medical Treatment-Inmate on Employee	0		0
Other - Alleged PREA Activity-Inmate on Inmate unsubstantiated Inmate on Inmate	0		0
Other - Accidental Chemical Discharge	0		0
Other - Vehicle Accident-Property Damage over \$1000	0		0
Arrest-Employee (off duty)	0		0
Extended Use of Restraints	0		0
Interruption of Facility Services (4 hours or longer in duration) not related to Inmates	0		0
Discovery of Tobacco (Applies to Non-Smoking Facilities)	0		0
Loss of Class B Tool	0		0
Loss of Ammunition (Off CCA Property)	0		0

Health Services Activity (On-Site)	MEDICAL REPORTS	
		TOTAL
A. Physician/Mid-Level Patient Encounters		
1. Full Health Appraisals (initial)	0	0
2. Full Health Appraisals (periodic)	27	27
3. Total Number Sick Calls Seen	71	71
4. Chronic Clinic Activity Total (a-h)	67	67
a. Total Number HTN/Cardiovascular Disease	22	22
b. Total Number Seizure Disorders	2	2
c. Total Number Tuberculosis	7	7
d. Total Number Diabetes	12	12
e. Total Number Pulmonary (other than TB)	10	10
f. Total Number Infectious Disease (such as HIV, Hepatitis)	1	1
g. Total Number General Medicine (All Miscellaneous Chronic)	7	7
h. Total Number Other (Specify) sick call referral and ER	6	6
Total Physician/Mid-Level Patient Encounters	165	165
Total Physician/Mid-Level Hours Worked	436	436
B. Nursing Services Patient Encounters		
1. Total Number Intake Screenings	27	27
2. Total Number Routine Sick Calls	29	29
3. Total Nursing Treatments (EKG, respiratory treatment, diabetes check, BP check, etc.)	329	329
4. Total Segregation Visits	93	93
5. Medical Emergencies Total (a-c)	23	23
Health Services Activity		
a. Total Ambulance/EMS Response	1	1
b. Total Facility Vehicle Transport	9	9
c. Total Resolved On-Site	13	13
6. Total Ancillary Services (On-Site) (a-d)	216	216
a. Total Laboratory Draws	32	32
b. Total Radiology Procedures (performed on-site by facility staff)	13	13
c. Total Number Pharmacy Orders Placed	96	96
d. Total Number inmates who received meds (total of MARs)	75	75
7. Total Miscellaneous Services (a-j)	97	97

a. Pre-Employment Exams	15	15
b. Urine Drug Screens	15	15
c. Sort Team Exams	14	14
d. Total Use of Force Exams - Employee	12	12
e. Total Use of Force Exams - Inmate/Resident	9	9
f. Food Service Workers Physical Exams	0	0
g. Training Classes Conducted	0	0
h. Corrective Lens Issued	4	4
i. Special Diets Ordered	1	1
j. Other-Discharge Summaries	27	27
Total Nursing Patient Encounters		
(Add the totals together for 1-7)	814	814
Total Nursing Hours Worked (include Agency)	3449.71	3449.71
Health Services Activity		
C. Mental Health Patient Encounters		
1. Total Number Sick Call Requests	2	2
2. Total Number Evaluations	5	5
3. Total Number Mental Health Chronic Clinics	5	5
4. Total Number Suicide Precautions	1	1
5. Total Number Segregation Rounds (30/90 day)	40	40
Total Mental Health Patient Encounters		
(Add the totals together for 1-5)	53	53
Total Mental Health Hours Worked	122	122
D. Dental Patient Encounters		
1. Total Sick Call/Routine Care Appointments	20	20
2. Total Number Dental Emergencies	1	1
Total Dental Patient Encounters		
(Add the totals together for 1-2)	21	21
Total Dental Hours Worked	443.48	443.48
E. Detail on Clinic Procedures by Dentist		
1. Clinic Procedures by Dentist (a-h) – Data Collection Only	24	24
a. Diagnostics (00100-00999)	21	21
b. Preventive (01000-01999)	1	1
c. Restorative (02000-02999)	0	0
d. Endodontics (03000-03999)	0	0

e. Periodontics (04000-04999)	0	0
f. Prosthodontics, Removable (05000-05899)	0	0
Health Services Activity		
g. Oral Surgery (07000-07999)	1	1
h. Adjunctive General Services (09000-09999)	1	1
2. Clinic Procedures by Hygienist (a-d) – Data Collection Only	7	7
a. Diagnostics (00100-00999)	2	2
b. Preventive (01000-01999)	2	2
c. Periodontics (04000-0499)	3	3
d. Adjunctive general services (0900-09999)	0	0
II. Infection Control Data		
		TOTAL
A. TB Screening		
1. Inmate Intake	27	27
2. Inmate Annual	0	0
3. Employee New Hire	15	15
4. Employee Annual	20	20
B. Immunizations (Flu, Hep-B, etc.)		
1. Inmate	50	50
2. Employee	0	0
C. Inmates Newly Diagnosed		
1. HIV/AIDS	0	0
2. Hepatitis (all types)	0	0
3. MRSA	0	0
4. Confirmed TB	0	0
5. Other: RPR/TB Prophy clinic	2	2
Health Services Activity		
D. Number of Inmate Deaths	0	0
E. Medical Observation Utilization	3	3
(Total number of inmates placed in medical observation)		
III. Off-Site Patient Encounters		
Note: Complete this section for all off-site encounters (include customer approved and CoreCivic approved)		
		TOTAL
1. Orthopedic	0	0
2. Ophthalmology	0	0

3. Cardiologist	0	0
4. Dermatologist	0	0
5. Oral Surgeon	0	0
6. GI	0	0
7. Neurologist/Neurosurgery	0	0
8. ENT	0	0
9. General surgery	0	0
10. Radiology/Imaging	0	0
11. Rheumatologist	0	0
12. Oncology	0	0
13. Urologist/Nephrologist	0	0
14. Optometry	0	0
15. Other- Pulmonology=5,Wound Clinic=2	0	0
Total Off-Site Specialty Patient Encounters	0	0

GRIEVANCES		
	Monthly Totals	YTD
Number of Formal Grievances Filed:	5	5
Number of Formal Grievances Denied:	0	0
Number of Formal Grievances Granted:	0	0
Number of Formal Grievances Resolved:	0	0
Number of Formal Grievances Pending Resolution:	5	5
MONTHLY TOTAL	5	5

INFORMAL OFFENDER GRIEVANCES		
	Monthly Totals	YTD
Number of Informal Grievances Filed:	15	15
Number of Informal Grievances Denied:	10	10
Number of Informal Grievances Granted:	0	0
Number of Informal Grievances Resolved:	0	0
Number of Informal Grievances Pending Resolution:	5	5
MONTHLY TOTAL	15	15

Offender Drug Surveillance Program			
		Monthly Total	YTD
Random:	Number Tested:	0	0
	Number Positive:	0	0
Suspicion:	Number Tested:	27	27
	Number Positive:	0	0
Refused:	Number Refused:	0	0
Total Tested For Month:		27	27

FOOD SERVICE		
	Offenders	Staff
Breakfast Meals Served	6,138	438
Lunch Meals Served	6,138	838
Dinner Meals Served	6,138	506
Total:	18,414	1,782

OFFENDER SPECIAL DIETS	
Diet for Health w/ Snack (Diabetic)	1
Kosher	1
Diet for Health (Low Fat/Low Salt)	2
Vegan	0
Vegetarian	0
Allergy	0
No Pork	0
Total	4

FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Commitment to Change High Desert State Prison

22010 Cold Creek Road, Indian Springs, Nevada 89070

By

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INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, the Nevada Department of Corrections is partnering with the University of Cincinnati Corrections Institute (UCCI) to assess correctional programs across the state of Nevada using the Evidence-Based Correctional Program Checklist (CPC). One of the programs selected to be assessed by NDOC is the Commitment to Change (CTC) program at High Desert State Prison. The objective of the CPC assessment is to conduct a detailed review of the program's practices and to compare them to best practices within the correctional treatment literature. Program strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the program are offered.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)ⁱ for assessing correctional intervention programs.ⁱⁱ The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score.ⁱⁱⁱ Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.^{iv} In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

The CPC 2.0 is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs.^v Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been assessed using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall,

8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE COMMITMENT TO CHANGE PROGRAM AT HIGH DESERT STATE PRISON AND SITE VISIT PROCESS

The CTC is operated at the High Desert State Prison (HDSP) in Indian Springs, Nevada. The CTC program began in 2008. The CTC program provides programming services to men who volunteer for the program at HDSP. The intent of the program is to introduce and explore the concept of thinking errors, help clients become aware of their thinking, encourage and motivate personal change, and provide a program which can help clients work toward change. The CTC program utilizes the Commitment to Change three part series, which includes manuals and movies. The first series provides 11 sessions and focuses on errors in thinking; the second series provides nine sessions and focuses on how thoughts lead to behaviors and explores tactics for moving beyond these thoughts; and the final series focuses on overcoming the thinking errors and is delivered across nine sessions. Participants attend class and go through the session with a group facilitator. There are two co-program directors for the purpose of this report: Dr. Francis Oakman and Dr. Laurie Hoover, both are charged with overseeing programming and services for the CTC program for different HDSP yards. In addition to the two program managers, the CTC program utilizes six staff from Psychologist II and Mental Health Counselor II positions to deliver programming. There are also caseworkers who provide case management to CTC clients, as well as men in other programs at the institution.

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to the CTC program on October 18, 2017. Data were gathered via the examination of twenty representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, a CTC group was observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the first CPC assessment of this program.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the program), his/her qualifications and experience, his/her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Dr. Oakman and Dr. Hoover were identified as the co-program directors for the purpose of this report.

The second sub-component of this domain concerns the initial design of the program. Effective interventions are designed to be consistent with the literature on effective correctional services, and program components should be piloted before full implementation. The values and goals of the program should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the program should be perceived as both cost effective and sustainable.

Program Leadership and Development Strengths

The co-program directors are qualified and experienced. Dr. Hoover has a Ph.D. in psychology with course specialization in forensic psychology. Moreover, she has over 20 years of experience working with correctional treatment populations, including 17 years at HDSP. Dr. Oakman has a Psy.D. in clinical psychology and did undergraduate course work in corrections. Dr. Oakman has nearly 12 years of experience with correctional treatment programs, including almost eight years at HDSP. Both Dr. Hoover and Dr. Oakman are directly involved in selecting staff for the CTC program. Each receives a candidate list from HR, selects applicants for interviews, and participates in those interviews.

Both program directors are involved in the training of new staff. Dr. Oakman has created a “dos and don’ts” list that she distributes to new hires and reviews. She also reviews all of the CTC dvds and group material before new staff administer the program, and provides training on appropriate boundaries between staff and clients. Dr. Hoover reviews administrative regulations (AR) and operating procedures (OP) information, has new staff review all treatment related materials, assigns new hires to shadow experienced staff, and provides training on NDOC software. In addition to training staff, both program directors are involved in direct supervision of service delivery staff—Dr. Oakman has monthly meetings with her staff and Dr. Hoover has meetings every 6-8 weeks with her staff.

Program funding is adequate to implement the program as designed and there have been no major decreases in funding that have significantly impacted the program within the past two years. The CTC program has been offered at the facility for roughly 10 years, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Program directors that are actively involved in the delivery of program services are more aware of the current and changing needs of the staff and participants in the program. Thus, programs that have program directors actively involved in the delivery of services demonstrate better programmatic outcomes. Both Dr. Hoover and Dr. Oakman have many other job related duties besides overseeing the CTC program. While they are involved in the delivery of direct services in other aspects of their job (i.e., Dr. Hoover carries a caseload of inmates admitted to suicide watch; Dr. Oakman conducts a social skills group for the extended care unit and administers Static-99R assessments for sex offender parolees), neither program director provides direct service delivery in the CTC program or with CTC participants.

- ***Recommendation:*** The program directors should have active involvement in CTC direct service delivery. This can take the shape of consistent group facilitation, consistent

administration of assessments, and/or carrying a small caseload. Both program directors would need to have consistent involvement in the delivery of CTC services to meet this criterion.

It is important the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. While the administrative team responsible at the time for programming conducted an internet search for relevant programming, a formal literature search was not conducted prior to establishing the CTC program, nor is one conducted on an ongoing basis. As such, staff are not formally and regularly informed about evidence-based practices with this population.

- **Recommendation:** The CTC and/or the program director should conduct a literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: “Psychology of Criminal Conduct” by Don Andrews and James Bonta; “Correctional Counseling and Rehabilitation” by Patricia Van Voorhis, Michael Braswell, and David Lester; “Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply” edited by Alan Harland; and “Contemporary Behavior Therapy” by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior*; *Crime and Delinquency*; and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all of its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).
- **Recommendation:** This information on what works should be disseminated to all staff delivering direct services in the program on a regular basis. This can be achieved by sharing this information at the staff meetings, hosting a discussion on the information, and determining how the program is or should incorporate the information into its daily practices.

Formal piloting of potential changes to the program are not consistently conducted. The CTC program should consistently have a formal pilot period where program logistics and content are sorted out before a change or a new process begins.

- **Recommendation:** On-going modifications to the program should be formally piloted. Piloting of new interventions (e.g., curriculum changes, case planning, behavior management, etc.) should last at least one month and should involve formal start and end dates. Information and data should be collected and staff should be included in making adjustments. Piloting should be a consistent programmatic practice. The CTC program should consider piloting the DBT program that is currently being developed. (See comments in Offender Assessment for more recommendations on incorporating DBT programming.)

Programs that feel they have support from key criminal justice stakeholders like institutional administration and DOC central office administrators demonstrate better programmatic outcomes than programs that lack this support. The totality of the site visit suggested the program does not appear to have the necessary support of its criminal justice stakeholders. Concerns were expressed that HDSP administration and NDOC central office do not understand the demands of health and programming staff. Mental health staff are placed in a position where they are responsible for dealing with mental health/illness of inmates and then also tasked with providing programming to address criminogenic needs. These two demands place staff in dual roles and are often given little support in how to address these two distinctly different job demands. Additionally, some institutional policies are placing stress and leading to nonevidence-based decisions. For example, there is a policy that programs are canceled if there are less than 5 inmates in a group. Further, inmates may have to leave group for a number of reasons, most commonly because of a change in housing. Because of this policy and the uncertainty around movement, staff often have to rush through programs to ensure they are completed.

- **Recommendation:** The CTC program staff should work closely with HDSP and NDOC, to identify areas where administrative policies are impacting the successfulness of the programming and work together to resolve these issues. By finding solutions that work for all parties, support for the CTC program will be demonstrated.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the clients. Excluded from this group is support staff and the program director, who was evaluated in the previous section. In total, six staff were identified as providing direct services. These positions included Psychologist II and Mental Health Counselor II staff.

Staff Characteristics Strengths

CTC program staff meet CPC standards for education and experience. At the time of assessment, 100% had obtained an associate's degree or higher in a helping profession. In fact, all had master's degrees or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education. For experience, the CPC requires that at least 75% of staff have worked in programs with criminal/juvenile justice populations for at least two years. Again, 100% of CTC staff currently met this mark. The CTC program should be commended for the education and experience of their programming staff.

Staff have a voice in the program and their input is valued. Staff have the ability to suggest modifications to the program at staff meetings, and to either program director (via their open door policy). As an example of input, a staff member recently suggested that a dialectical behavior therapy component be explored. A program manager has approved this and development is currently underway.

The CTC has ethical guidelines in place for all staff. These guidelines are found in NDOC administrative regulations.

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes than programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired by the CTC participate in a standardized process in which five interview questions are selected from eight predetermined questions. Moreover, interviewers are prohibited from asking probing follow-up questions during the interview process. While this process is meant to reduce bias, it simultaneously prevents staff from asking questions related to the skills and values they possess related to offender change. As a result, there is no consistent process to ensure that staff are hired based on skills and values related to behavioral change.

- ***Recommendation:*** Indicators of key skills and values can be (but are not limited to): strong support for offender treatment and change, empathy, fairness, life experiences, being non-confrontational but firm, problem solving, and prior training or licensure. Hiring practices should allow for the examination of these indicators. CTC staff should work closely with HDSP and NDOC to determine if there is a way to augment the current interview process to ensure that staff possess values supportive of helping inmates with their change process are hired.

The frequency of staff meetings differ by program director. Dr. Oakman meets with her staff monthly, while Dr. Hoover meets with her staff every 6-8 weeks. While meetings are in place, neither frequency meets the CPC criterion. Furthermore, these meetings do not ensure that the inmates who are participating in CTC are reviewed as to their progress.

- ***Recommendation:*** Staff meetings should occur at least twice per month to discuss intakes, case reviews, problems, programming, and any other issues related to the delivery and execution of the program. This should be a consistent and formal practice for all staff.

Staff receive an annual evaluation that assesses staff on traditional employment indicators like providing clinical treatment under supervision, documentation, medication monitoring, psychology testing and reports, crisis intervention, statistical information gathering, meetings, work ethic, customer service and communication, and professionalism. However, this evaluation is lacking indicators for direct service delivery skills. In order to promote behavioral change, programs need to assess staff annually on their abilities and skills related to evidence-based practice service delivery.

- ***Recommendation:*** Annual reviews can include traditional employment indicators, but should also be supplemented to assess the service delivery skills of staff involved in behavioral change. Service delivery skills can include: assessment skills and interpretation of assessment results, communication skills, modeling of new behaviors, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment intervention model and effective interventions.

All staff involved in providing group or individual services to clients should receive ongoing clinical supervision. While the state of Nevada does not require clinical supervision for certain class titles, evidence does demonstrate that programs that provide clinical supervision to staff who deliver services demonstrate better outcomes than programs that do not provide clinical supervision.

- **Recommendation:** A staff member who meets Nevada state standards and is licensed by the state should provide at least monthly clinical supervision. The clinical supervisor should meet at least once a month with all case managers and group facilitators to assist them in how they can improve in their service delivery and client interactions. This supervision should focus on how these staff can better incorporate cognitive behavioral interventions and core correctional practices into their daily interactions.

While new staff receive training on human resource policies, institutional rules, and department wide policies and practices, staff do not receive initial training on the CTC program or evidence-based practices. Moreover, staff do not receive 40 dedicated hours of yearly ongoing training related to evidence-based practices.

- **Recommendation:** New staff should receive a thorough training in the theory and practice of interventions employed by CTC. There should be formal training for all staff on the CTC series before any staff deliver that curriculum. In addition to the CTC curriculum, relevant topics include training on the principles of effective intervention, assessments, specific program components, group facilitation, core correctional practices, cognitive behavioral interventions, social learning, etc.
- **Recommendation:** Staff should be required to receive a minimum of 40 hours per year in formal training related to the program and service delivery (see topics listed above). Training in areas not directly related to service delivery (i.e., CPR, restraint, bloodborne pathogens, etc.), while required for different aspects of the job, should not be counted towards the CPC 40 hour criterion.

Programs that demonstrate staff support for the goals and values of behavioral change programs demonstrate greater reductions in recidivism than programs that do not. The site visit revealed that some staff at HDSP are not supportive of the CTC program. While the majority of the staff believe that the program is beneficial, some do not support the goals of the program.

- **Recommendation:** While some direct service delivery staff may have preferences for other programming (i.e., anger management, sex offender treatment, etc.), this does not preclude them for supporting the goals and values of behavioral change sought by CTC and running CTC as designed. The CTC program should review evidence-based practices and research findings related to behavioral change to educate and motivate staff.

Offender Assessment

The extent to which participants are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the

risk, need, and responsivity of participants, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of participants, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

The CTC program admits appropriate clients, as determined by the program. While clients are self-referred, very few (less than 20%) are inappropriate for the services provided by CTC. Those that may be inappropriate are the result of attending only for meritorious credit and are not truly motivated to fully participate in the program.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which clients are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment scores are also crucial as they determine which criminogenic need areas clients have, whereas responsivity assessments assist in determining clients' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few). The CTC program reviews self-referred clients for the NRAS risk and need assessment results. The NRAS is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk clients are admitted to the program, and low risk clients are not admitted (or extremely limited and separated from the population). At the time of the assessment, approximately 80% percent of clients were high or moderate risk on the NRAS.

Offender Assessment Areas in Need of Improvement and Recommendations

The program lacks written, established guidelines for excluding clients that may not be appropriate for services. Programs that are able to identify and exclude participants that are inappropriate for services have better programmatic outcomes than programs that lack exclusionary criteria.

- ***Recommendation:*** The CTC program should develop exclusionary criteria appropriate for the services provided by the CTC program. This criteria should be written into program policy and followed by all staff. Examples of exclusionary criteria that are appropriate for CTC include only accepting those inmates that score as moderate to very high risk on the NRAS. That is, the CTC program should exclude low risk offenders from programming. Another potential exclusionary criteria is limiting participation to those inmates who demonstrate criminal thinking as a significant criminogenic need on the NRAS. That is, since the CTC program focuses on addressing criminal thinking, it stands to reason that only those who demonstrate criminal thinking as a prominent criminogenic need (as measured on the NRAS criminal thinking domain, or if a separate criminal thinking needs assessment is adopted and administered). Thus, those that score low in criminogenic

thinking would be excluded from treatment. Exclusionary criteria should be based on clinical/community/legal criteria.

The CTC program does not conduct any responsivity assessments to measure a participant's engagement in treatment or potential barriers to the delivery of services.

- **Recommendation:** The program needs to measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.). If the program intends to have a DBT component, then care should be given to how individuals will be assessed for personality disorders that can be screened into DBT. The assessment of these results can be used to make decisions on how staff, clients, and the program work together. Examples of relevant responsivity tools include: the Texas Christian University (TCU) Client Self-Rating Scale, TCU Client Evaluation of Self at Intake/Treatment, Beck's Depression, Test of Adult Basic Education (TABE), and University of Rhode Island Change Assessment (URICA).

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the program targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train justice-involved participants in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

While the program does target non-criminogenic need areas such as accountability and non-directive empathy, the program also targets criminogenic needs. These criminogenic targets include: criminal thinking, decision making, substance abuse, belief systems, and emotional regulation. As a result, the CTC program focuses at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs). Related, in targeting these criminogenic needs, the treatment approach utilizes a cognitive model.

All treatment groups are conducted by direct service delivery staff from beginning to end and the inmates are not involved in providing any of the interventions or services.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). As mentioned above, although the program targets a number of criminogenic needs, it also targets a number of non-criminogenic needs (i.e., accountability and non-directive empathy), resulting in a ratio of 5:2 (71% criminogenic). The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- **Recommendation:** In order to increase the density of appropriate program targets, it is recommended the CTC work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal behavior. The program should ensure that group and individual sessions stay focused on the core areas designated on the NRAS and that time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1. Appropriate criminogenic targets for change include (but are not limited to): antisocial thinking and beliefs, antisocial peers, substance abuse, and pro-criminal personality factors such as poor anger management, poor problem solving ability, and constructive (prosocial) use of leisure time. A way for the CTC program to meet this criteria would be to also target criminogenic needs in 1-on-1 sessions using cognitive behavioral techniques like thought-behavior links, skills streaming, and role play. Targeting criminogenic needs using CBT methods would significantly increase CTC's target density. Moreover, CTC should lessen their focus on non-criminogenic targets of non-directive empathy and accountability, and place more focus on criminogenic targets of criminal thinking and emotional regulation.

The CTC program does not develop case plans for each participant in the program, nor is CTC an element of the HDSP case plan. Case plans should be developed based on the results of the NRAS assessment. The objectives listed in case plans should be specific to the assessment results and should utilize/emphasize skills being taught in programming (e.g., coping skills, thinking, etc.).

- **Recommendation:** Case/treatment plans should be derived from the review of the client's needs and individual goals, based on standardized and validated risk/need/responsivity assessments in relation to how CTC can assist them in meeting their goals. These individualized case plans should be developed by the case manager or CTC program staff and the participants and be regularly updated in case management meetings. The plans should include targets for change, and strategies for achieving the change based on skills being taught throughout the program including what the client is responsible for completing and what the program staff are responsible for assisting the client with. CTC case plans do not necessarily need to be separate case plans, rather they can be incorporated into a client's larger case plan (as long as they are individuals and based on the NRAS).

The most effective programs are based on behavioral, cognitive behavioral (CBT), and social learning theories and models. CTC aims for a primary modality of treatment that is cognitive-behavioral. However, the program is built on a cognitive modality (i.e., it does not incorporate behavioral strategies) and is delivered via non-effective modalities (i.e., process oriented group). The program does target antisocial thinking, but does not incorporate appropriate modeling, skill building, or graduated practice (i.e., behavioral techniques).

- **Recommendation:** The CTC program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches. This model should also be reflected in the program manual, group interventions, case management sessions, individual sessions, and in all other interactions with participants.
 - Additional focus in CTC should be on teaching participants to identify and replace antisocial thinking and choices with prosocial ones (i.e., cognitive restructuring). Cognitive restructuring can be taught through behavior chains, rules tools, thinking

reports, and cost-benefit analysis. Observation of the group offered missed opportunities to focus on antisocial thinking and replacing those thoughts with prosocial thoughts.

The length of time over which services are delivered is important. The most effective interventions last between three and nine months. The current program is designed to be completed in six weeks.

- **Recommendation:** CTC program could increase the time needed to complete the program by incorporating more opportunities in groups to target criminogenic needs, teach skills needed to reduce recidivism, and practice skills in increasing amounts of difficulty. Furthermore, individual sessions with the facilitator could be held to ensure that graduated practice can occur.

While in the program, it is important that the clients are supervised and closely monitored within the context of the goals of the program. For programs that operate in institutions like CTC, this means that program participants should be separated from the general population that is not receiving CTC. Currently, the CTC program is housed across numerous buildings that contain program participants and general population inmates.

- **Recommendation:** The program should attempt to work with the administration and determine the feasibility of eventually housing CTC participants together so they are bunked with other inmates in CTC or similar programming.

While CTC has a manual for the delivery of the groups itself (i.e., three books that layout 29 sessions), the Mental Health & Programs Unit lacks a detailed manual that specifies all major aspects of the CTC program.

- **Recommendation:** The Mental Health & Programs Unit should develop and follow a detailed program manual. In addition to the CTC group sessions, the manual should include a program description, philosophy, admission criteria, assessment practices, scheduling, case planning, phase advancement (or CTC program advancement across the series), behavior management, completion criteria, discharge planning, and aftercare. Once the manual is created, it should be followed by all staff.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the client. For example, effective programs are structured so that lower-risk participants have limited exposure to their higher risk counterparts. Research has shown that mixing low risk participants with moderate or high risk participants can increase the risk of recidivism for low risk participants. Low risk participants may be negatively influenced by the behavior of high risk participants, thereby increasing their risk of recidivism. Review of program materials, case files, and interviews revealed that CTC does accept low risk clients, and but does not separate risk levels across groups.

- **Recommendation:** If the program accepts clients that are classified as low risk by the NRAS, then efforts should be made to ensure that low risk clients are not mixed with higher risk clients. If the CTC continues to accept low risk clients, then low risk groups should

be formed specifically for low risk clients to avoid exposing these clients to higher risk individuals in a group setting.

A program should vary the dosage and duration of service according to the client's risk level. The program does not provide more intensive services to higher risk participants. Clients who are at higher risk for recidivism by definition have more criminogenic needs. These clients should be required to attend additional services, dictated by the needs identified on the NRAS risk and need assessment tool. Thus, clients identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that participants who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high risk participants need over 200 hours of services to reduce their risk of recidivating. Very high risk or high risk people with multiple high need areas may need 300 hours of evidence-based services. Only groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count towards the dosage hours. While it is unreasonable for CTC to solely meet this dosage, CTC should be used as one facet to meet these dosage levels.

- **Recommendation:** The program directors should work with HDSP to develop treatment tracks for different risk levels that build towards sufficient dosage prior to release. Based on our calculation, CTC would count towards 36 dosage hours in this track. Different tracks should be developed for moderate and high risk offenders with different requirements for dosage hours. Client dosage hours should be tracked and included as part of the completion criteria.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client to the type of service for which he/she is most likely to respond. These assessed characteristics can also be used to assign staff and offenders together as programs have better outcomes when they staff are matched to clients based on assessed need and/or responsivity factors. CTC does not use the results of a needs assessment to refer clients to programming or to match of staff and clients. Instead, the yard an inmate is housed on determines group placement. And clients are assigned to specific staff on that yard based on who is on the wait list when the CTC program is being formed.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups and staff. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, participants who lack motivation may need motivation issues addressed before an assignment to a service designed to address beliefs and teach skills.
- **Recommendation:** Need and/or responsivity factors should be used to match inmates to their group facilitators. For example, a client with substance abuse issues should be matched with a staff member with substance abuse credentials. Or, a client who lacks motivation is matched with a staff who excels in motivational interviewing techniques. CTC should work towards implementing responsivity assessments (as described above) and use both responsivity and need assessment results to match clients and staff.

Moreover, programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff at CTC are assigned to groups based on schedule, and some staff who have no interest in CTC facilitate the groups.

- **Recommendation:** The CTC program directors should assign staff to deliver programming based on skills, experience, education, training, and then expressed interest.

Clients do not have formal mechanisms to provide program input. Programs that have formal process in place for clients to provide the program feedback on their likes and dislikes demonstrate better outcomes than programs that lack this formalized procedure.

- **Recommendation:** The CTC program should create formal procedures to solicit client feedback on a regular basis. Examples can include caseload meetings, elected representatives, suggestion boxes, or feedback forms, to name a few. Any suggested changes made by clients must be approved by the program directors before they are implemented.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and apply appropriate reinforcers. While CTC has established some appropriate reinforcers (i.e., verbal praise, meritorious credit), there is not a menu of available reinforcers or when to use them. That is, the program has not established a thorough enough array of reinforcers for use to encourage positive behavior in and out of the program. Similarly, the administration of reinforcers also needs to be improved. Rewards are most valuable when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. Finally, program staff do not receive any formal training in the administration of rewards (or punishers).

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change and are appropriately applied. The CTC program has established very few punishers available for use, and the program has no formal protocol for administering them. Staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions such as aggression towards punishment, future use of punishment, and response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

- **Recommendations:** The current behavior management system should be modified in the following manners:
 - CTC should enhance its reinforcement protocol to include a wider range of appropriate reinforcers. In addition to reinforcers already employed by the program such as verbal praise and sentence credit, other examples include: tangible reinforcers (e.g., food, books, etc.), awards, raffle tickets, increased TV time,

increased recreation time, and extra shower time to name a few. It is recognized that the institution may have policies in place as to what is acceptable/accessible as reinforcers. Therefore, CTC staff should work with the institution to determine what is possible when expanding their reinforcement menu.

- Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff link the reward to the desired behavior. For key target behaviors, staff should have the client articulate the short-term and long-term benefits of continuing that behavior.
- The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.
- An appropriate range of punishers should be used to extinguish antisocial behavior and to promote behavioral change in the future by showing the offenders that behavior has consequences. Appropriate punishers include: verbal warning, verbal disapproval, written warning, a behavior contract, loss of points or privileges, or formal write-up to name a few. Removal from program should only be reserved only for when all other options have been used. Shaming and treatment activities (e.g., more group, thinking report, etc.) should never be used as punishers.
- For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when applicable).
- Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses.
- There should be a written policy to guide administration of rewards and punishers. All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress towards meeting individualized treatment goals. In comparison, to successfully complete the CTC

program, a client simply must attend the groups, participate in group, and complete homework. There is no emphasis on direct measurement of the acquisition of prosocial behaviors.

- **Recommendation:** The CTC program should establish written guidelines for successful completion. These guidelines should be tied to individualized progress in acquisition of the target behaviors taught in the program. In addition to client progress observed by staff in meeting their individualized treatment plan goals and objectives, progress should also be linked to some objective assessment such as the Texas Christian University Criminal Sentiments Scale (TCU CTS), which can be utilized as pre-, mid-, and post-test measure of client progress or reassessment of the NRAS. Clients should also be informed of these guidelines and their progress toward meeting target behaviors as they move through the curriculum.

Effective correctional programs have a completion rate between 65% and 85%, ensuring the program is neither too difficult nor arbitrarily easy to complete. The CTC program does not consistently track its completion rate for the program. Estimates gathered during the site visit ranged from a 50% completion rate to a 95% completion rate.

- **Recommendation:** The CTC program should track its completion rate to ensure that it is meeting the CPC criterion, falling between 65% and 85% successful completion. Those who are regarded as unsuccessful or successful by program staff should be counted in this rate. In addition, those that leave the program because of housing changes (i.e., they did not elect to leave the program and program staff did not remove them from the program) should be included as unsuccessful. While the program staff may not be involved in housing decisions, it is nevertheless a decision that impacts programming and treatment dosage.
- **Recommendation:** Keeping track of the percent of people who have to leave the program do to administrative or security related decisions (i.e., housing moves) may also help inform administration of the breadth of this issue and its difficulty for program staff.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. This includes new thinking skills and new behaviors. At the time of the site visit, none of the group services incorporated the correct format for teaching new skills as outlined by social learning theory.

- **Recommendation:** Structured skill building should be routinely incorporated across the program. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skill/increasing participant motivation for the skill; 3) staff modeling the skill for the participants; 4) participant rehearsal of the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; every client should practice that skill); 5) staff providing constructive feedback; and 6) client practicing the skill in increasingly difficult situations and being given staff feedback/generalizing the use of the skill to other situations. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to the client.

- **Recommendation:** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from a 50/50 to 70/30 range across the service targets.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. Given the issues with housing moves and the rule regarding groups needing 5 or more participants to run, groups at the CTC program routinely begin with 15-20 participants.

- **Recommendation:** Groups should not exceed 8 to 10 clients per active facilitator at the start of the curriculum and routinely end with at least 65% of those who started the group.

The CTC program does not develop formal discharge plans for all clients of the CTC program.

- **Recommendation:** Formal discharge plans should be developed upon termination from the program. These plans should include any referrals to other services (in the community or institution), progress in meeting target behaviors and goals, and noted areas that need continued improvement. These plans can be used to inform additional programming needed within the institution or upon release. They should be shared with the HDSP caseworker and the client.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. The CTC program does not currently have an aftercare component.

- **Recommendation:** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of offender risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Areas in Need of Improvement and Recommendations

The CTC program lacks a formal management audit system. Internal quality assurance mechanisms are important for programs to ensure that they are operating the way they are intended to operate.

- **Recommendation:** The CTC program should develop policy for consistent, systematic process wherein (1) there is a consistent process for timely file reviews, (2) there is quarterly observation of staff service delivery for each staff delivering CTC, and (3) clients are provided feedback on their progress in the curriculum. With regards to observation of

staff service delivery, this needs to be consistently done by each program director and there should be documented feedback provided to the staff based on the observations of the program director. In regards to client feedback, this can take the form of biweekly, monthly, or quarterly (or other time frames) meetings where the client receives feedback on their progress in meeting treatment and case planning goals, their progress in group, and what they need to do to successfully complete the program. This process needs to be systematic for all clients.

The program does not have a formal process to solicit client satisfaction with the program. Programs that collect formal client feedback on service delivery and use that information to inform programming have better programmatic outcomes than programs who lack this process.

- **Recommendation:** The CTC program should develop a consistent process to solicit client feedback on the program. This can be done through monthly surveys or exit surveys/interviews. The program should use the information gathered from this process to inform potential programmatic changes.

The program does not have a periodic, objective, and standardized reassessment process to determine if clients are meeting target behaviors.

- **Recommendation:** The CTC program should formalize a period reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using a standardized need assessment tool that may be adopted (for example, the Texas Christian University Criminal Thinking Scales). Having a subjective assessment (e.g., professional judgement) is not sufficient to meet this requirement.

The program does not track recidivism of its participants after completion of the program. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation.

- **Recommendation:** Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—should be tracked at 6 months or more after release from prison. If there is a significant amount of time between program completion and release from prison, then the program is encouraged to measure recidivism as institutional misconducts. The program can do this on its own, or work with NDOC to secure these data.
- **Recommendation:** In relation to the formal evaluation, a comparison study between the program's outcome and a risk-controlled comparison group should be conducted and include an introduction, methods, results, and discussion section. This study should be kept on file.
- **Recommendation:** CTC should consider working with NDOC to identifying an evaluator who is available to evaluate available data. Evaluation must be the main focus of their position. Alternatively, CTC could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using

undergraduate or graduate interns to assist with data collection activities (at no cost to CTC) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation).

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 30.1% on the CPC 2.0. This falls into the Low Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence based interventions and services for the participants is 38.7%, which falls into the Low Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 66.7% (Very High Adherence to EBP), the staff characteristics score is 36.4% (Low Adherence to EBP), and the quality assurance score is 0.0% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 23.8%, which falls into the Low Adherence to EBP category. The assessment domain score is 77.8% (Very High Adherence to EBP) and the treatment domain score is 9.1% (Low Adherence to EBP).

It should be noted that the program scored highest in the Assessment Domain. While recommendations have been made in each of the five CPC domains, most of the areas in need of improvement relate to the Treatment Characteristics and Quality Assurance Domains. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all “areas needing improvement” at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

As outlined in the cover letter attached to this report, please take the time to review the report and disseminate the results to selected staff. Although we have worked diligently to accurately describe your program, we are interested in correcting any errors or misrepresentations. As such, we would appreciate your comments after you have had time to review the report with your staff. If you do not have any comments, you can consider this to be a final report.

Figure 1: Commitment to Change Program, HDSP CPC Scores

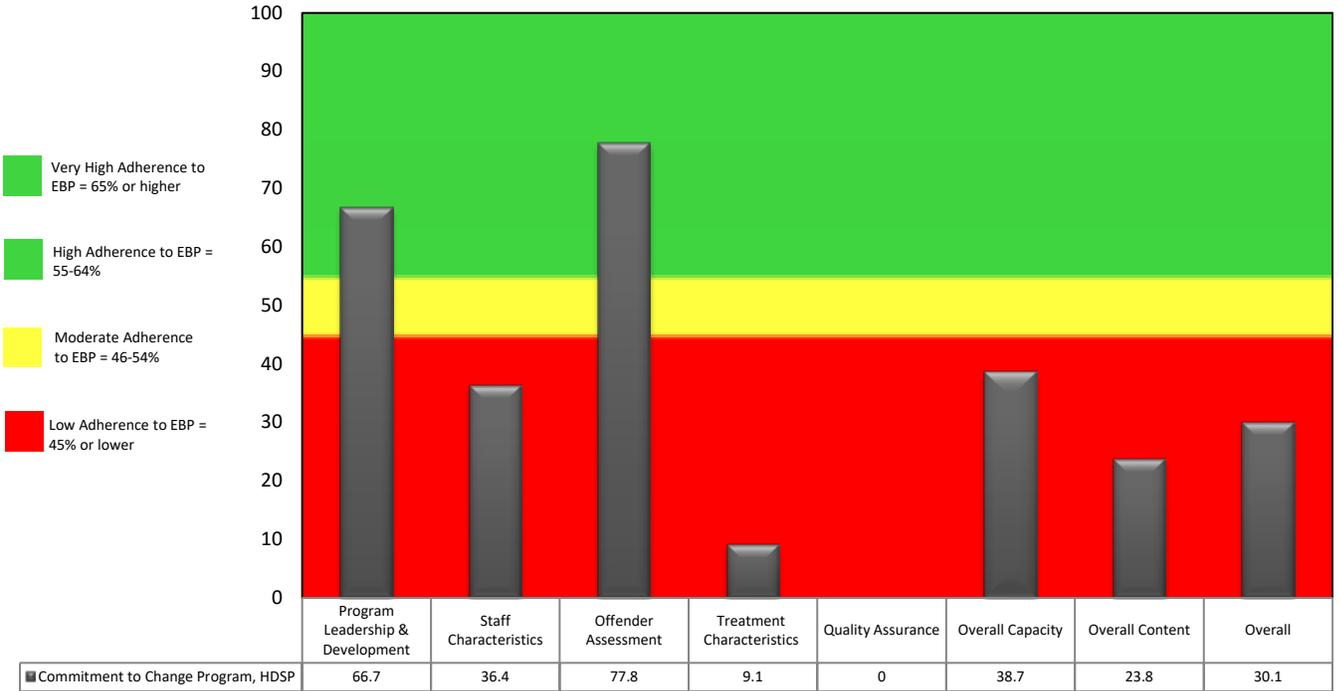
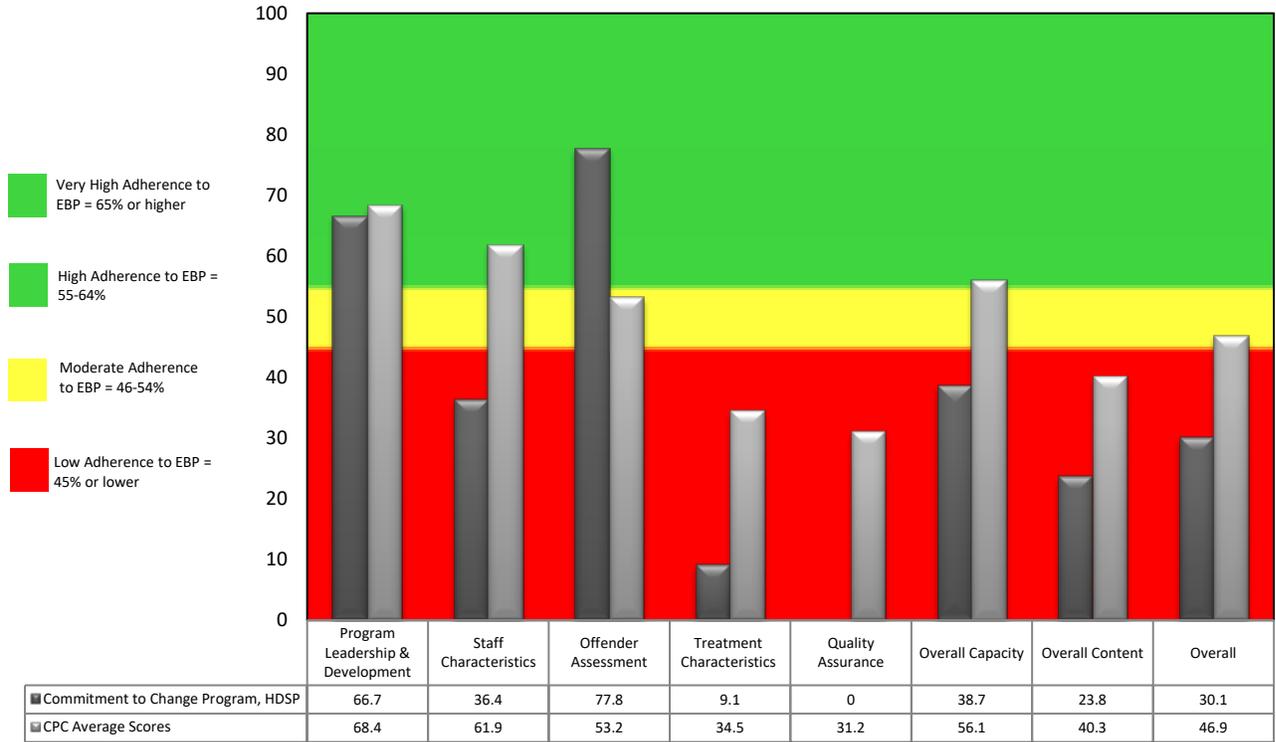


Figure 2: Commitment to Change Program, HDSP CPC Scores Compared to the CPC Average Scores



ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), the UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ⁱⁱ The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

ⁱⁱⁱ A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). *Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

^{iv} Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

^v Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.

NDOC FACILITY ENTRANCE SECURITY DETECTION AND CONTRABAND AUDIT ANALYSIS

Institutions	Ely State Prison	Florence McClure	High Desert State	Lovelock	Northern Nevada	Southern Nevada	Warm Springs
	Contraband Audit Date: TBD	Contraband Audit Date: TBD	X	Contraband Audit Date: TBD			
1. The institution has Operational Procedures that are consistent with the Departmental Administrative Regulations regarding Control of Contraband, Security Practices and Searches.			X				
2. Operational Procedures are descriptive of the duties that are required for the detection of contraband, good security practices regarding: contraband, security practices at entrances and searches of vehicles and persons.			X				
3. Officers search and monitor all vehicular traffic and all person(s) entering and exiting the facility. (Indicate if the officer/officers were interviewed regarding their training for their post during the audit.)			X				
4. Officers posted at the entrances and Sally-port are rotated during shift bid to ensure that complacency does not erode good security practices. The duration of the officer at each post will be noted during the audit.			X				
5. Officers posted at the Sally-port maintain a log of all vehicles entering and departing from inside the secure perimeter of the facility. Does each entry in the log contain: Logging Officer's rank/full name, Driver's full name, Company represented, Destination of the products in the vehicle, Brief description of contents, Gross amount of contents, Expected schedule delivery date and time, Date/time in/out, Vehicle license number & issuing state, Name and contact information of the person responsible for the vehicle during the facility visit.							
6. Officers thoroughly search each vehicle entering and exiting the facility. The search includes inspection under the hood, under the vehicle, trunk, passenger cabin, glove box, tool box, truck bed and any other area where contraband or an inmate attempting escape may be concealed.			X				
7. The manifest for deliveries is checked against the items, containers, boxes for consistency between the manifest and the items being delivered.			X				
8. Officers are authorized to prevent the entry or exit of any vehicle or person that is suspected of introducing contraband into or out of the institution. Officers understand that they must contact their immediate supervisor if they stop or prevent a person or vehicle from entering or exiting the facility.			X				
9. Deliveries in boxes/containers are opened and inventoried by staff in the area/shop to ensure that contraband is not being concealed.			X				
10. Mail and packages coming through the US Mail are opened and inspected for contraband.			X				
11. The facility's perimeter and Sally-port officers will ensure that inmates remain within and that public access is denied without proper authorization.			X				
12. Written procedures govern searches of inmate housing units and other personal areas.			X				
13. Housing area searches occur at irregular times.			X				
14. Inmates in more contraband prone areas are searched more thoroughly? Such areas include Prison Industries, Maintenance and Vocational Shops.							
15. Inmates are searched as they are leaving work/assignment areas. Note whether officers or non-custody staff are conducting the searches and the type of search such as pat-down verses stripping the inmate to their underwear meaning shorts, t-shirts and socks.			X				
16. Inmate movement from one area to another area is controlled by staff.			X				
17. All staff brings authorized items into the institution in clear bags and containers.							
18. Staff are advised and informed not to bring cell-phones into the institution unless specifically authorized by the Warden.			X				
19. Contraband is documented and disciplinary action follows. The contraband is removed from the area. Dangerous contraband is secured and logged as evidence.		Contraband Audit Date: TBD	X	Contraband Audit Date: TBD			
20. Living areas are constructed to facilitate continuous staff observation of cell or cell fronts, dayrooms, and recreation space, or the unit officer(s) make frequent inspections of these areas.			X				
21. The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for further action - possible seizure/inventoried.			X				

The first thing I saw when I stepped out of the car was a bright, sunny day. The air was warm and smelled of fresh grass. I looked around and saw a large, open field with a few scattered trees in the distance. A small stream flowed through the middle of the field, and a few birds were flying in the sky. It was a beautiful scene, and I felt a sense of peace and tranquility. I had never seen anything like this before, and it was exactly what I needed.

I walked towards the stream, and the water felt so cool on my skin. I sat down on the grassy bank and watched the water flow. The sound of the water was soothing, and I felt my stress melting away. I had been so busy lately, and I needed this time to myself. I had never taken a break like this before, and it felt like a gift. I had never seen anything like this before, and it was exactly what I needed.

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HDSP Facility Entrances, Security, Detection and Control of Contraband November 29, 2017

This audit is to ensure that institution policy and procedures protects inmates, the public, and staff. Its primary focus is to enhance facility security and good order by identifying, detecting, controlling, documenting, and properly disposing of any and all contraband.

Components	Meets	Does Not Meet	N/A	Remarks
1. The institution has Operational Procedures that are consistent with the Departmental Administrative Regulations regarding Control of Contraband, Security Practices and Searches.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operational Procedures and Administrative Regulations are current and detailed pertaining to the institutional security practices.
2. Operational Procedures are descriptive of the duties that are required for the detection of contraband, good security practices regarding: contraband, security practices at entrances and searches of vehicles and persons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operational Procedures are descriptive in searching for prohibited items in various post assignments including, basic general security practices.
3. Officers search and monitor all vehicular traffic and all person(s) entering and exiting the facility. (Indicate if the officer/officers were interviewed regarding their training for their post during the audit.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, the Sally Port and Perimeter Officers were knowledgeable of their posts and were observed while searching vehicular traffic and minimum custody inmates upon entry and exit of the Institution through the Sally Port.
4. Officers posted at the entrances and Sally-port are rotated during shift bid to ensure that complacency does not erode good security practices. The duration of the officer at each post will be noted during the audit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AW Howell stated that, "No employee can stay in the same Post for more than two years." They must then rotate to another position.
<p>5. Officers posted at the Sally-port maintain a log of all vehicles entering and departing from inside the secure perimeter of the facility. Does each entry in the log contain:</p> <ul style="list-style-type: none"> • The logging Officer's rank and full name. • The driver's full name • Name of the Company represented • Destination of the products in the vehicle (e.g., Culinary, Prison Industries, Vocational Shops) • Brief description of contents in the vehicle. • Gross amount of contents in the vehicle (e.g., 2 pallets of cooking flour) • Expected schedule of delivery date and time • Date and time in/out • Vehicle license number and issuing state • Name and contact information of the person responsible for the vehicle during the facility visit 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Each entry in the log contains: Agency, Company, License Number, Time In/Out, Driver, Remarks and Date.</p> <p>Needs to incorporate the Officer's rank and full name, exact destination, brief description of contents and amount.</p>

<p>6. Officers thoroughly search each vehicle entering and exiting the facility. The search includes inspection under the hood, under the vehicle, trunk, passenger cabin, glove box, tool box, truck bed and any other area where contraband or an inmate attempting escape may be concealed.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes, Sally Port Officer Morin was knowledgeable of his post and was observed while searching vehicular traffic and minimum custody inmates upon entry and exit of the Institution through the Sally Port. Officer Morin was observed inspecting underneath the hood, vehicle, inside the passenger cabin, glove box and other areas where contraband or an inmate attempting to escape may be concealed.</p>
<p>7. The manifest for deliveries is checked against the items, containers, boxes for consistency between the manifest and the items being delivered.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes, Deliveries are checked against the items, containers, boxes for consistency between the manifest and the items being delivered.</p> <p>All deliveries of large packages are made to the warehouse that is located outside the secure perimeter of the facility and they are inspected by staff in the warehouse prior to allowing entry into the facility.</p> <p>1) Deliveries are checked through the bill of lading. The bill of lading has a full description of billing and quantity of items being delivered.</p> <p>2) All packaging slips are also checked comparing to the bill of lading to assure accurate pricing and quantity of the shipment.</p> <p>3) All delivered shipments get logged into the Keefe system to assure accurate shipping quantity and pricing.</p> <p>4) All copies of bill of ladings and packaging slips get securely stored in file cabinets in the main warehouse office.</p>
<p>8. Officers are authorized to prevent the entry or exit of any vehicle or person that is suspected of introducing contraband into or out of the institution. Officers understand that they must contact their immediate supervisor if they stop or prevent a person or vehicle from entering or exiting the facility.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes, the vehicle is prevented from entering or exiting the institution and the officer's immediate supervisor is contacted for further instruction.</p>
<p>9. Deliveries in boxes/containers are opened and inventoried by staff in the area/shop to ensure that contraband is not being concealed in the boxes/containers.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Cases do not get visually inspected however, all boxes that come in from FedEx and UPS do get visually inspected by managers only.</p>

10. Mail and packages coming through the US Mail are opened and inspected for contraband.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR: 750.03 All incoming mail, including mail marked "Returned to Sender," will be opened for the inspection for contraband, unauthorized items, cash, coins, checks, and money orders are scanned by the mailroom staff.
11. The facility's perimeter and Sally-port officers will ensure that inmates remain within and that public access is denied without proper authorization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, Perimeter and Sally-port officers ensure that inmates remain within the prison facility and that public access is denied without having proper authorization.
12. Written procedures govern searches of inmate housing units and other personal areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR: 400.01 G. Correctional staff will conduct a visual inspection of all cells and other living quarters once each shift. A formalized report will be submitted to the Associate Wardens for each inspection or noted on the local post log shift report.
13. Housing area searches occur at irregular times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR: 422.08 Inmate institutional living quarter searches will be conducted on periodic and random basis, as well as based on individual reasonable suspicion or probable cause.
14. Are inmates in more contraband prone areas searched more thoroughly? Such areas include Prison Industries, Maintenance Shops and Vocational Shops.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<ol style="list-style-type: none"> 1) Inmates are picked up and dropped off from camp by free staff. 2) The Warehouse has nine workers from Three Lakes Valley Camp. Four workers go in the institution with free-staff to conduct deliveries and 5 stay to work in the warehouse. 3) Inmates going into the institution to conduct deliveries get a pat down search upon entering and exiting the Sally-port. Free staff does not get searched. There is no "thorough" search onsite at HDSP. Searches are done at the camp upon returning at the end of the inmate's work day.
15. Inmates are searched as they are leaving work/assignment areas. Note whether officers or non-custody staff are conducting the searches and the type of search such as pat-down verses stripping the inmate to their underwear meaning shorts, t-shirts and socks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inmates working in Culinary and inmates who are partaking in visitation do get thoroughly strip searched only by officers posted in these designated areas.

16. Inmate movement from one area to another area is controlled by staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, Inmate movement from one area to another is controlled by staff.
17. All staff brings authorized items into the institution in clear bags and containers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>*No, only staff assigned to areas within the prison facility is authorized to bring items in clear bags and containers.</p> <p>While not prohibited by regulation, some staff are bringing in excessively large clear plastic containers that make a thorough visual inspection difficult.</p> <p>Free-staff that are working at the back of the institution i.e., Warehouse, Auto shop etc... are not required to bring in their lunch/beverages in the required approved clear PVC bag and containers due to they are not actually going inside of the institution. However, they still do interact directly with inmates.</p>
18. Staff are advised and informed not to bring cell-phones into the institution unless specifically authorized by the Warden.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes, Staff are informed not to bring cell phones into the institution unless specifically authorized by the Warden.</p> <p>1) AR 422.02 (2) Posted signs will be posted at each entrance onto facility grounds and at the entrance to the facility reception areas stating: ATTENTION: All persons and vehicles are subject to search. Firearms, weapons, drugs, and electronic devices, alcohol and tobacco prohibited.</p> <p>2) All staff is also advised of these policies during their initial and reoccurring training sessions throughout the year.</p>
19. Contraband is documented and disciplinary action follows. The contraband is removed from the area. Dangerous contraband is secured and logged as evidence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, the finding of Contraband is first reported to an immediate supervisor and then to CERT. The item is then documented by the officer and removed/secured and logged by CERT upon their arrival. This begins the Chain of Custody.

<p>20. Living areas are constructed to facilitate continuous staff observation of cell or cell fronts, dayrooms, and recreation space, or the unit officer(s) make frequent inspections of these areas.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1) OP: 422.01 (1) Searches of inmates, their cells, possessions and work assignment areas are vital to safety and security of the institution. Random searches will be made of the inmates and premises they occupy without harassing or agitating the inmates. 2) Warehouse and Auto shop also check all inventory and doors before days end.</p>
<p>21. The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for further action – possible seizure/inventoried.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>OP:422.11 (14) All items of contraband stored and held as evidence for investigation and possible prosecution will receive special attention to ensure its preservation. Contraband items will not be disposed of until officially released by the Attorney General.</p>
<p>22. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>OP:422.11 (14) All items of contraband stored and held as evidence for investigation and possible prosecution will receive special attention to ensure its preservation. Contraband items will not be disposed of until officially released by the Attorney General. OP: 711.01 (7) In the event unauthorized property/contraband is recovered, proper reports such as but not limited to Notice of Charges, Informative and evidence reports will be completed and submitted to the Core Services Associate Warden for proper handling.</p>
<p>23. Altered property is destroyed following documentation and using established procedures.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>OP: 711.02 (1) Any property not addressed within this procedure SHALL be considered unauthorized; in order to alleviate unnecessary definitions of unauthorized property. Inmate property shall not be altered from its original condition. Normal wear will be taken into consideration.</p>

<p>24. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>OP: 711.02 (16) Religious materials as required by authorized religions. Approved religious items must be on the inmate's property card. OP: 810.07 All NDOC Religious Property Request Forms (DOC 3528) must be reviewed, approved/denied by the Core Services Associate Warden.</p>
<p>25. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g., training purposes.</p> <ul style="list-style-type: none"> • If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. • Soft Contraband is mailed at the inmate's expense or destroyed. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>OP:422.11 (14) All items of contraband stored and held as evidence for investigation and possible prosecution will receive special attention to ensure its preservation. Contraband items will not be disposed of until officially released by the Attorney General. Inmates are given the option to mail out soft contraband. Inmates will communicate with the mail room officer to retain shipping boxes and the inmate must provide adequate shipping and handling expenses.</p>
<p>26. The facility has a comprehensive security inspection policy. The policy specifies:</p> <ul style="list-style-type: none"> • The Posts which must be inspected • Required inspection forms or logs • Frequency of inspections for each post • Guidelines for checking security features • Procedures for reporting, to the Warden, weak spots, in-consistencies, and other areas needing improvement 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>AR 403: Institution Security Inspections AR: 423: Institution/Facility Entrance Scanning Procedure AR 460: Security at Community Hospitals OP: 332.04 Notifications OP: 400: General Security Supervision OP: 403: Institutional Security Inspections OP 415: Daily Administrative Officer Inspection Tours OP: 123 Institutional Reports</p>
<p>27. Every officer is required to conduct a security check of his/her assigned area to ensure the integrity of the post. The results are logged.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>AR 422:10 Search and Seizure Standards Searches of compounds, perimeters, grounds, or any area owned or under the control of the department of corrections. OP 422: Institutional Search and Control of Contraband</p>
<p>28. Documentation of security inspections is kept on file.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>N/A</p>
<p>29. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>AR: Divisional reporting AR: 304: Equal Employment Opportunity AR: 306: Employee Formal Grievance Procedure AR: 332: Employee Reporting Responsibilities</p>

<p>30. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>OP: 411: Tool Control The designated tool control coordinator is responsible for ensuring that all tools utilized within High Desert State Prison are stored in a safe, economical and secure manner. Auto shop tool log in/out is being conducted by an inmate. Log sheet was not legible and corrective whiteout was all over the sheet. Even though automobiles are searched by an officer at the vehicle sally-port the officer assigned to the vocational shops should be conducting spot searches.</p>
<p>31. Storage and supply rooms; walls, light and plumbing fixtures, electrical outlets, accesses, and drains, etc. undergo frequent unannounced searches. These searches are logged.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>AR: 400.01 G. Correctional staff will conduct a visual inspection of all cells and other living quarters once each shift. A formalized report will be submitted to the Associate Wardens for each inspection or noted on the local post log shift report.</p>
<p>32. Fence ties are checked regularly and any missing fence ties are logged and reported to maintenance and the Operations Associate Warden.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes, Fence ties are checked daily and missing fence ties are immediately reported to maintenance, an immediate supervisor and also logged into NOTIS.</p>
<p>33. Visitation areas receive frequent unscheduled inspections with emphasis on locating contraband that is concealed in bathrooms, under tables and chairs.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Officer before and after visiting sessions search all areas, items, and doors of the visiting room.</p>
<p>34. Unclothed body searches are conducted of all inmates leaving the visiting area.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>AR: 422.04 (1) Pat down, frisk, strip and visual body cavity searches of inmates and their property will be conducted by staff trained in conducting searches. Inmates do get unclothed body searched after every visiting session.</p>
<p>35. The Maintenance Supervisor ensures that any reported security problems with doors, gates, and/or fences are immediately repaired. If it cannot be repaired, an officer is posted to ensure that the safety and security of the institution is maintained.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes, Maintenance ensures that reported security issues with gates and/or fences are repaired immediately. If the issue cannot be repaired immediately and poses a serious risk to the security of the Institution, an officer is posted in the area to ensure that the security of the institution is maintained until the item can be repaired.</p>

**FACILITY SECURITY AND CONTROL AND
CONTRABAND**

89% Meets Standard

11% Does Not Meet Standard

Remarks: *(Record significant facts, observations, other sources used, etc.)*

Prison Industries: It was not clear whether Diamond Card bags and boxes are inspected prior to them being introduced into the facility for the prevention of additional contraband because they are searched by staff when they are opened once in the prison industries area.

- It is recommended that these boxes or containers be opened and inspected prior to entering the facility.

Warehouse: The warehouse is also being used for storage which could create a problem for effective searches of the area. Furniture and old kitchen equipment had parts that could be made into weapons. While these may be difficult to introduce into the main secure portion of the facility, they could pose a threat to staff working outside the secure perimeter and to the staff assigned to the camp.

- It is recommended that any furniture or equipment that cannot be used by the institution because they are broken, be removed from the warehouse.

Auto Shop: The Auto Shop is considered outside of the secure portion of the institution. There were tools, parts, open supply room doors, wooden pallets, and an out of service BBQ grill. Again, all this can be a potential hazard for a prison made weapon and or a hiding place for any kind of contraband. Inmates were given pat-searches upon leaving the various shops, making it too easy for inmates to introduce contraband into the secure portion of the facility.

- Due to inmate presence and minimal staff supervision these items should be removed or stored in a more secure fashion. The Auto Shop should implement procedures for logging in/out tools, equipment, and practice environmental neatness, along with securing supply room doors that are not being occupied during the work day.
- Inmates should be at the minimum be given on a surprise basis be given a more thorough search by having them remove their outer garments, shoes and socks and having the officer search their clothing for contraband.

Staff Entrance: Officers posted at the entrance at shift change are attempting to search the clear plastic containers that staff are using to bring in their lunches and other personal items to work. These containers are sometimes excessively large and the number of food containers appears to be excessive for a meal.

- It is recommended that a size limitation be placed on containers to make searches a little easier for officers posted at the staff entrance.

Deputy Director David Tristan; C/O Jason Duran C/O Matthew Hughes / Audit: 11/29/17 Report Typed: 12/01/17

Reviewer's Signature / Date

DRAFT REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Getting it Right Reentry **Florence McClure Women's Correctional Center** 4370 Smiley Road, Las Vegas, Nevada 89115

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Final Report Submitted:

INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, the Getting It Right Reentry (GIRR) program at Florence McClure Women's Correctional Center (FMWCC) was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of GIRR program's practices and to compare them to best practices within the correctional treatment literature. Strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by GIRR are offered.

GIRR was assessed as part of a training initiative in which Nevada Department of Corrections (NDOC) staff were trained on the administration and scoring of the CPC. Given that this CPC assessment involved a training process, this CPC report represents an assessment conducted within a training context. This is the first CPC assessment of this program at this facility.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)ⁱ for assessing correctional intervention programs.ⁱⁱ The CPC is designed to evaluate the extent to which correctional intervention programs adhere to Evidence-Based Practices (EBP) including the principles of effective intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score.ⁱⁱⁱ Throughout UCCI's work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.^{iv} In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

The CPC 2.0 is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to

EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., Program Director, Clinical Supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs.^v Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been assessed

using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE GETTING IT RIGHT RE-ENTRY PROGRAM AT FLORENCE MCCLURE WOMEN'S CORRECTIONAL CENTER AND SITE VISIT PROCESS

GIRR is operated at FMWCC in Las Vegas, Nevada and began delivering Re-entry programming around 2007. GIRR program provides re-entry services to women at the correctional center. The program aims to address numerous areas that can impact re-entry for women. These areas include: relationships, communication, family, feelings, criminal behavior, anger, empathy, change plans, good habits, financial responsibility, time management, health, employment, coping skills, responsible thinking, and relapse prevention. GIRR program employs the Getting it Right series of workbooks from the Change Company; the women attend class and go through these books with a group facilitator. Ms. Elizabeth Coleman¹ is identified as the Program Director for the purpose of this report as she is charged with overseeing programming and services for GIRR. In addition to the program manager, GIRR program utilizes two Program Officer I's and a Caseworker (who provides case management to GIRR women, as well as women in other programs at the institution).

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to GIRR program on October 5, 2017. Data were gathered via the examination of twenty representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, two GIRR groups were observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the first CPC assessment of this program.

¹ Ms. Coleman was also a trainee during the assessment of GIRR. This is not typical; however, an exception was made to allow Ms. Coleman to receive the CPC training.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the Program Director (i.e., the individual responsible for overseeing daily operations of the program), her qualifications and experience, her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Ms. Coleman was identified as the Program Director for the purpose of this report.

The second sub-component of this domain concerns the initial design of the program. Effective interventions are designed to be consistent with the literature on effective correctional services, and program components should be piloted before full implementation. The values and goals of the program should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the program should be perceived as both cost effective and sustainable.

Program Leadership and Development Strengths

Ms. Coleman is qualified to be an effective Program Director. She has a Master of Arts degree in Educational Administration, and has specialized corrections training, in the form of working with youth offenders in the court system. Ms. Coleman is directly involved in selecting staff for GIRR program. She receives a candidate list from HR, selects applicants for interviews, and participates in those interviews. Ms. Coleman is also involved in the training of new staff, as she is directly involved in providing training to new hires on human resources topics, providing an overview of the implementation manual, assigning new hires to shadow other staff, and reviewing their observations while shadowing staff. In addition to training staff, Ms. Coleman is also involved in direct supervision of service delivery staff, as evidenced by monthly staff meetings.

The program has the support of the criminal justice community as evidenced by support from the NDOC, FMWCC operations and administration staff. Concern was expressed regarding Caseworker support for GIRR program; however, the lower level of support for the program by Caseworkers did not interfere with GIRR program's ability to deliver services. The program also has the support of the community-at-large, as evidenced by their relationship with outside programs such as Alcoholics/Narcotics Anonymous (AA/NA), toastmasters, and volunteers that provide religious services.

Program funding is adequate to implement the program as designed and there have been no major decreases in funding that have significantly impacted the program within the past two years. While the use of the Getting it Right series is relatively new (i.e., past 11 months), the facility has had ongoing re-entry programming for 10 years, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Ms. Coleman has been working with treatment programs and with adult criminal justice populations for 11 months. She has been in her current position as the Program Director for four months.

- **Recommendation:** Programs that have experienced Program Directors—those with at least three years of experience in correctional treatment programs—demonstrate better outcomes. Ms. Coleman will reach this mark in two years. No expectations are made for the program to address this currently; however, future hiring practices should consider Program Director experience.

Ms. Coleman is the Statewide Reentry Administrator and has many duties for many reentry programs. As a result, she is not actively involved in the delivery of GIRR program.

- **Recommendation:** Program Directors that are actively involved in the delivery of program services are more aware of the current and changing needs of the staff and participants in the program. Thus, programs that have Program Directors actively involved in the delivery of services demonstrate better programmatic outcomes. Active involvement can take the shape of consistent group facilitation, consistent administration of assessments, and/or carrying a small caseload. Alternatively, the NDOC could consider utilizing localized Program Directors who would be more available to provide these services on a regular basis.

It is important the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. Interviews of staff and review of program materials indicated that no formal, thorough literature review appears to have been conducted prior to establishing GIRR program or on an ongoing basis. As such, staff are not formally and regularly informed about evidence-based practices with this population.

- **Recommendation:** GIRR and/or the Program Director should conduct a literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: “Psychology of Criminal Conduct” by Don Andrews and James Bonta; “Correctional Counseling and Rehabilitation” by Patricia Van Voorhis, Michael Braswell, and David Lester; “Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply” edited by Alan Harland; and “Contemporary Behavior Therapy” by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior*; *Crime and Delinquency*; and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all of its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).

- **Recommendation:** This information on what works should be disseminated to all staff delivering direct services in the program on a regular basis. This can be achieved by sharing this information at the treatment staff meetings, hosting a discussion on the information, and determining how the program is or should incorporate the information into its daily practices.

Formal piloting of potential changes to the program are not consistently conducted. GIRR program should consistently have a formal pilot period observed where program logistics and content are sorted out before a new program or process begins.

- **Recommendation:** Ongoing modifications to the program should be formally piloted. Piloting of new interventions (e.g., curriculum changes, case planning, behavior management, etc.) should last at least one (1) month and should involve formal start and end dates. Information and data should be collected and staff should be included in making adjustments. Piloting should be a consistent programmatic practice.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the clients. Excluded from this group are support staff and the Program Director, who was evaluated in the previous section. In total, two Program Officer I's were identified as providing direct services.

Staff Characteristics Strengths

Staff hired for GIRR program are selected for skills and values they possess, including their belief in behavioral change, understanding of rehabilitation practices, and belief in offender change. Staff also have a voice in the program and their input is valued. Staff have the ability to suggest modifications to the program at staff meetings, as well as individually with the program director.

Staff are also required to receive continuous annual training on EBP and group facilitation skills. This ongoing training meets the CPC criterion of 40 hours per year.

GIRR program has ethical guidelines in place for all staff. These guidelines are found in NDOC's Administrative Regulations.

Staff Characteristics Areas in Need of Improvement and Recommendations

Program staff fall short of the CPC standards for education and experience. At the time of assessment, 50% had obtained an Associate's Degree or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education. For experience, the CPC requires that at least 75% of staff have worked in programs with criminal/juvenile justice populations for at least two years. No GIRR staff currently meet this mark.

- **Recommendation:** When new staff are hired to provide services in the program, preference should be given to staff with at least an Associate's Degree in a helping profession. In addition to providing preferences to these candidates, GIRR may wish to explore recruiting candidates from local colleges and universities that have obtained a degree in a helping field.
- **Recommendation:** When new staff are hired to provide services in the program, preference should be given to staff who have at least two years of experience working with offender populations.

Formal staff meetings for GIRR staff occur once per month. These meetings include re-entry staff from other institutions. While GIRR staff at FMWCC sometimes meet more frequently, this is not a consistent practice.

- **Recommendation:** Staff meetings should occur at least twice (2) per month to discuss intakes, case reviews, problems, programming, and any other issues related to the delivery and execution of GIRR program specifically. This should be a consistent and formal practice.

Staff receive an annual evaluation that assesses staff on traditional employment indicators like administrative assistance, correspondence/reports, supervision, file/records maintenance, attendance records, work ethic, and customer service and communication. Staff are not currently assessed on service delivery skills. In order to promote behavioral change, programs need to assess staff annually on their abilities and skills related to EBP and service delivery.

- **Recommendation:** Annual reviews can include traditional employment indicators, but should also be supplemented to assess the service delivery skills of staff involved in behavioral change. Service delivery skills can include: assessment skills and interpretation of assessment results, communication skills, modeling of new behaviors, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment intervention model and effective interventions.

All staff involved in providing group or individual services to clients should receive ongoing clinical supervision. While NDOC does not require clinical supervision for certain class titles, evidence does demonstrate that programs that provide clinical supervision to staff who deliver direct services demonstrate better outcomes than programs that do not provide clinical supervision.

- **Recommendation:** A staff member who meets Nevada state standards and is licensed by the state should provide at least monthly clinical supervision. The clinical supervisor should meet at least once a month with all case managers and group facilitators to assist them in how they can improve in their service delivery and client interactions. This supervision should focus on how these staff can better incorporate cognitive behavioral interventions and core correctional practices into their daily interactions.

While new staff receive training on human resource policies, institutional rules, and department wide policies and practices, staff do not receive initial training on the Getting it Right program.

- **Recommendation:** New staff should receive a thorough training in the theory and practice of interventions employed by GIRR. There should be formal training for all staff on GIRR series and in what works in changing offender behavior (see above in the Program Leadership and Development section for information on this literature base) before any staff deliver the curriculum.

Programs that demonstrate staff support for the goals and values of behavioral change programs demonstrate greater reductions in recidivism than programs that do not. While a correctional officers' main focus will always be the safety and security of the institution, staff, and inmates, this does not preclude them from supporting the goals and values of behavioral change. While the totality of the site visit revealed that programming staff are supportive of the goals and values of GIRR program, there was consistent concern expressed over lack of support by correctional officers and lack of prioritization by institutional administration. Specifically, correctional officers do not support GIRR program and do not believe in offender change. Similar concern was expressed that FMWCC administration does not prioritize programming and downplays the role of programming. Safety and security and programming are not mutually exclusive. The FMWCC administration should better understand the role of programming in terms of behavioral change and decrease in idleness. In fact, research has demonstrated that participation in evidence-based treatment leads to reduction in institutional misconducts.

- **Recommendation:** GIRR program and FMWCC administration should work with each other to educate each other. Correctional officers should be educated on the goals and values of the program and the skills and concepts the participants are learning, and the program staff should be trained to support the officers in their roles so that each group can support the other.

Offender Assessment

The extent to which participants are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of participants, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of participants, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

GIRR program admits appropriate clients, as determined by the program. While clients are self-referred, very few (less than 1%) are inappropriate for the services provided by GIRR. Furthermore, the program does have written, established guidelines for excluding clients that may not be appropriate for services. Specifically, GIRR program does not accept clients who score low on the Nevada Risk Assessment System (NRAS), and their parole probability must be less than 24 months.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in

determining which clients are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment scores are also crucial as they determine which criminogenic need areas clients have, whereas responsivity assessments assist in determining clients' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few).

GIRR program reviews self-referred clients for their NRAS results. The NRAS is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk clients are admitted to the program, and low risk clients are not admitted (or extremely limited and separated from the population). Currently, GIRR program has one group of low risk clients, and they do not mix with the high or moderate risk groups.

Offender Assessment Areas in Need of Improvement and Recommendations

GIRR program does not conduct any responsivity assessments to measure a participant's engagement in treatment or potential barriers to the delivery of services.

- ***Recommendation:*** The program needs to measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.). The assessment of these results can be used to make decisions on how staff, clients, and the program work together. Examples of low cost/no cost responsivity tools include: the Texas Christian University (TCU) Client Self-Rating Scale, TCU Client Evaluation of Self at Intake/Treatment, Beck's Depression, Test of Adult Basic Education (TABE), University of Rhode Island Change Assessment (URICA), and the Global Appraisal of Individual Needs-Short Screener (GAIN-SS).

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the program targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train justice-involved participants in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

While the program does target non-criminogenic need areas such as time management, financial, nutrition, stress reduction, personal responsibility, and non-directive empathy, the program also targets criminogenic needs. These criminogenic targets include: family, communication skills, emotional regulation, responsible thinking, anger management employment, coping skills, alcohol

and drug refusal skills, and decision making. As a result, GIRR program focuses at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs).

There is a program manual for the staff to follow which specifies major aspects of the program, including program description, philosophy, admission criteria, and scheduling. The program manual describes how individual and group sessions should be structured. Importantly, all staff follow the program manual.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the client. For example, effective programs are structured so that lower-risk participants have limited exposure to their higher risk counterparts. Research has shown that mixing low risk participants with moderate or high risk participants can increase the risk of recidivism for low risk participants. Low risk participants may be negatively influenced by the behavior of high risk participants, thereby increasing their risk of recidivism. Review of program materials, case files, and interviews revealed that GIRR program does accept low risk clients, however, does not mix low risk with higher risk clients.

Programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff at GIRR are assigned to groups based on experience, skills, and interest. All treatment groups are conducted by direct service delivery staff from beginning to end.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). As mentioned above, although the program targets a number of criminogenic needs, it also targets a number of non-criminogenic needs, resulting in a ratio of 9:5 (64% criminogenic). The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- ***Recommendation:*** In order to increase the density of appropriate program targets, it is recommended GIRR work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal behavior. The program should ensure that group and individual sessions stay focused on the core areas designated on the NRAS and that time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1. Appropriate criminogenic targets for change include (but are not limited to): antisocial thinking and beliefs, antisocial peers, substance abuse, and pro-criminal personality factors such as poor anger management, poor problem solving ability, education/employment, family conflict, and constructive (prosocial) use of leisure time.

While the GIRR Caseworker develops an overall case plan for each inmate at the facility level, the program does not develop case plans for each participant specific to the program. Furthermore, these case plans are not consistently based on formal assessment results (i.e., NRAS). Many times case plans are developed based on what the client wishes to work on. Case plans need to be developed using an objective method to determine what is most important for changing a client's likelihood of committing future crime. Moreover, many of the objectives listed in case plans were

generic and did not utilize/emphasize skills being taught in programming (e.g., coping skills, thinking, etc.).

- **Recommendation:** Case/treatment plans should be derived from the review of the client's needs and individual goals, based on the NRAS results. These individualized case plans should be developed by the Caseworker or Program Officer I and the participant and be regularly updated in case management meetings. The plans should include targets for change, and strategies for achieving the change based on skills being taught throughout the program including what the client is responsible for completing and what the program staff are responsible for assisting the client with.

The most effective programs are based on behavioral, cognitive behavioral (CBT), and social learning theories and models. GIRR aims for a primary modality of treatment that is cognitive-behavioral. However, the majority of the model is delivered via non-effective modalities (i.e., process oriented group), many that target non-criminogenic needs (see above), and that lack behavioral components (i.e., modeling, skill building, role play, graduated practice). The program does target antisocial thinking, but does not incorporate appropriate skill building or graduated practice (i.e., behavioral techniques).

- **Recommendation:** GIRR program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches. This model should also be reflected in the program manual, group interventions, case management sessions, individual sessions, and in all other interactions with participants.
 - The focus should be on teaching participants to identify and replace antisocial thinking and choices with prosocial ones (i.e., cognitive restructuring). Cognitive restructuring can be taught through behavior chains, rules tools, thinking reports, and cost-benefit analysis. Observation of groups noted missed opportunities to focus on antisocial thinking and replacing those thoughts with prosocial thoughts.
 - The program should teach participants skills critical to their leading a crime-free lifestyle upon release (e.g., refusal skills, relapse prevention skills, problem-solving skills, decision making skills, etc.). Structured skill building techniques should be present throughout the program. While observation of groups noted that there were attempts at role play, these role plays lacked structure and focus. A detailed description of how skills should be taught is provided below.
 - The program should use consistent reinforcement for appropriate behaviors and choices, and holding participants accountable for antisocial behaviors and choices through use of sanctions. A detailed description of effective reinforcement and disapproval is provided below.

The length of time over which services are delivered is important. The most effective interventions last between three (3) and nine (9) months. The current program is designed to be completed in six (6) weeks.

- **Recommendation:** GIRR program could increase the time needed to complete the program by incorporating more opportunities to groups to: target criminogenic needs, teach skills needed to reduce recidivism, and practice skills in increasing amounts of difficulty.

While in the program, it is important that the clients are supervised and closely monitored within the context of the goals of the program. For programs that operate in institutions like GIRR, this means that program participants should be separated from the general population that are not receiving GIRR. Currently, GIRR program is housed in a building that contains program participants and general population inmates.

- **Recommendation:** The program should attempt to work with the administration and determine the feasibility of eventually housing only participants in GIRR.

The clients should spend between 35-50 hours a week in structured programming or outside program requirements (i.e., required employment, required education). Clients involved in structured activities have less down time. Currently, the program does not require all clients to be involved in tasks for a minimum of 35 hours per week. GIRR program participants go to 1.5 hours of GIRR class each day, and have no other required tasks to complete during that. Participants can sign up for other programming during the hours of 7:00-3:00, such as AA/NA, toastmasters, crafts, or religious services; however, these activities are not required. Thus, the program only requires 1.5 hours a day four days a week.

- **Recommendation:** The program can work to increase structured activities including, school, work, treatment groups, and other staff supervised tasks. GIRR staff should work with FMWCC administration to ensure that the inmates can participate in more than one program at a time.

A program should vary the dosage and duration of service according to the client's risk level. The program does not provide more intensive services to higher risk participants. Clients who are at higher risk for recidivism by definition have more criminogenic needs. These clients should be required to attend additional services, dictated by the needs identified on the NRAS risk and need assessment tool. Thus, clients identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that participants who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high risk participants need over 200 hours of services to reduce their risk of recidivating. Very high risk or high risk people with multiple high need areas may need 300 hours of evidence-based services. Only groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count toward the dosage hours.

- **Recommendation:** As currently delivered, most of GIRR programming cannot count toward dosage, as it is not consistently delivered following a behavioral, cognitive behavioral, or social learning model. For GIRR to increase dosage, the program needs to fully adopt an evidenced-based modality, and consistently implement cognitive restructuring, modeling, and skill building practices throughout all curricula in its program (see below for discussion on how these processes should be implemented).

- **Recommendation:** Once an evidence-based modality is adopted, GIRR should develop separate program tracks for moderate and high risk offenders with different requirements for dosage hours. High risk inmates should receive more groups and services than the moderate risk inmates. Dosage hours should be tracked and included as part of the completion criteria.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client to the groups for which she is most likely to respond/need the most. At the time of the assessment, all program participants received the same services and clients were assigned to staff based on convenience (i.e., who has openings). These assessed characteristics can also be used to assign staff and offenders together. GIRR does not use the results of a needs assessment to refer clients to programming or to match staff and clients.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups. Likewise, participants who lack motivation may need motivation issues addressed before an assignment to a service designed to address beliefs and teach skills.
- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different staff. For example, a client with substance abuse issues is matched with a staff member with substance abuse credentials. Or, a client who lacks motivation is matched with a staff member who excels in motivational interviewing techniques. GIRR should work towards implementing responsivity assessments (as described above) and use both responsivity and need assessment results to match clients and staff.

Clients do not have formal mechanisms to provide program input. Programs that have formal processes in place for clients to provide the program feedback on their likes and dislikes demonstrate better outcomes than programs that lack this formalized procedure.

- **Recommendation:** GIRR program should create formal procedures to solicit client feedback on a regular basis. Examples can include unit meetings, elected representatives, suggestion boxes, or feedback forms, to name a few. Any suggested changes made by clients must be approved by the program supervisor or staff.

With regard to reinforcers and punishers, the program can increase its adherence to the research-based evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and apply appropriate reinforcers. While GIRR has established some appropriate reinforcers (i.e., verbal praise, certificate of completion), there is not a menu of available reinforcers or guidance on when to use them. That is, the program has also not established a thorough array of reinforcers for use to encourage positive behavior in and out of the program. Similarly, the administration of reinforcers also needs to be improved. Rewards are most valuable when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a

ratio of 4:1. Finally, program staff do not receive any formal training in the administration of rewards (or punishers).

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change and are appropriately applied. GIRR program has established very few punishers available for use, and the program has no formal protocol for administering them. Staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

➤ **Recommendations:** The current behavior management system should be modified in the following manners:

- GIRR should enhance its reinforcement protocol to include a wider range of appropriate reinforcers. In addition to reinforcers already employed by the program (i.e., verbal praise and certificate of completion), other reinforcers should be added. These include things like establishing a token system, tangible reinforcers (e.g., food, books, etc.), awards, raffle tickets, increased TV time, comfy seats in the program rooms, increased recreation time, extra shower, or program helper, to name a few. It is recognized that the institution may have policies in place as to what is acceptable/accessible as reinforcers. Therefore, GIRR should work with the institution to determine what is possible when expanding their reinforcement menu.
- These reinforcers should be received in exchange for a participant demonstrating progress toward individualized treatment goals (i.e., role-playing a skill satisfactorily, exceptional homework report, or demonstrating prosocial skill ability in the real world). Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and that staff link the reward to the desired behavior. For key target behaviors, staff should have the client articulate the short-term and long-term benefits of continuing that behavior.
- All staff, regardless of their role, should administer rewards as appropriate. This should include correctional officers and case managers.
- The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.
- An appropriate range of punishers should be used to extinguish antisocial behavior and to promote behavioral change in the future by showing the offenders that behavior has consequences. Appropriate punishers include: Verbal warning, verbal disapproval, written warning, a behavior contract, loss of points or privileges, or formal write-up to name a few. Removal from program should only be reserved

only for when all other options have been used. Shaming and treatment activities (e.g., more group, thinking report, etc.) should never be used as punishers.

- For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when applicable).
- Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses.
- There should be a written policy to guide administration of rewards and punishers. All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress toward meeting individualized treatment goals. In comparison, to successfully complete GIRR program, a client must attend the groups. There is no emphasis on direct measurement of the acquisition of prosocial behaviors.

- **Recommendation:** GIRR program should establish written guidelines for successful completion. These guidelines should be tied to individualized progress in acquisition of target behaviors taught in the program. In addition to client progress observed by staff in meeting their individualized treatment plan goals and objectives, progress should also be linked to some objective assessment such as the Texas Christian University Criminal Sentiments Scale (TCU CTS), which can be utilized as pre-, mid-, and post-test measure of client progress or reassessment of the NRAS. Clients should also be informed of these guidelines and their progress toward meeting target behaviors as they move through the program.
- **Recommendation:** Since the program is in its early stages of implementation, it is not held to the CPC criterion for completion rate. As the program ages, it should monitor its successful completion rate, which should range between 65% and 85%, indicating that participants do not indiscriminately complete or get terminated from the program.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. This includes new thinking skills and new behaviors. At the time of the site visit, none of the group services incorporated the correct format for teaching new skills as outlined by social learning theory.

- **Recommendation:** Structured skill building should be routinely incorporated across the program. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skill/increasing participant motivation for the skill; 3) staff modeling the skill for the participants; 4) participant rehearsal of the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; every client should practice that skill); 5) staff providing constructive feedback; and 6) client practicing the skill in increasingly difficult situations and being given staff feedback/generalizing the use of the skill to other situations. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to the client.
- **Recommendation:** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from a 50/50 to 70/30 range across the service targets.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. Groups at GIRR program begin with 15-30 participants.

- **Recommendation:** Groups should not exceed 8 to 10 clients per active facilitator.

GIRR does not develop formal discharge plans for all clients.

- **Recommendation:** Formal discharge plans should be developed upon termination from the program. These plans should include any referrals to other services (in the community or institution), progress in meeting target behaviors and goals, and noted areas that need continued improvement. These plans can be shared with the client, the facility Caseworker, and anyone working with the offender post-release.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. GIRR program does not currently have an aftercare component.

- **Recommendation:** All clients should be required to attend a formal aftercare period in which continued treatment and supervision is provided.
- **Recommendation:** Aftercare can be delivered by an outside provider or delivered in house. No matter who administers it, GIRR should take necessary steps to ensure that high quality aftercare is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of offender risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Strengths

The NDOC has an evaluator whose main responsibility is to provide evaluative feedback to certain programs within the DOC. One of these programs is GIRR. As such, GIRR program meets CPC criterion of working with an individual whose primary responsibility is program evaluation.

Quality Assurance Areas in Need of Improvement and Recommendations

GIRR program lacks internal quality assurance mechanisms. While the Program Director does conduct quality assurance file reviews and there is regular observation of staff delivering services that includes structured feedback, the program does not have a consistent, formal mechanism to provide clients feedback on their progress in the program.

- **Recommendation:** GIRR program should develop policy for consistent, systematic process wherein clients are provided feedback on their progress in treatment. This can take the form of biweekly, monthly, or quarterly (or other time frames) meetings where the client receives feedback on their progress in meeting treatment and case planning goals, their progress in group, and what they need to do to successfully complete the program. This process needs to be systematic for all clients. The program should also ensure that quality assurance file reviews and observation of staff delivery with structured feedback continues to occur.

The program does not have a systematic process to solicit client satisfaction with the program. Programs that collect formal client feedback on service delivery and use that information to inform programming have better programmatic outcomes than programs which lack this process.

- **Recommendation:** GIRR program should develop a consistent process to solicit client feedback on the program and the services it provides. This can be done through quarterly surveys, exit/surveys/interviews, post release surveys, etc. The program should use the information gathered from this process to inform potential programmatic changes.

The program does not have a periodic objective, and standardized reassessment process to determine if clients are meeting target behaviors.

- **Recommendation:** GIRR program should formalize a period reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using the NRAS (or other standardized risk or need assessment tools that may be adopted), monitoring progress through a detailed treatment plan in which changes in the plan occur on a regular bases. Having a subjective assessment (e.g., professional judgement) is not sufficient to meet this requirement.

The program does not track recidivism of its participants after completion of the program.

- **Recommendation:** Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—should be tracked at 6 months or more after termination (successful or unsuccessful) from the program. The program can do this on its own, or work with NDOC to secure these data.

The program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group.

- **Recommendation:** In relation to the formal evaluation, the comparison study between the program's outcome and a risk-controlled comparison group should include an introduction, methods, results, and discussion section. This study should be kept on file.

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 38.9% on the CPC 2.0. This falls into the Low Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence-based interventions and services for the participants is 46.7%, which falls into the Moderate Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 69.2% (Very High Adherence to EBP), the staff characteristics score is 36.4% (Low Adherence to EBP), and the quality assurance score is 16.7% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 33.3%, which falls into the Low Adherence to EBP category. The assessment domain score is 88.9% (Very High Adherence to EBP) and the treatment domain score is 18.2% (Low Adherence to EBP).

It should be noted that the program scored highest in the Assessment Domain. While recommendations have been made in each of the five CPC domains, most of the areas in need of improvement relate to the domain of Treatment Characteristics, Staff Characteristics, and Quality Assurance. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all “areas needing improvement” at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

As outlined in the cover letter attached to this report, please take the time to review the report and disseminate the results to selected staff. Although we have worked diligently to accurately describe your program, we are interested in correcting any errors or misrepresentations. As such, we would appreciate your comments after you have had time to review the report with your staff. If you do not have any comments, you can consider this to be a final report.

Figure 1: Getting it Right Reentry, FMWCC CPC Scores

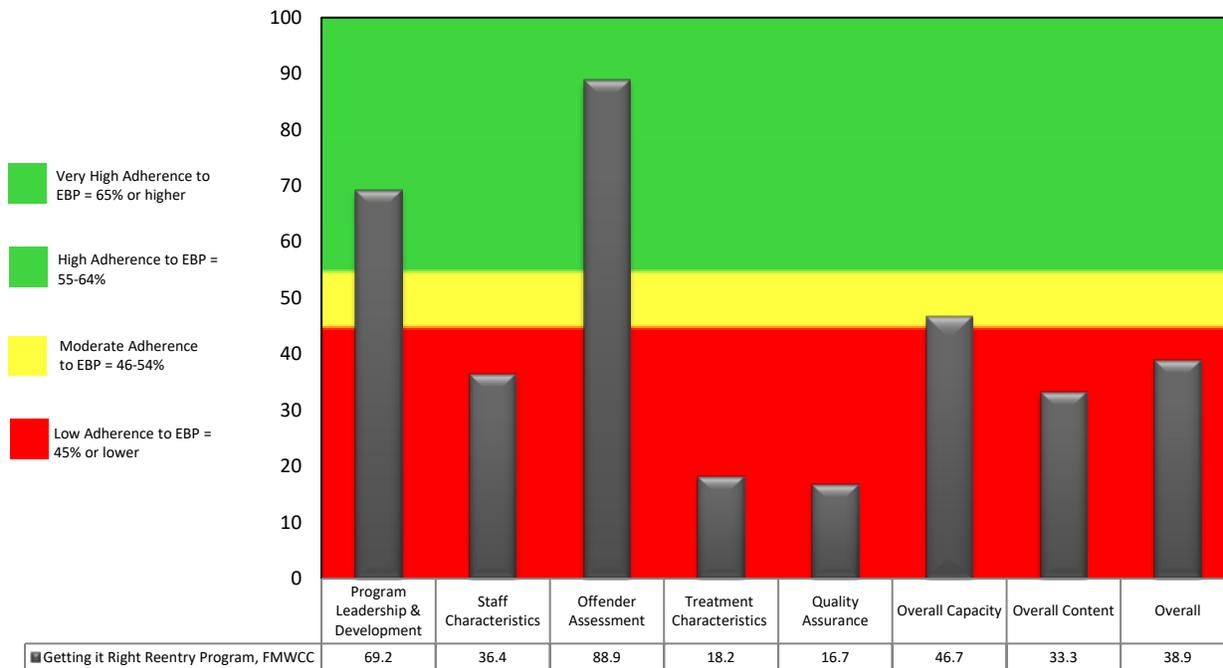
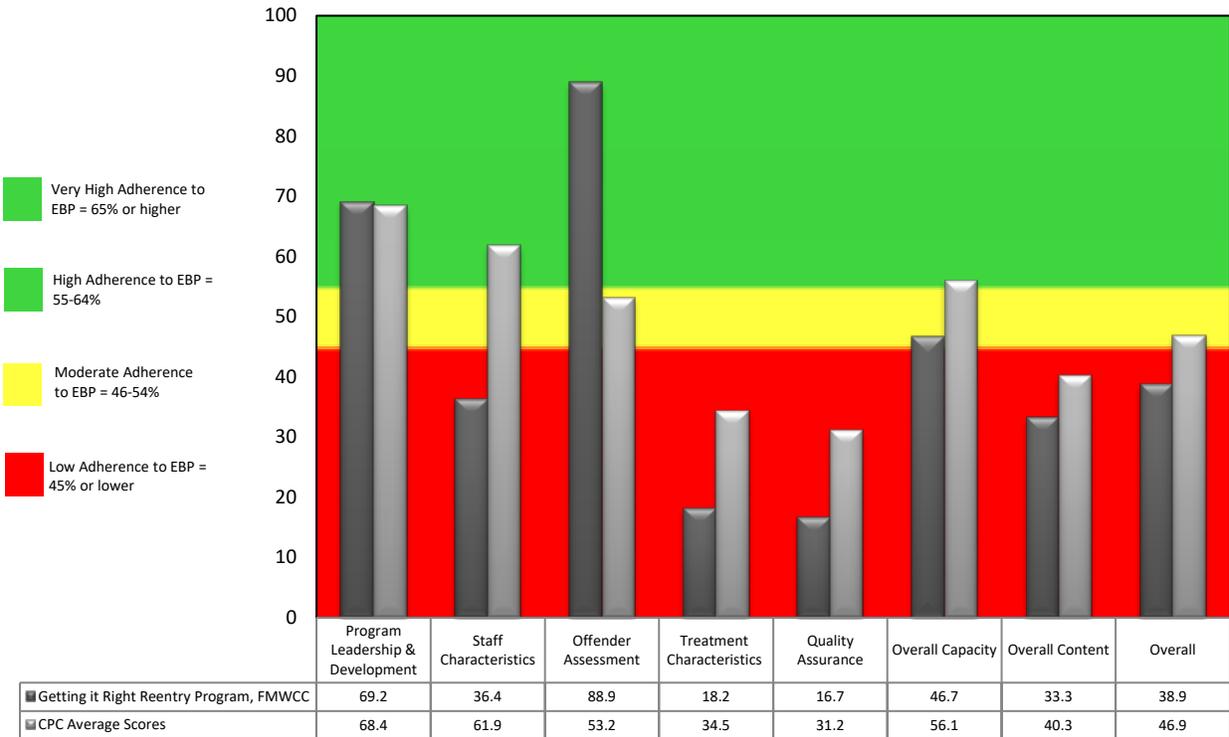


Figure 2: Getting it Right Reentry, FMWCC CPC Scores Compared to the CPC Average Scores



ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), the UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ⁱⁱ The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

ⁱⁱⁱ A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). *Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

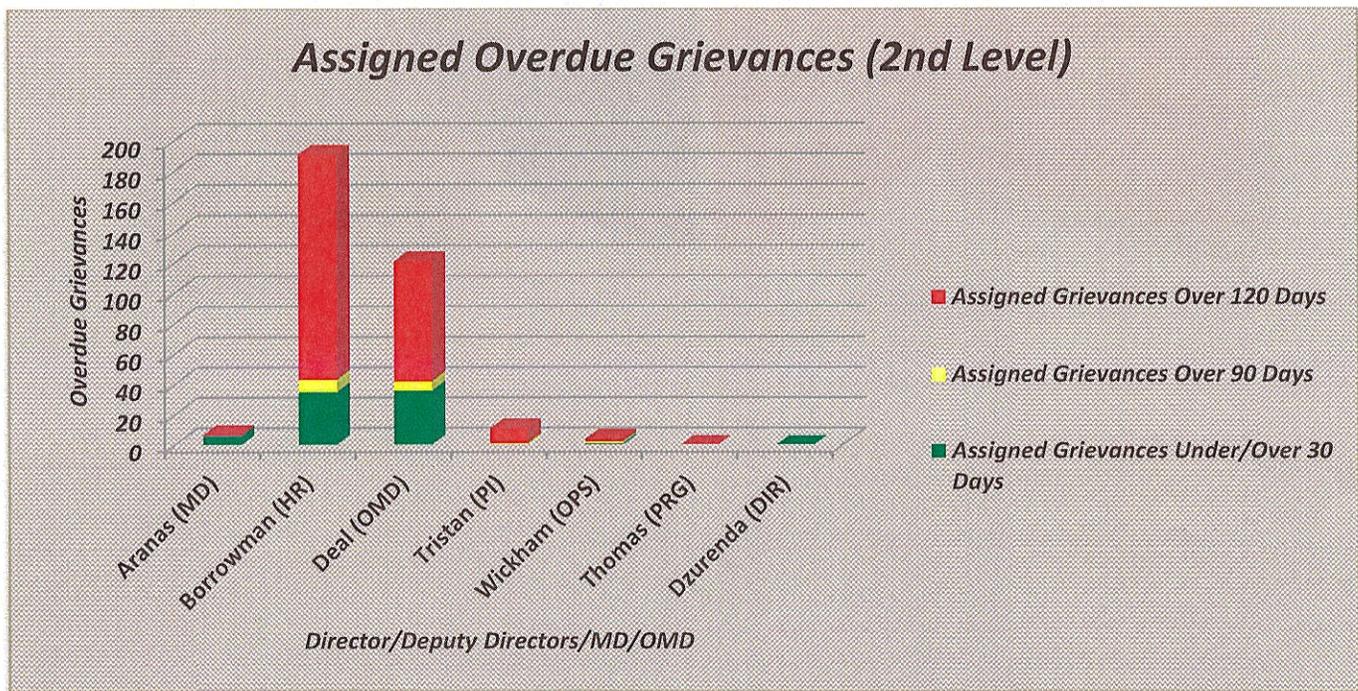
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^{iv} Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

^v Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.

Executive Level Grievance Audit

As part of the Director's vision for continued quality improvement, all Divisions and staff within the Nevada Department of Corrections are subject to audit on activities and responsibilities contained within the Administrative Regulations, or for job performance. Recently, an audit was completed for all institutions and facilities regarding grievances. The Wardens/Associate Wardens are currently working on those audit findings to develop correction actions. The below is the executive level grievance audit, which is the final piece of the grievance audit. Please review the findings and work with your team members to develop correction actions to mitigate the overdue responses. It is not expected that all grievances will be resolved, but it is expected that NDOC leadership would not have assigned grievances over 120-days.



Ratio of Assigned Grievance types at the 2nd Level

Director/Deputy Directors/DON/OMD	Assigned Grievances Under/Over (30) Days	Assigned Grievances Over (90) Days	Assigned Grievances Over (120) Days	TOTAL ASSIGNED 2 ND LEVEL GRIEVANCES	PERCENTAGE OF TOTAL GRIEVANCES OVER (120) DAYS
ARANAS (MD)	6	0	1	<u>7</u>	2.1%
BORROWMAN (SS)	35	8	148	<u>191</u>	57.2%
DEAL (OMD)	36	6	79	<u>121</u>	36.2%
TRISTAN (PI)	0	1	10	<u>11</u>	3.3%
WICKHAM (OPS)	1	1	2	<u>4</u>	1.1%
THOMAS (PRG)	0	0	0	<u>0</u>	0%
DZURENDA (DIR)	0	0	0	<u>0</u>	0%
TOTAL	<u>78</u>	<u>16</u>	<u>240</u>	<u>334</u>	100%

NDOC Grievance Audit Analysis , October 2017

Institutions	Ely State Prison	Florence McClure	High Desert State	Lovelock	Northern Nevada	Southern Nevada	Warm Springs
1. The local Operational Procedure is consistent with Grievance AR 740.		X					X
2. Inmates are informed about the facility's informal and formal grievance system throughout their stay.							
3. Inmates are limited to filing 1 grievance at the Informal Level in a 7 day week, Monday through Sunday.	X	X	X	X	X	X	X
4. The inmate is required to file a grievance within 1 month for property damage or loss personal injury, medical claims or civil rights claims.	X	X	X	X	X	X	X
5. The inmate is required to file a grievance within 10 days for classification, disciplinary, mail, religious items and food.	X	X	X	X	X	X	X
6. The local procedure does require the inmate to demonstrate a factual loss as required by AR 740.03.		X		X			
7. The local does procedure state that the inmate has to request a remedy before it is processed in accordance with AR 740.		X	X	X	X	X	
8. Grievances that are referred to the Inspector General are identified as "Partial Grant," indicating that the request for investigation was granted but that the issue in the grievance itself has "not" been granted.	X	X	X	X	X	X	X
9. The Intake Process includes providing each new arrival with a copy of the Inmate Handbook (or equivalent).		X	X	X	X	X	X
10. The grievance section of the Inmate Handbook explains all steps in the grievance process – Including:				X			
11. Written procedures or post orders provide for the informal resolution of oral grievances.	X	X	X	X	X	X	
12. Inmates have access to blank grievance forms.	X	X	X	X	X	X	X
13. The facility is compliant with the 45-day time frame to respond to the grievance at the "Informal" level.	X	X		X	X	X	X

Segregation Audit Analysis, October 2017

Audit data points:

1. Written policy and procedures are in place for the Segregation Unit that is consistent with the AR.
2. Inmates having to be placed in Protective Custody status should only be done when there are no other alternatives.
3. An inmate will be placed in Disciplinary Segregation only after being found guilty of a prohibited act consistent with the approved sanctions in the disciplinary manual.
4. Healthcare personnel are informed when an inmate is admitted into a segregation unit.
5. There are written policy and procedures to control and secure segregation units.
6. The number of inmates confined to each cell does not exceed the capacity for which it was designed. (Max. 2 per cell)
7. Cells and rooms are well maintained in a sanitary condition at all times.
8. Permanent housing logs are maintained in the Segregation Unit to record pertinent information on inmates.
9. A permanent log is maintained in the Segregation Units and information is entered into NOTIS.
10. A separate log is maintained for unusual activity or behavior of an inmate.
11. A Housing Unit Record is maintained on each inmate in a Segregation Unit.
12. Upon an inmate's release from the Segregation Unit, the releasing officer records the release in the Unit Log and in NOTIS.
13. There are written policy and procedures concerning the property that inmates may retain in each type of Segregation Unit that is consistent with the AR.

	ESP	FMWCC	HDSP	LCC	NNCC	SDCC
#1	pass	pass	pass	pass	pass	fail
#2	pass	pass	pass	pass	pass	pass
#3	pass	pass	pass	pass	pass	pass
#4	pass	pass	pass	pass	pass	pass
#5	pass	pass	pass	pass	pass	pass
#6	pass	pass	pass	pass	pass	pass
#7	pass	pass	pass	pass	pass	pass
#8	pass	pass	fail	pass	pass	fail
#9	pass	pass	fail	pass	pass	pass
#10	pass	pass	fail	pass	pass	fail
#11	pass	pass	fail	pass	pass	fail
#12	pass	pass	fail	pass	pass	fail
#13	pass	pass	pass	pass	pass	pass

Please note, all failures have since been corrected.

NDOC Segregation Audit Analysis , October 2017

Institutions	Ely State Prison	Florence McClure	High Desert State	Lovelock	Northern Nevada	Southern Nevada	Warm Springs
1. Written policy and procedures are in place for the Segregation Unit that are consistent with the AR.	x	x	x	x	x		N/A
2. Inmates having to be placed in Protective Custody status should only be done when there are no other alternatives.	x	x	x	x	x	X	N/A
3. An inmate will be placed in Disciplinary Segregation only after being found guilty of a prohibited act consistent with the approved sanctions in the disciplinary manual.	x	x	x	x	x	X	N/A
4. Healthcare personnel are informed when an inmate is admitted into a segregation unit.	x	x	x	x	x	X	N/A
5. There are written policy and procedures to control and secure segregation units.	x	x	x	x	x	X	N/A
6. The number of inmates confined to each cell does not exceed the capacity for which it was designed. (Max. 2 per cell).	x	x	x	x	x	X	N/A
7. Cells and rooms are well maintained in a sanitary condition at all times.	x	x	x	x	x	X	N/A
8. Permanent housing logs are maintained in the Segregation Unit to record pertinent information on inmates.	x	x		x	x		N/A
9. A permanent log is maintained in the Segregation Units and information is entered into NOTIS.	x	x		x	x	X	N/A
10. A separate log is maintained for unusual activity or behavior of an inmate.	x	x		x	x		N/A
11. A Housing Unit Record is maintained on each inmate in a Segregation Unit.	x	x		x	x		N/A
12. Upon an inmate's release from the Segregation Unit, the releasing officer records the release in the Unit Log and in NOTIS.	x	x		x	x		N/A
13. There are written policy and procedures concerning the property that inmates may retain in each type of Segregation Unit that is consistent with the AR.	x	x	x	x	x	x	N/A

FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

**Team Recovery Under Structured Treatment (T.R.U.S.T.)
Therapeutic Community Program
Southern Desert Correctional Center**
20825 Cold Creek Road, Indian Springs, Nevada 89070

By

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INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, the Nevada Department of Corrections is partnering with the University of Cincinnati Corrections Institute (UCCI) to assess correctional programs across the state of Nevada using the Evidence-Based Correctional Program Checklist (CPC). One of the programs selected to be assessed by NDOC is the Team Recovery Under Structured Treatment Therapeutic Community Program (T.R.U.S.T. Therapeutic Community Program) at Southern Desert Correctional Center (SDCC). The objective of the CPC assessment is to conduct a detailed review of the program's practices and to compare them to best practices within the correctional treatment literature. Program strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the program are offered.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)ⁱ for assessing correctional intervention programs.ⁱⁱ The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score.ⁱⁱⁱ Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.^{iv} In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

The CPC 2.0 is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs.^v Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been assessed using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE TEAM RECOVERY UNDER STRUCTURED TREATMENT PROGRAM AT SOUTHERN DESERT CORRECTIONAL CENTER AND SITE VISIT PROCESS

The T.R.U.S.T. Therapeutic Community Program is operated at SDCC in Indian Springs, Nevada. The original program (OASIS) began approximately in 2005. The program was modified and changed its name to T.R.U.S.T. Therapeutic Community Program in October 2012. The T.R.U.S.T. Therapeutic Community Program operates as a therapeutic community to address substance abuse needs of incarcerated men and can serve up to 120 clients. Once in the program, clients undergo three phases of programming. The first phase includes beginning sessions of Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) and therapeutic community treatment modules. The clients must also complete a pros/cons assignment, a sociogram, journaling, and begin skills class. In the second phase, clients progress through CBI-SA and continue on with their sociogram, journaling, and skills group. Phase III completes the CBI-SA curriculum, and the clients continue in skills group, completing their sociogram, and journaling. Clients also partake in a group designed to improve health decision making as it pertains to sexual activity, with the aim of reducing the spread of HIV and STDs. Clients also complete success plans in Phase III. The clients also complete a victim impact panel during Phases I-III. Some clients will continue on to aftercare if they have time before their release. In aftercare, clients receive an additional sex education program (Way Safe), continue with skills group, and work on relapse prevention. The Program Coordinator is Ms. Robyn Feese. While Ms. Feese is the Substance Abuse Program Director and oversees many additional programs, she was serving the Program Coordinator while this position was vacant. At time of assessment, the T.R.U.S.T. Therapeutic Community Program had three Substance Abuse Councilor (SAC) II positions, two SAC I position, a Correctional Casework Specialist III, and a Correctional Casework Specialist II.

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to the T.R.U.S.T. Therapeutic Community Program on October 19, 2017. Data were gathered via the examination of twenty representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, a T.R.U.S.T. Therapeutic Community Program group was observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the fourth CPC assessment of this program.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the program), his/her qualifications and experience, his/her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Ms. Robyn Feese was identified as the program directors for the purpose of this report.

The second sub-component of this domain concerns the initial design of the program. Effective interventions are designed to be consistent with the literature on effective correctional services, and program components should be piloted before full implementation. The values and goals of the program should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the program should be perceived as both cost effective and sustainable.

Program Leadership and Development Strengths

The program director is qualified and experienced. Ms. Feese has a Master's degree in Human Development counseling with course specialization in corrections stemming from a minor in criminal justice. Ms. Feese has over 12 years of experience working with correctional treatment populations, including 7 years at SDCC and two years in her position as Substance Abuse Program Director. The program director is directly involved in selecting staff for the T.R.U.S.T. Therapeutic Community Program. Ms. Feese receives a candidate list for HR, selects applicants for interviews, and participates in those interviews.

The program director is also involved in the training of new staff. Ms. Feese reviews all PREA requirements, goes over the necessary Administrative Regulations (ARs), and goes through a new hire training checklist. In addition, she assigns the new staff to observe different aspects of the T.R.U.S.T. Therapeutic Community Program and assigns them to a seasoned staff to shadow. New hires then co-lead with that staff, lead a group with a season staff member in the room, and finally lead with staff who sit in on group intermittently. Finally, new hires receive training and observation on all assessments, and are required to give presentations during staff meetings to demonstrate competence. Finally, Ms. Feese is involved in direct supervision of service delivery staff as she provides weekly clinical staffing meetings.

Formal piloting of potential changes to the program is a consistent and systematic process with the T.R.U.S.T. Therapeutic Community Program. The pilot period is used to evaluate and sort out any program logistics or content issues that may arise with a change to the program. If a change to the program is sought, staff present potential changes to a review committee for feedback and acceptance; if accepted, the Substance Abuse Program Director reviews this and determines if the changes can occur. Each pilot period has a beginning and end date and lasts for 90 days. Data and information are collected and reviewed. During the visit, evaluators found evidence for the

piloting of a contingency management program, a staff development form, a daily failure form, a proposal policy, and role play guidelines.

The program has the support of the criminal justice community as evidenced by its strong working relationship between T.R.U.S.T. Therapeutic Community Program staff, NDOC, and SDCC. This information was consistently observed and documented through interviews. The program also has the support of the community-at-large, as evidenced by their relationship with the University of Nevada Las Vegas (UNLV, where they consistently receive interns), Job Connect, Ridge House, and the Department of Health and Human Services.

There have been no major decreases in funding that have significantly impacted the program within the past two years. The original therapeutic community program has been offered at the facility for 10 years and the T.R.U.S.T. Therapeutic Community Program has been offered at the facility for roughly 5 years, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Program directors that are actively involved in the delivery of program services are more aware of the current and changing needs of the staff and participants in the program. Thus, programs that have program directors actively involved in the delivery of services demonstrate better programmatic outcomes. Active involvement can take the shape of consistent group facilitation, consistent administration of assessments, and/or carrying a small caseload. Once the position is filled, the T.R.U.S.T. Therapeutic Community Program should ensure that the SAC III program director is directly involved in the delivery of services.

- ***Recommendation:*** The program director does not currently have consistent and systematic involvement in the delivery of services for the T.R.U.S.T. Therapeutic Community Program. This is a result of Ms. Feese temporarily operating as the Program Coordinator while this position is filled. It should be noted that once the SAC III position of Program Coordinator is filled, the job description requires that they provide direct service delivery dedicated to the T.R.U.S.T. Therapeutic Community Program.

It is important the program is based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. Interviews of staff and review of program materials indicated that a limited literature review was conducted; however, this review was not thorough enough to meet CPC criterion. The review of literature was based on some meta-analyses, a review of Crime Solutions website, and some trainings. While the T.R.U.S.T. Therapeutic Community Program should be commended for seeking out evidence-based information for its program, it is recommended that this review be more purposeful.

- ***Recommendation:*** The T.R.U.S.T. Therapeutic Community Program Program Coordinator or their designee should conduct a literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: “Psychology of Criminal Conduct” by Don Andrews and James Bonta; “Correctional Counseling and Rehabilitation” by Patricia Van Voorhis,

Michael Braswell, and David Lester; “Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply” edited by Alan Harland; and “Contemporary Behavior Therapy” by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior*; *Crime and Delinquency*; and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all of its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).

Program fidelity is critical for program success. Programs that are not able to be implemented as intended do not perform as well as programs that have the funds to allow them to be implemented as intended. T.R.U.S.T. Therapeutic Community Program funding is not adequate to implement the program as designed. The program consistently operates with too few staff members, as staff often leave the position to receive better paying opportunities. This results in the remaining staff being overextended and not able to run the program as intended. While state funding did increase this year, the program still relies heavily on grant funds, which, if those funds cease, would render the program inoperable.

- **Recommendation:** The Substance Abuse Program Director should determine what appropriate wages are for similar positions across the state of Nevada and work with the NDOC to slowly increase wages to this level. In the meantime, or in lieu of the aforementioned idea, these parties should explore ways to reduce staff turnover to allow the program to be implemented as designed.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the clients. Excluded from this group is support staff and the program director, who was evaluated in the previous section. In total, five staff were identified as providing direct services, including three Substance Abuse Counselor (SAC) II positions and two SAC I positions.

Staff Characteristics Strengths

T.R.U.S.T. Therapeutic Community Program staff meet CPC standards for experience. At the time of assessment, 75% of treatment staff had at least two years of work experience in a correctional treatment setting. The CPC requires that at least 75% of staff have this level of education.

Staff receive an annual evaluation that assesses staff on traditional employment indicators like documentation and file management, work ethic, customer service and communication, safety, and professionalism. In addition to those indicators, staff are also assessed on service delivery skills. This includes areas such as responsiveness assessment administration, treatment plans, role modeling, skill teaching, reinforcement, and punishment.

Staff receive training on services provided by the program and on the philosophy and goals of the program before delivering services. This includes formal training and certification in CBI-SA, and training and certification in NRAS. Moreover, staff consistently receive 40 dedicated hours of yearly ongoing training related to evidence-based practices and service delivery skills. The T.R.U.S.T. Therapeutic Community Program should be commended for their commitment to training.

Staff feel they have a voice in the program and their input is valued. Staff have the ability to suggest modifications to the program at staff meetings, directly to the program director, and by text. Many of the areas highlighted as pilots were based on suggestions from staff.

The T.R.U.S.T. Therapeutic Community Program has ethical guidelines in place for all staff. These guidelines are found in NDOC ARs. Moreover, the staff follow the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Code of ethics.

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs that have at least 70% of staff with an associate's degree or higher in a helping profession (e.g., counseling, criminal justice, psychology, social work, or specialized fields like addictions) demonstrate better programmatic outcomes than programs who lack staff with this type of education. At the time of assessment, 63% of T.R.U.S.T. Therapeutic Community Program staff met this mark.

- ***Recommendation:*** When new staff are hired, it is recommended that the T.R.U.S.T. Therapeutic Community Program look to hire staff who have at least in an associate's degree in a helping profession.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes than programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired to work in the T.R.U.S.T. Therapeutic Community Program participate in a standardized process in which five interview questions are selected from eight predetermined questions. Moreover, interviewers are prohibited from asking probing follow-up questions during the interview process. While this process is meant to reduce bias, it simultaneously prevents staff from asking questions related to the skills and values they possess related to offender change. As a result, there is no consistent process to ensure that staff are hired based on skills and values related to behavioral change.

- ***Recommendation:*** Indicators of key skills and values include (but are not limited to): strong support for offender treatment and change, empathy, fairness, life experiences, being non-confrontational but firm, problem solving, and prior training or licensure. T.R.U.S.T. Therapeutic Community Program staff should work closely with NDOC to determine if there is a way to augment the current interview process to ensure that staff possess values supportive of helping inmates with their change process when they are hired.

While staff meetings occur weekly, which meets the criterion of the CPC, interviews consistently indicated these meetings focus on problematic cases (i.e., either in staffing to make sure they are

receiving the correct services or because of some behavioral or program rule violation). As a result, clients who are doing well are not staffed during meetings.

- **Recommendation:** Every client's file case should be consistently reviewed to verify progress and review treatment conditions and planning. A portion of each weekly meeting should be reserved for review of cases. Cases should be rotated through to ensure that each client's case is staffed multiple times (i.e., twice at a minimum) during their length of stay.

All staff involved in providing group or individual services to clients should receive ongoing clinical supervision. While the state of Nevada does not require clinical supervision for certain class titles, evidence does demonstrate that programs that provide clinical supervision to staff who delivery services demonstrate better outcomes than programs that do not provide clinical supervision. Currently, clinical supervision is being provided by two staff; however, only one staff member has the necessary credentials to provide clinical supervision.

- **Recommendation:** Staff members who meets Nevada state standards and are licensed by the state should provide at least monthly clinical supervision. The clinical supervisor(s) should meet at least once a month with all case managers and group facilitators to assist them in how they can improve in their service delivery and client interactions. This supervision should focus on how these staff can better incorporate cognitive behavioral interventions and core correctional practices into their daily interactions.

Programs that demonstrate staff support for the goals and values of behavioral change programs demonstrate greater reductions in recidivism than programs that do not. The site visit revealed that not all staff are supportive of the T.R.U.S.T. Therapeutic Community Program. While the majority of the staff believe that the program is beneficial, there are concerns over correctional officers' support the program.

- **Recommendation:** While correctional officer main focus will always be the safety and security of the institution, staff, and inmates, this does not preclude them for supporting the goals and values of behavioral change. Safety and security and programming are not mutually exclusive. Security staff can be trained in core correctional practices of effective disapproval, effective reinforcement, and effective use of authority to help support the T.R.U.S.T. Therapeutic Community Program in delivering effective interventions.

Offender Assessment

The extent to which participants are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of participants, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of participants, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

The T.R.U.S.T. Therapeutic Community Program admits appropriate clients, as determined by the program. While clients are self-referred, very few (less than 20%) are inappropriate for the services provided by T.R.U.S.T. Therapeutic Community Program. Those that may be inappropriate are the result of attending only for meritorious credit and are not motivated to fully participate in the program and/or have some mental health diagnosis that prevent them from fully participating in the program.

The program has written, established guidelines for excluding clients that may not be appropriate for services. Specifically, the program only selects individuals that have at least 18 months before probable parole release, six months with no violence write ups, 90 days with no write ups, no felony or ICE holds that need to be addressed at release, and must be at least moderate to very high (i.e., no low risk clients) on the NRAS.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which clients are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment scores are also crucial as they determine which criminogenic need areas clients have, whereas responsivity assessments assist in determining clients' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few). The T.R.U.S.T. Therapeutic Community Program reviews self-referred and identified clients for the NRAS risk and need assessment results. The NRAS is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

Moreover, the T.R.U.S.T. Therapeutic Community Program also administers the criminogenic need specific Addiction Severity Index (ASI) to further determine the substance abuse need. The T.R.U.S.T. Therapeutic Community Program also administers the TCU Criminal Thinking Scales. Finally, the program assesses a variety of responsivity characteristics through the TCU social functioning scales which assess motivation, mental health and treatment readiness.

It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk clients are admitted to the program, and low risk clients are not routinely admitted. Currently, the T.R.U.S.T. Therapeutic Community Program has 100% percent of clients as very high, high, or moderate risk.

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the program targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train justice-involved participants in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

While the program does target non-criminogenic need areas such as motivation, parenting, sex education, and trauma, the program also targets criminogenic needs. These criminogenic targets include: criminal thinking, prosocial skill deficits/teaching pro social skills, substance abuse, peers, anger, relapse prevention, family, success planning, and emotional regulation. As a result, the T.R.U.S.T. Therapeutic Community Program focuses at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs).

The program is using some evidence-based interventions. For example, the CBI-SA curriculum is cognitive behavioral in nature. Furthermore, the program utilizes skills groups that incorporate graduated practice.

While in the program, it is important that the clients are supervised and closely monitored within the context of the goals of the program. For programs that operate in institutions like T.R.U.S.T. Therapeutic Community Program, this means that program participants should be separated from the general population that is not receiving T.R.U.S.T. Therapeutic Community Program. All T.R.U.S.T. Therapeutic Community Program participants are housed in one unit away from the general population. While participants do interact with general population during education, the exposure time is limited.

T.R.U.S.T. Therapeutic Community Program has developed and follows a detailed program manual. Treatment programs each have a manual that outlines group sessions, goals, interventions, and homework. Furthermore, the manual includes a program description, philosophy, admission criteria, assessment practices, scheduling, case planning, phase advancement (behavior management, completion criteria, discharge planning, and aftercare (if applicable)).

Correctional clients should spend between 35-50 hours a week in structured programming or outside program requirements, so that clients involved in structured activities have less down time. The T.R.U.S.T. Therapeutic Community Program meets the CPC criterion as all clients in each phase of the program have at least 35 hours of structured time. This is Achieved through: town hall meeting attendance, peer led groups, CBI-SA groups, graduated practice skills groups, and impact panels.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the client. For example, effective programs are structured so that lower-risk participants have limited exposure to their higher risk counterparts. Research has shown that mixing low risk participants with moderate or high risk participants can increase the risk of recidivism for low risk participants. Low risk participants may be negatively influenced by the behavior of high risk participants, thereby increasing their risk of recidivism. The T.R.U.S.T. Therapeutic Community Program does not accept low risk clients, and, therefore, does not expose low risk clients to intensive interventions with high risk clients.

A program should vary the dosage and duration of service according to the client's risk level. Clients who are at higher risk for recidivism by definition have more criminogenic needs. These

clients should be required to attend additional services, dictated by the needs identified on the NRAS risk and need assessment tool. Thus, clients identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that participants who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high risk participants need over 200 hours of services to reduce their risk of recidivating. Very high risk or high risk people with multiple high need areas may need 300 hours of evidence-based services. Only groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count towards the dosage hours. The T.R.U.S.T. Therapeutic Community Program does provide more intensive services to higher risk participants. Those that are assessed as high or very high risk receive three more hours of service per week. This takes the form of more skills group, more homework, and they must complete two additional groups weekly focused on Hazelden workbooks.

Programs that have formal processes in place for clients to provide the program feedback on their likes and dislikes demonstrate better outcomes than programs that lack this formalized procedure. Clients in the T.R.U.S.T. Therapeutic Community Program are able to provide feedback through the structure board, quarterly satisfaction surveys, pilot review activities, and by using proposal forms.

T.R.U.S.T. Therapeutic Community Program has established a thorough array of reinforcers for use to encourage positive behavior in and out of the program. These reinforcers include: tally marks, fishbowl pull, and good job pulls. The tally marks and pulls allow the client to pick from a series of reinforcers (e.g., pencil sharpeners, colored pencils, notebooks, etc.). Clients also earn meritorious credit upon completion, can receive pushups in TC meetings, and are exposed to verbal praise by treatment staff. The T.R.U.S.T. Therapeutic Community Program has also established an array of appropriate punishers available for use. These include pull ups in TC meetings, phase demotion, phase delay, probation periods, extra homework, write ups, daily failures, behavioral contracts, and program discharge.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress towards meeting individualized treatment goals. To successfully complete the T.R.U.S.T. Therapeutic Community Program, a client must attend the groups and complete homework. However, they must also advance through all phases of the program. Moreover, they must demonstrate mastery of all skills of the CBI-SA program. This entails performing a graduated practice role play of all skills in the skills group. Based on their completion of each of the steps, the facilitator rates whether or not they mastered the skill. All skills must be mastered before completion. As such, the T.R.U.S.T. Therapeutic Community Program has a direct measurement of the acquisition of prosocial behaviors.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. This includes new thinking skills and new

behaviors. The T.R.U.S.T. Therapeutic Community Program provides cognitive restructuring and structured skill building throughout CBI-SA and skills groups. During these groups, staff define the skill to be learned, staff sell the skill/increasing participant motivation for the skill, staff model the skill for the participants, participants rehearse the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; and every client practices that skill), and staff provide constructive feedback. In the skills groups, clients practice the skill in increasingly difficult situations and are given staff feedback/generalizing the use of the skill to other situations.

All treatment groups are conducted by direct service delivery staff from beginning to end. Moreover, staff monitor peer skills groups.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). As mentioned above, although the program targets a number of criminogenic needs, it also targets a number of non-criminogenic needs, resulting in a ratio of 9:4 (69% criminogenic). The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- ***Recommendation:*** In order to increase the density of appropriate program targets, it is recommended the T.R.U.S.T. Therapeutic Community Program work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal behavior. The program should ensure that group and individual sessions stay focused on the core areas designated on the NRAS and that time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1. For example, reducing the time spent on non-criminogenic targets like parenting, trauma, and victim impact panels will aid in dosage. Time spent on these topics could be replaced with additional skill practice, additional time spent practicing cognitive restructuring (i.e., more work on identifying problematic thinking and developing replacement thoughts), and developing and practicing detailed relapse prevention plans. If the program does not wish to completely get rid of targeting parenting, trauma, and victim impact panels, the program should lessens its focus on these areas and still increase time spent targeting criminogenic needs.

The T.R.U.S.T. Therapeutic Community Program does develop case plans for each participant in the program. However, a review of files and interviews with staff and clients revealed that case plans do not always track the progress of each client in meeting goals aimed at reducing relevant criminogenic needs. Many of the reviewed case plans were not build on the results of the NRAS assessment and some were not targeting criminogenic needs.

- ***Recommendation:*** Case/treatment plans should be derived from the review of the client's needs and individual goals, based on standardized and validated risk/need/responsivity assessments. These individualized case plans should be developed by the case manager or program staff and the participants and be regularly updated in case management meetings. The plans should include targets for change, and strategies for achieving the change based

on skills being taught throughout the program including what the client is responsible for completing and what the program staff are responsible for assisting the client with.

The most effective programs are based on behavioral, cognitive behavioral (CBT), and social learning theories and models. The T.R.U.S.T. Therapeutic Community Program aims for a primary modality of treatment that is cognitive-behavioral under a therapeutic community. While the CBI-SA and the skills groups are delivered in a cognitive behavioral format, other interventions (i.e., TC group, journaling, and anger management) are not delivered using an effective modality.

- **Recommendation:** The T.R.U.S.T. Therapeutic Community Program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches across all interventions. This model should also be reflected in the program manual, group interventions, case management sessions, individual sessions, and in all other interactions with participants.
 - The program should select an evidence-based anger management curriculum (e.g., Aggression Replacement Training or Washington Aggression Interruption Training) that delivers interventions under a complete cognitive behavioral format.
 - There is little evidence that journaling programs consistently impact recidivism as they are not administered using an evidence based modality. Thus, if the T.R.U.S.T. Therapeutic Community Program wishes to continue interventions delivered using journaling, care should be taken to introduce cognitive behavioral strategies throughout. For example, based on a client's response in the journal, what criminal thoughts were identified and what thoughts could be used to replace antisocial thoughts? What skill learned in your CBI-SA class could be used in the situation? Then this skill could be practiced.

The length of time over which services are delivered is important. The most effective interventions last between three and nine months. The current program is designed to be completed in 10 to 14 months.

- **Recommendation:** T.R.U.S.T. Therapeutic Community Program should evaluate how the program can be completed within 9 months, not including aftercare. The program could look at removing interventions that take up time that are not focused on criminogenic needs.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client to the type of service for which he/she is most likely to respond. These assessed characteristics can also be used to assign staff and offenders together. While the T.R.U.S.T. Therapeutic Community Program assess both criminogenic needs and responsivity factors, there was no evidence in the treatment files that responsivity assessment results are used to make treatment or case planning decisions to refer clients to programming or to match of staff and clients. Moreover, programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff at T.R.U.S.T. Therapeutic Community Program are assigned to groups based on schedule. Programs have better outcomes when they staff are matched to clients based on assessed need and/or

responsivity factors. It is important to note that the T.R.U.S.T. Therapeutic Community Program strives to match clients to staff as best as possible, but are often unable to do so because the program is short of staff. For example, the T.R.U.S.T. Therapeutic Community Program attempts to assign staff to programs based on skills, experience, training, and expressed interest. As indicated above, the program is often not able to implement the program as designed because of staff shortages. Once staff are in place, policies exist that should allow the T.R.U.S.T. Therapeutic Community Program the ability to match clients and staff and staff to programming.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups and staff. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, participants who lack motivation may need motivation issues addressed before an assignment to a service designed to address beliefs and teach skills.
- **Recommendation:** Clients should be purposefully assigned to staff. For example, a client with substance abuse issues is matched with a staff member with substance abuse credentials. Or, a client who lacks motivation is matched with a staff who excels in motivational interviewing techniques.
- **Recommendation:** Once the program addresses staff turnover issues, T.R.U.S.T. Therapeutic Community Program should assign staff to deliver programming based on skills, experience, education, training, and then expressed interest. Scheduling should not be based on schedule availability alone.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and apply appropriate reinforcers. While T.R.U.S.T. Therapeutic Community Program has established an appropriate menu of reinforcers (i.e., verbal praise, push-ups, fishbowl draws, good job draws, etc.), the administration of reinforcers needs to be improved. Rewards are most valuable when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. Finally, program staff do not receive any limited training in the administration of rewards and punishers.

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change which are appropriately applied. As noted above, the T.R.U.S.T. Therapeutic Community Program has established an array of appropriate punishers available for use. While this is an acceptable menu, the program uses treatment as punishment, which is not an aspect of effective behavioral management. Specifically, clients are often assigned a thinking report as punishment. A thinking report should be a tool used by the program to change behavior and should be viewed by clients as a positive tool that helps them identify problematic thinking that leads to poor behaviors. When thinking reports are given as a punishment, this portrays them as a negative rather than a positive. Staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal

policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions such as aggression towards punishment, future use of punishment, and response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

- **Recommendations:** The current behavior management system should be modified in the following manners:
 - Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff link the reward to the desired behavior. For key target behaviors, staff should have the client articulate the short-term and long-term benefits of continuing that behavior.
 - All staff, regardless of their role, should administer rewards as appropriate. This should include correctional officers, case managers, and treatment staff.
 - The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.
 - For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when applicable).
 - Treatment tasks should never be used as punishers. Instead, staff should sanction the behavior with one of the appropriate sanction developed by the program. After the appropriate punisher has been administered, staff can introduce the concept of a “treatment response.” That is, the staff can introduce the client to a thinking report and sell it as a mechanism that can be used to avoid getting into trouble in the future.
 - Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. For example, after the administration of a punishment staff should watch for emotional reactions (e.g., fear, interference with new learning, and disruption in social relationships), avoidance/aggression towards punishers (i.e., use of behaviors to escape punishment), future use of punishment (i.e., mimicking the same type of punishment received), response substitution (i.e., demonstrating another inappropriate behavior), or lack of punishment generalization (i.e., believe the punishment only comes from the correctional system and would not be applied in the “real world”).

Effective correctional programs have a completion rate between 65% and 85%, ensuring the program is neither too difficult nor arbitrarily easy to complete. The T.R.U.S.T. Therapeutic Community Program completion rate was 56% for the previous year.

- **Recommendation:** The T.R.U.S.T. Therapeutic Community Program should audit the reasons and stage of failure in the program to determine if there are any areas that can be addressed to improve completion. Similarly, reducing the time in the program to 9 months may also have an impact on completion rate.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. Groups at the T.R.U.S.T. Therapeutic Community Program begin with 12 participants.

- **Recommendation:** Groups should not exceed 8 to 10 clients per active facilitator. Once fully staffed, the program should work towards this goal.

The T.R.U.S.T. Therapeutic Community Program does not develop formal discharge plans for all clients of the T.R.U.S.T. Therapeutic Community Program.

- **Recommendation:** Formal discharge plans should be developed upon termination from the program. These plans should include any referrals to other services (in the community or institution), progress in meeting target behaviors and goals, and noted areas that need continued improvement. These plans can be shared with the client and follow them through the criminal justice system.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. The T.R.U.S.T. Therapeutic Community Program does currently have an aftercare component; however, it is not a required component and is only used for those who do not parole immediately following program completion.

- **Recommendation:** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. This should be developed for both populations of clients—those that remain in the institution after the primary treatment has been completed and those that are paroled immediately following completion of primary treatment.
- **Recommendation:** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of offender risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Characteristics Strengths

The program has a systematic process to solicit client satisfaction with the program. This process occurs quarterly. Programs that collect formal client feedback on service delivery and use that information to inform programming have better programmatic outcomes than programs who lack this process.

The T.R.U.S.T. Therapeutic Community Program has periodic, objective, and standardized reassessment process to determine if clients are meeting target behaviors. Specifically, clients are reassessed multiple times on the TCU CTS and social functioning scales.

Quality Assurance Areas in Need of Improvement and Recommendations

The T.R.U.S.T. Therapeutic Community Program lacks a formal management audit system. Internal quality assurance mechanisms are important to programs to ensure that they are operating the way they are intended to operate. While the program does have a mechanism to ensure that clients are provided feedback on their progress in treatment and quarterly file audits are completed, the T.R.U.S.T. Therapeutic Community Program lacks consistent, quarterly observation of staff delivery.

- ***Recommendation:*** The T.R.U.S.T. Therapeutic Community Program should develop policy for consistent, systematic process wherein there is quarterly observation of staff service delivery. This needs to be consistently done by the program director and there should be documented feedback provided to the staff based on the observations of the program director.

The program does not track recidivism of its participants after completion of the program. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation.

- ***Recommendation:*** Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—should be tracked at 6 months or more after termination (successful or unsuccessful) from the program. The program can do this on its own, or work with NDOC to secure these data.
- ***Recommendation:*** In relation to the formal evaluation, the comparison study between the program's outcome and a risk-controlled comparison group should include an introduction, methods, results, and discussion section. This study should be kept on file.
- ***Recommendation:*** T.R.U.S.T. Therapeutic Community Program should consider working with NDOC to identify an evaluator who is available to evaluate available data. Evaluation must be the main focus of their position. Alternatively, T.R.U.S.T. Therapeutic

Community Program could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to T.R.U.S.T. Therapeutic Community Program) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation).

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 59.2% on the CPC 2.0. This falls into the High Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence based interventions and services for the participants is 59.4%, which falls into the High Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 76.9% (Very High Adherence to EBP), the staff characteristics score is 54.5% (Moderate Adherence to EBP), and the quality assurance score is 37.5% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 59.1%, which falls into the High Adherence to EBP category. The assessment domain score is 100.0% (Very High Adherence to EBP) and the treatment domain score is 47.1% (Moderate Adherence to EBP).

This is the fourth CPC assessment of the Trust program. It is evident that the program has integrated the CPC feedback into its processes and procedures and is operating in high adherence to EBP across the both CPC areas. Where the program is hampered the most relates to the domain of Staff Characteristics, which then trickles down and impacts other areas (e.g., group size, client matching, group observation, etc.), especially in the areas of Treatment Characteristics and Quality Assurance. The T.R.U.S.T. Therapeutic Community Program should be commended for its continued improvement and is encouraged to further improve the program by following the recommendations in the report. We also recommend that the NDOC and SDCC administration take note of the impact that staffing has had on this program, in hopes of improving this area and thereby assisting the program to greatly improve upon and address areas of improvement affected by staffing.

As outlined in the cover letter attached to this report, please take the time to review the report and disseminate the results to selected staff. Although we have worked diligently to accurately describe your program, we are interested in correcting any errors or misrepresentations. As such, we would appreciate your comments after you have had time to review the report with your staff. If you do not have any comments, you can consider this to be a final report.

Figure 1: Team Recovery Under Structured Treatment Program, SDCC CPC Scores

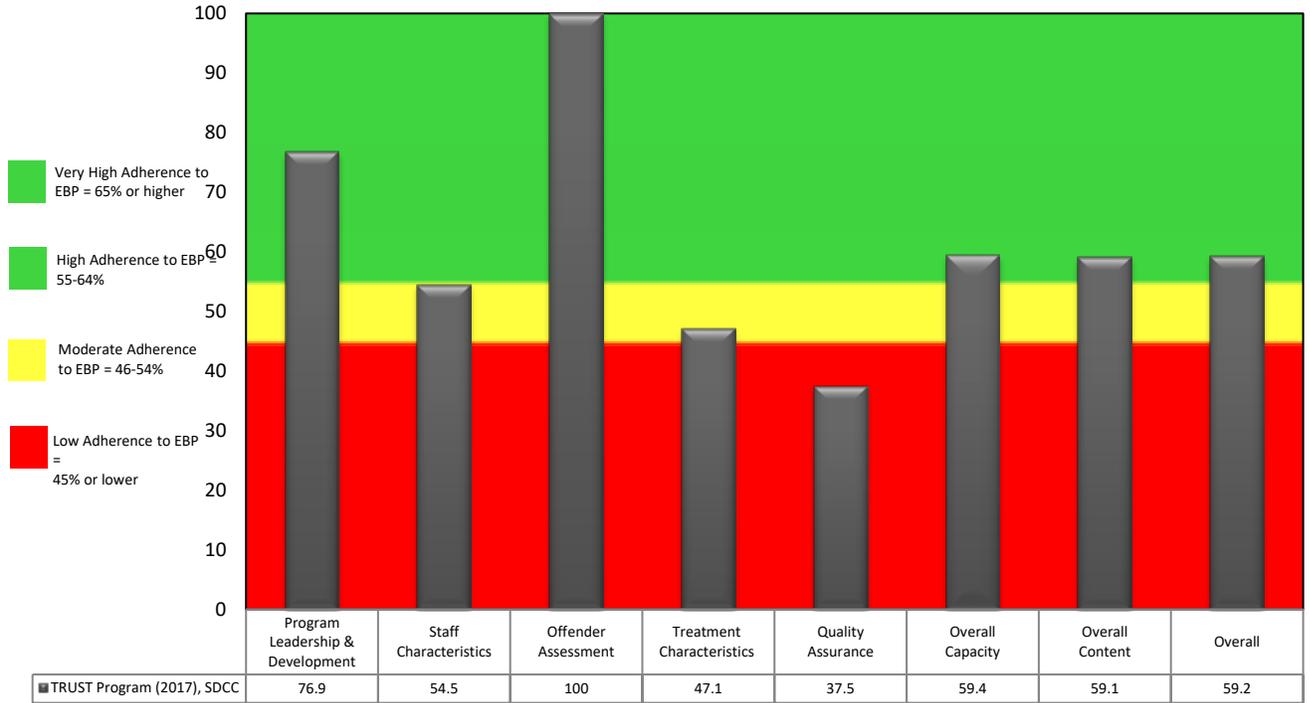


Figure 2: Team Recovery Under Structured Treatment Program, SDCC CPC Scores Compared to the CPC Average Scores

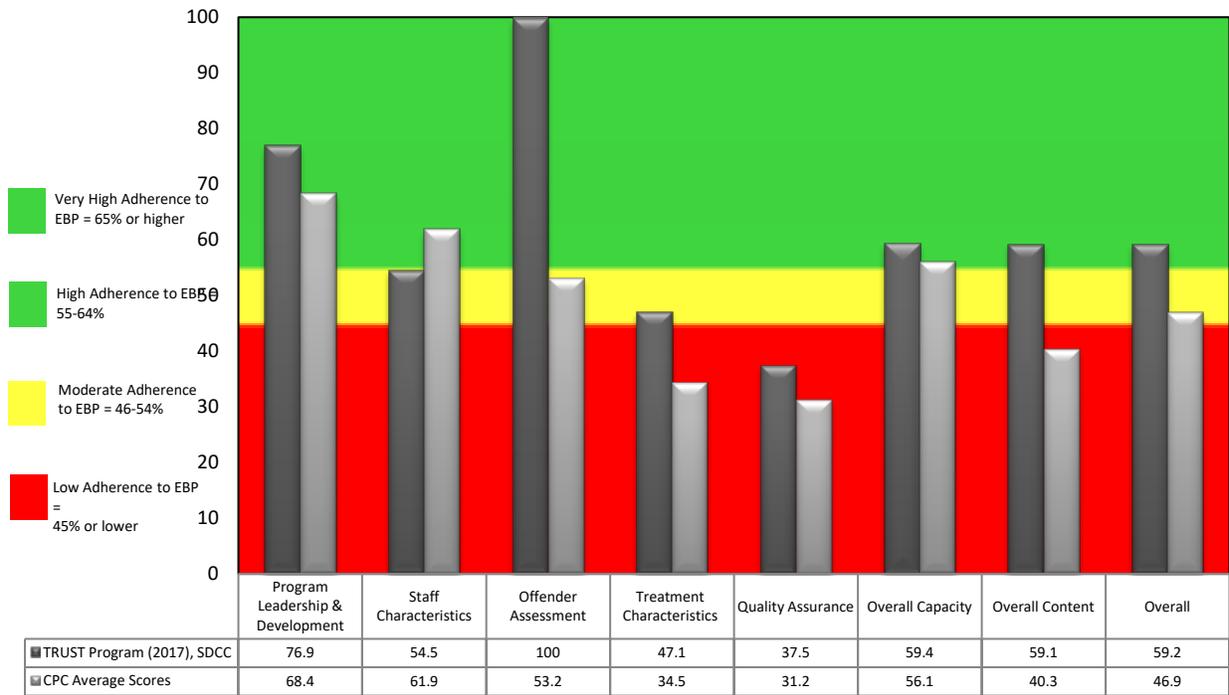
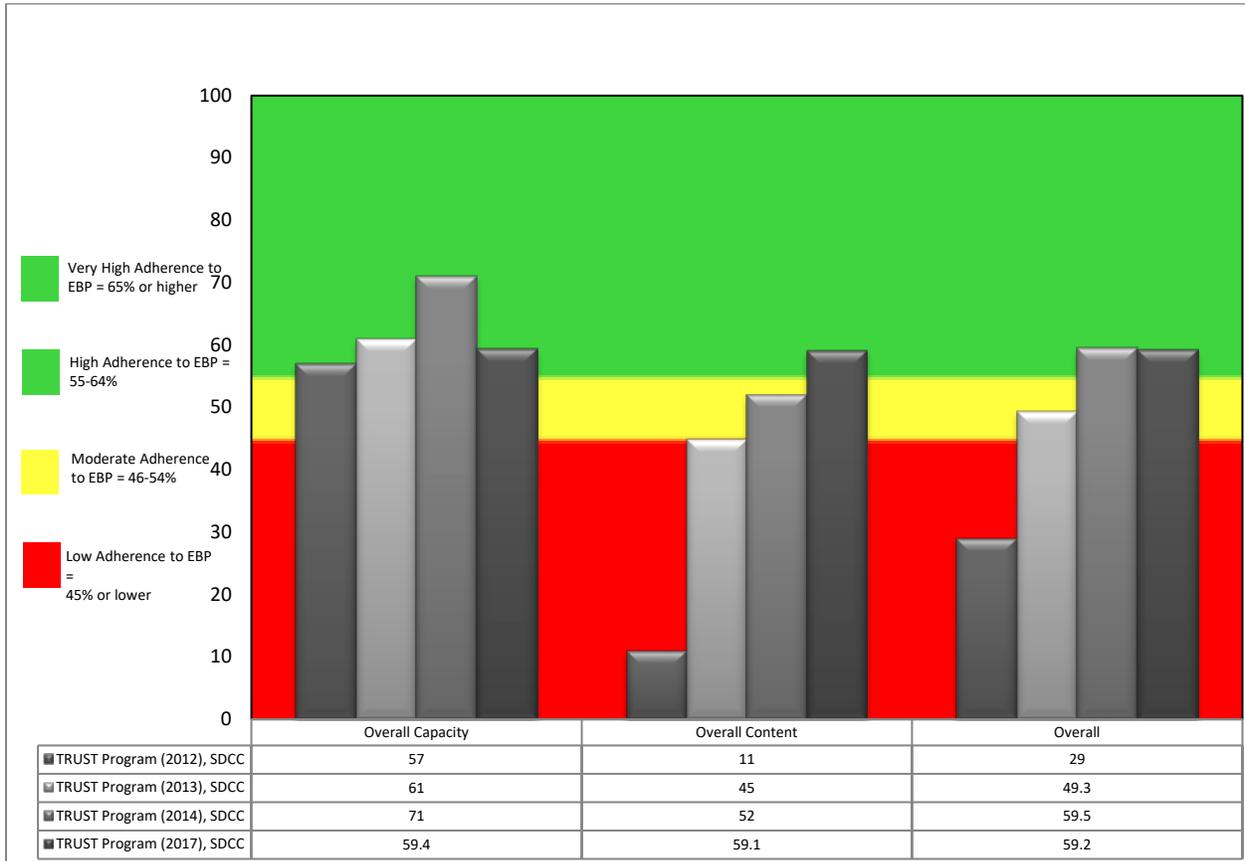


Figure 3: T.R.U.S.T. Therapeutic Community Program Program CPC Scores for All Program Assessments



ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), the UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ⁱⁱ The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

ⁱⁱⁱ A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

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Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

^{iv} Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

^v Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.



Second Chance Act FY 2016/17 Process Evaluation Report

Nevada's Statewide Recidivism Reduction Program: Stopping
the Revolving Door

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Table of Contents

ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	5
CHAPTER 1: PROCESS EVALUATION	10
EVALUATION QUESTIONS AND INTENDED USE.....	10
INTRODUCTION.....	10
EVALUATION METHODOLOGY.....	12
PROCESS EVALUATION RESULTS.....	12
LIMITATIONS AND OTHER RECOMMENDATIONS	27
CHAPTER 2: RISE PROGRAM	29
PROGRAM CONTEXT- RISE PROGRAM AS ORIGINALLY DESIGNED	29
IMPLEMENTATION AND FIDELITY TO PROGRAM DESIGN.....	33
PHASE I.....	34
PHASE II.....	36
RISE PRELIMINARY RESULTS.....	40
RISE AT INTAKE VS. RISE AT DISCHARGE	44
PROCESS EVALUATION RESEARCH QUESTIONS RELEVANT TO RISE	46
CHAPTER 3: NRAS VALIDATION	49
OVERVIEW.....	49
INTRODUCTION.....	49
SAMPLE.....	50
PRISON INTAKE TOOL AND RECIDIVISM OUTCOMES	52
DOES OVERALL RISK CATEGORY PREDICT RECIDIVISM?	56
DOES OVERALL CATEGORICAL RISK/NEED LEVEL PREDICT RECIDIVISM?	59
DO DIFFERING OFFENSE TYPES PREDICT RECIDIVISM?.....	61
LIMITATIONS AND RECOMMENDATIONS.....	62
CHAPTER 4: TRAINING EVALUATIONS	66
OVERVIEW.....	66
METHODOLOGY	66
NRAS TRAINING EVALUATIONS.....	67
CCP (CORE CORRECTIONAL PRACTICES) END USER COURSE EVALUATIONS.....	73
EPICS - I COURSE EVALUATIONS.....	79
EPICS END USER COURSE EVALUATIONS	85
CHAPTER 5: COLLABORATIVE ASSESSMENT AND SOCIAL NETWORK ANALYSIS	92
OVERVIEW.....	92
INTRODUCTION.....	93
COLLABORATIVE PERFORMANCE ASSESSMENT FINDINGS	94
THE SOCIAL NETWORK ANALYSIS FINDINGS	96
RECOMMENDATIONS	99
APPENDIX A: REFERENCES	100
APPENDIX B: STRATEGIC PLAN	104
APPENDIX C: PRINCIPLES OF EFFECTIVE INTERVENTION	126
APPENDIX D: NRAS PROTOCOLS	134

APPENDIX E: PROGRAMS NOT OFFERED / APPROVED MERIT CREDIT CORE / OPERATIONAL PROGRESS.....	147
APPENDIX F: CHAPTER 2 RISE PROGRAM ADDITIONAL INFORMATION AND ANALYSES	155
APPENDIX G: CHAPTER 3 NRAS ADDITIONAL ANALYSES	163
APPENDIX H: CHAPTER 4 COURSE EVALUATION ADDITIONAL INFORMATION	180
APPENDIX I: CHAPTER 5 COLLABORATIVE ASSESSMENT ADDITIONAL ANALYSES	192

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Executive Summary

This Second Chance Act evaluation report was supported by the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA). The evaluation report summarizes the results of the process evaluation component of the Second Chance Act Strategic Recidivism Reduction project to identify areas of success and opportunities to improve. This report does not examine the outcome evaluation component of the project, nor does it examine the fidelity of the treatment program. Rather, the results of this process evaluation discusses effectiveness of the initial program implementation. The outcome evaluation will be developed at the completion of the research project in Year 3.

The results of the process evaluation are provided for use by all relevant stakeholders, including Nevada Department of Corrections (NDOC), Nevada Department of Parole and Probation (P&P), the Nevada Board of Parole Commissioners, The State of Nevada Governor's Re-Entry Task Force, and statewide collaborative and community partners, for improvement to the implementation of the Second Chance Act Recidivism Reduction grant programs and activities.

In addition to the information required by BJA's Performance Measurement Tool (PMT), the following analyses were conducted in Year 1: **1) Preliminary analyses (Chapter 2)** between RISE (Reaching Inward to Succeed in my Environment) and the TC (Therapeutic Community) comparison group, which included only male re-entry inmates; **2) Nevada Risk Assessment System (NRAS) validation (Chapter 3)** of the Prison Intake Tool (PIT) was conducted via various statistical and psychometric analyses using secondary data using both male and female inmates and returning citizens; and **3) Training** utilizing satisfaction surveys of trainings, **(Chapter 4) and 5) Collaborative assessment (Chapter 5)**, using the social network analysis.

Chapter 1 focuses on the overall project goals as defined in the grant application and Statewide Re-entry Strategic Plan for Re-Entry as well as process measures based on the logic model that was developed for the evaluation plan. Chapter 1 discusses fidelity of program implementation, not the effectiveness of the RISE treatment model. The NDOC, in collaboration with key community and state partners, worked to establish the beginning a significant culture shift, under the direction of Director Dzurenda, from a punitive correctional mindset, to a more holistic focus of mutual respect and rehabilitative programming mindset designed to address the criminogenic needs of inmates to focus on reducing recidivism in Nevada. Some of NDOC's most notable accomplishments in Year 1 of the Second Chance Act grant includethe automation of the Nevada Risk Assessment Sytem (NRAS) (assessment tool) utilized for individual case planning for mental health, education, and other re-entry programs. In addition, the assessment tool was utilized for participant enrollment and flow into the blended re-entry substance abuse pilot program (RISE), which included a treatment (TX) and comparison group (TC). As part of the overall efforts of to support the NRAS tool, NDOC and partners worked with the Nevada Board of Parole Commissioners to assist them with understanding and recognizing the evidence-based nature of the RISE program for consideration at parole hearings. NDOC also conducted a major policy and program review and overhaul.

The BJA Grant is expected to be delivered over three (3) years, if the State demonstrates significant achievement on their overall goals. Overall, findings of the process evaluation revealed that 13 out of 30 total benchmarks were identified as met in Year 1, another 5 identified as partially met, and 12 benchmarks were identified as needing to be addressed in Year 2.

Some key recommendations for improvement include:

- Fidelity to program design is essential for effective intervention. It is recommended that proposed changes to the RISE program or TC programs be made in collaboration with the research and community partners.
- The RISE program within prison walls should work to streamline and incorporate education and vocational components.
- Natural community support influencers need to be in place for returning citizens prior to their release (achieved through EPICS-I).
- Transition to the Phase II (aftercare stage) should be a more structured process. This would support collaboration and communication for returning citizens, community providers.
- Wraparound services should be more structured with streamlined data collection on the outside.
- Increase positive reinforcement in both Phase I and Phase II.
- Parole Board should be invited to provide more representation within each of the applicable workgroups
- Identify more state and community partners from across the state to support in areas where gaps in specific services have been identified.
- Implementation of NRAS, Effective Practices in Community Supervision (EPICS), Core Correctional Practice (CCP), and EPICS-I fidelity tools is necessary, with close monitoring and tracking of NRAS's administration and use for case planning
- Validation of NRAS's Reentry Tool (RT) and Supplemental Reentry Tool (SRT) tools in Year 2, using the RISE participants as a separate subsample for validation in comparison to a subset of the general population assessed using the RT or SRT.
- More communication and collaboration is needed in general, between all community partners involved and NDOC, as well as community partners and P&P with respect to Phase II; recommend more face-to-face meetings with all workgroups and quarterly meetings with the chairs of each workgroup so that there is cross-communication between workgroups.

Chapter 2 discusses the NDOC's RISE Re-entry Program, which is located at the Southern Desert Correctional Center (SDCC) in southern Nevada, and the Warm Springs Correctional Center (WSCC) in northern Nevada. The RISE Program is a modified outpatient-model program for structured living that blends substance abuse programming and re-entry programming for the treatment of substance use disorders and restructuring criminal thinking in order to reduce

recidivism. The Year 1 RISE evaluation focuses on program delivery and housing issues. Data for this evaluation were gathered via work group attendance and site visits to the RISE program at Southern Desert Correctional Center (SDCC) in August 2017 and Warm Springs Correctional Center (WSCC) in September 2017. This evaluation identifies strengths and areas for improvement as well as with recommendations for those improvements.

As originally designed, the RISE program intervention reflects evidence based principles (EBP) that have demonstrated their validity in the literature (National Institute of Corrections (NIC), 2004, see Appendix C). However, during the implementation phase modifications were made to the initial design by NDOC as a result of practical issues with respect to Nevada Revised Statutes (NRS) and Administrative Regulations (ARs) with respect to: classification criteria for camps, programming, bed space, staffing issues related to both turnover and hiring barriers, resources, or other policies and procedures within NDOC. In addition, the processing of the state fiscal system to authorize both the contractual and budget authority took 90-days. Because of these logistical and practical issues, the phases of treatment for the RISE participants started in the second quarter and wrap-around services could not be delivered during Year 1 of the grant (due to the amount of time (six (6) months) to complete the program). Impacts of these adjustments are being documented, tracked, and monitored going into Year 2, and Phase 2 of the grant.

As of October 31, 2017, there were at total of 73 invited to participate in the RISE program based on the initial screening criteria. Three (3) participants were moved to camps early in Phase I before NDOC modified their classification policies as a response to the low numbers of eligible inmates for RISE, and three (3) participants were not yet assessed for their eligibility as of October 31, 2017. Of the 67 participants enrolled and assessed, thirteen (19.5%) did not successfully complete the RISE program and were discharged. Of these 13, one was discharged due to a positive urinalysis, 10 were discharged due to non-compliance with institutional rules, and two (2) refused treatment. Fifteen participants (22%) had successfully completed the program.

Of the 67 participants enrolled and assessed, eight (8) or (12%) were classified as very high on the NRAS; 37 or (55%) were classified as high; and 22 as moderate (33%). Thirty-four (34) (50%) of these participants self-identified as African American, 19 (28%) identified as Caucasian, two (2) (3%) as Asian, one (1) or (1.5%) as Native American, six (6) or (9%) as Other, and five (5) (7.5%) self-identify as Caucasian Hispanic. The average age of the RISE participant population is 33.

Preliminary analyses reviewing key process and outcome variables between RISE and the TC group demonstrates trends for statistically significant differences between criminal thinking, motivation to change, social functioning, and psychological functioning skills.

The NRAS validation component of the study (Chapter 3) found that the Prison Intake Tool (PIT) is able to discriminately predict recidivist and non-recidivist membership using both the overall risk/need categories as well as the overall risk/need raw score. However, the PIT can predict recidivism when using the overall raw score and overall risk categories for females only when technical violators are included in the analyses. When technical violators are excluded from the analysis, the PIT predicts recidivism for males only, however, our sample size is not desirable, and for females, the sample size is too small to conduct the proper statistical analyses. Therefore,

these results are preliminary. Data collection will continue in Year 2 to update these NRAS validation analysis using an appropriate sample size. The PIT also displayed poor psychometric (reliability and validity of the instrument – instrument should accurately and dependably measure what it ought to measure) properties, which is a significant limitation of the instrument. Simple reorganization, removal and/or addition of items, and re-norming of the tool could possibly improve the predictive validity. Also of concern are instrument administration issues, which impact data quality. The PIT is currently predictive of recidivism for females, however, adjustments to the tool can considerably improve its utility, and additional validation studies will be conducted in Year 2.

As part of the Second Chance Act Strategic Recidivism Reduction project, the NDOC and the Division of P&P conducted a series of trainings for personnel throughout 2017. Chapter 4 includes the course evaluations collected from trainees assessed across 12 items tapping into different aspects of the training. Trainings included courses which educated participants on the Nevada Risk Assessment System (NRAS: previously known as the Ohio Risk Assessment System), CCP End User, EPICS end-user and EPICS-I (for Influencers). The majority of the responses were positive for every course type (e.g., NRAS, CCP) across all areas of the course. A sample survey can be found in Appendix H.

Over 90% of trainees for NRAS, CCP, EPICS, and EPICS-I reported that the courses were “good” or better at (1) effective use of teaching aids/media; (2) clearly communicating course objectives; (3) allotting an appropriate amount of time for course content; (4) developing or enhancing program-related knowledge and/or skills; (5) providing clear instructions; (6) lecturing at a comprehensible level; (7) clearly delineating course objectives; (8) demonstrating how course content was practically related to the job or field; (9) providing a mix of participation and presentation; (10) providing satisfactory answers to questions; and (11) presenting material enthusiastically. In addition, approximately 90% of respondents reported that taken as a whole, the course was rated “good” or better. EPICS End User courses evaluations were less positive with a larger proportion of respondents reporting that courses were “fair” for (1) clear communication of course objectives; (2) allotment of an appropriate amount of course time; (3) development or enhancement of program-related knowledge and/or skills; (4) establishment of clear course expectations; (5) providing clear instructions; and (6) demonstration of how course content was practically related to the job/field. Moreover, one responded reported that taken as a whole, the course was “poor.” Comments provided by trainees were diverse in valence and recommendations were made for (1) course duration, (2) course materials, (3) course structure, (4) course organization, and (5) program implementation.

The collaborative assessment study component of this report (Chapter 5) was executed as part of the process evaluation of the Second Chance Act Implementation Grant (SCIG) to analyze the development of partnerships and collaborations of the NDOC with community providers, state and community agencies and justice partners. The social analysis was the instrument used to access stakeholder involvement in the collaboration process, and the formal or informal network relationships that developed from these efforts.

The project objectives focused on creating comprehensive, sustainable, inclusive, and cross-policy initiatives; through collaboration, communication, evidence-based programs, and

community support for our returning citizens. Data for this collaborative assessment study were collected using a web based survey distributed at the end of the federal fiscal year to those identified as involved in various aspects of the project. The first part of the collaborative assessment survey looks at the collaborative performance of the project's operations using the opinions of the project members regarding collaboration processes, including: communication, level of trust, distribution of power, leadership, use of resources, etc. The second part uses social network analysis to investigate the social and interorganizational relationships among the members of the SCIG.

Five areas identified for improvement include:

1. Not all project members feel connected to the project both in terms of formal and informal channels of communication.
2. Open lines of communication have not been identified.
3. A plan for sustaining collaborative membership and maintaining resources has not yet been developed for community partners and stakeholders.
4. There is a high level of competing priorities among the stakeholders involved in the process of collaboration.
5. Formalized procedural arrangements have not been developed establishing ground rules, operating protocols, decision-making rules, or other rules that may facilitate collaboration.

Chapter 1: Process Evaluation

Evaluation Questions and Intended Use

The Evaluation Plan for the Strategic Recidivism Reduction (SRR) Grant consists of two major components: 1) Process Evaluation (Year 1 or Phase 1 of grant period) and 2) Outcome Evaluation (Years 2 and/or 3 or Phase 2 of grant period). For the purposes of this process evaluation report, fidelity to program design is discussed. All results of the process evaluation are intended to be used by all relevant stakeholders for improvement to all aspects of the Second Chance Act Recidivism Reduction grant programs and activities.

This process evaluation discussed herein will consider the following general questions:

- **Implementation:** Were the program activities put into place as originally intended?
- **Effectiveness:** Is the program achieving the goals and objectives it was intended to accomplish?

Although Year 1 of this report does not focus an outcome evaluation, some issues with the NDOC program were identified that need close monitoring and improvement in Year 2. The research and evaluation team recommends NDOC design an effective outcome evaluation plan in collaboration with the evaluation team before the Year 2 kick-off meeting to address the following outcome evaluation questions:

- **Efficiency:** Are the program's activities being produced with appropriate use of resources such as budget and staff time?
- **Cost-Effectiveness/Sustainability:** Does the value or benefit of achieving the program's goals and objectives exceed the cost of producing them?
- **Attribution:** Can progress on goals and objectives be shown to be related to the program's activities, as opposed to other things that are going on at the same time?

Introduction

Nevada has a disproportionately high incarceration rate. In 2014, property crime accounted for nearly 80% of all crime in Nevada; the property crime rate in Nevada is approximately 3% higher than the national average (FBI, 2015). The 2011 release cohort had a three-year reincarceration rate of 29.1%. However, property offenders had a three-year reincarceration rate of 36.02% (male only). Data from 2013 reveal that 77% of property offenders who were reincarcerated in the NDOC for a new offense were assessed as moderate to very high risk via the NRAS. Additionally, substance abuse was a factor in the primary instant offense, the individual had a history of substance abuse, or both.

Research consistently demonstrates a relationship between property crimes and substance misuse and abuse (Belenko, Hiller, & Hamilton, 2013; Kopak & Hoffman, 2014). People with a

drug and alcohol addiction may be driven to commit crimes, particularly property crimes (Belenko, Hiller, & Hamilton, 2013). Kopak and Hoffman (2014) found that people who have a substance use disorder are more likely than people who do not live with substance dependency to be charged with non-violent crimes, such as property offenses, due to an acquisition motivation.

Substance abuse programming that adheres to evidence-based practice (EBP) principles (National Institute of Corrections, 2004; see Appendix C) reduces that likelihood of relapse and recidivism (Belenko, Hiller, & Hamilton, 2013). Recent research has focused on the effectiveness of therapeutic communities (TC) in prisons at reducing relapse and recidivism upon return to the community. Jensen and Kane (2012) found that TC completion reduced the likelihood of rearrest. Conversely, Welsh and Zajac (2013) found that TC participation did not influence the likelihood of relapse or rearrest, but did significantly reduce the likelihood of reincarceration (see also Welsh, Zajac, & Bucklen, 2014). Galassi, Mpofu, and Athanasou (2015) conducted a systematic review of the literature and found that TCs are associated with relapse reduction in 70% of studies, reduction in rearrest in 55% of studies, and reduced rates of reincarceration in 75% of studies. The varied findings regarding the impact of TC participation on relapse and recidivism may be attributable to how well critical responsivity factors, an often-overlooked component of EBP, are addressed (Welsh et al., 2014).

The extant research also indicates that programs and processes are more likely to reduce relapse and recidivism when they are rooted in EBP and adopt a **cognitive-behavioral approach** (Hamilton & Belenko, 2015; Landenberger & Lipsey, 2005; Mackenzie, 2013; Wilson, Bouffard, & Mackenzie, 2005), **provide wrap-around services** (Freudenberg & Heller, 2016; LePage et al., 2016), and utilize a **continuity of care model** to facilitate transition from prison to the community (Veysey, Ostermann, & Lanterman, 2014). Programs rooted in evidence-based principles follow these eight principles for effective intervention: 1) Assess risk/needs; 2) Enhance Intrinsic Motivation; 3) Target Interventions; 4) Skill Train with Directed Practice (use Cognitive Behavioral strategies); 5) Increase Positive Reinforcement; 6) Engage Ongoing Support in Natural Communities; 7) Measure Relevant Processes/Practices; and 8) Provide Measurement Feedback. These EBP programs' interventions are targeted to address the risk principle, the need principle, and responsivity (NIC, 2004). The BJA's Second Chance Act funding has initiated a number of new reentry programs across the country to incorporate evidence-based principles. One such pilot program implemented by the NDOC is the **RISE (Reaching Inward to Succeed in my Environment) Program**. While the RISE Program is not a Therapeutic Community program, it is the goal of NDOC to determine whether an intervention from a comparable blended re-entry and substance abuse program administered, in a shorter timeframe (6-9 months as opposed to 12 months), can be just as impactful with respect to reducing recidivism, thereby resulting in a more cost-effective and efficient program for the department. This would also provide information to BJA to share with other institutions across the country.

Evaluation Methodology

The evaluation methodology approach was of a participatory, action research-based nature as an evaluation research partner. There were many challenges with the research-practitioner model in the first half of Year 1. Many of these challenges have been mediated through communications with NDOC, the technical assistance advisors, and the evaluation research partner. Strong communication and collaboration moving forward between the evaluation research partner and all project partners will help NDOC meet its project goals and objectives.

The process evaluation discussed below is of a goal-based nature, with a focus on fidelity to program design and implementation. Findings discussed below are based on data collection from various methods, including interviews, case reviews, data collection from various NDOC sites, units, agencies, and workgroup involvement. The process measures collected and benchmarks reported will answer the following research questions with respect to the RISE substance abuse pilot program (see Chapter 2):

- Does the program utilize a design that has previously demonstrated an ability to reduce recidivism (i.e., is it Evidence Based)?
- Is the program being implemented as designed (are all systems/staff/procedures in place)?
- Are staff training and experience sufficient to execute the program as designed and are training practices being utilized and implemented by staff?
- Are risk and needs assessed and services delivered based on individuals' risk and needs?
- Is the "dosage" and intensity of the treatment adequate to effect the desired change?
- Is the delivery of these services consistent over time?
- What are the services being provided?
- How many people are receiving services?
- What are the relevant characteristics of people receiving services?
- What are the quality of those services?
- What is the required staffing and training to provide those services?

Process Evaluation Results

A Truncated Logic Model (Table 1) is attached below, which includes the program's goals, objectives, process measures, benchmarks for Year 1, and addresses the more specific process evaluation questions. All data indicators under the process measures column and the benchmarks column were collected. Tools for data collection included the PMT tracking tool for RISE participants, a separate data tracker kept for the Comparison Group by the NDOC Substance Abuse Staff, the NRAS tracking system now automated in Nevada Offender Tracking Information System (NOTIS), and additional process and outcome measures collected independently by various NDOC mental health and substance abuse staff, P&P, and the evaluation team. As we move into Year 2 of the implementation grant, data collection of these same variables will continue, but will also include wraparound release services and referrals related to employment,

housing, education, mental and behavioral health referrals, and recidivism indicators (rearrest, reconviction, and reincarceration).

**Table 1
Truncated Logic Model**

Goals	Objectives	Process Measures	Year 1 Benchmarks
<p>Promoting Quality Programs <u>Goal 1:</u> To develop a comprehensive statewide re-entry and recidivism reduction plan.</p>	<ul style="list-style-type: none"> O1: Develop formalized collaborative partnerships with community providers, agencies, and families of returning citizens through networks, coalitions and alliances. O2: Reduce recidivism rate of NDOC population by 4% over two years. O3: Reduce recidivism rate of NDOC population by 11% over five years. O4: Ensure cross system quality assurance. 	<p>Number of meetings with community providers, agencies, non-profits, and families of returning citizens</p> <p>Statewide re-entry philosophy model developed</p> <p>Number of completed collaborative assessment surveys</p> <p>Number of established collaborative partnerships</p>	<p>One Planning Committee meeting and six meetings of each workgroup per year</p> <p>Completed by the end of year 1</p> <p>70% survey response rate by the end of year 1</p> <p>Establish an MOU and maintain partnerships with P&P and 5 agencies or non-profits</p>
<p>Case Management <u>Goal 2:</u> To develop a comprehensive case management system to reduce recidivism of property, “violent property,” and drug offenders by applying existing evidenced based practices and programs.</p>	<ul style="list-style-type: none"> O1: Reduce recidivism rate of target population by 15% over two years. O2: Reduce recidivism rate of target population by 50% over five years. O3: Identify how many property, “violent property,” and drug offenders have a substance use disorder history and mental health history using standardized instruments 	<p>Number of NRAS trainings and recertifications conducted at NDOC and P&P</p> <p>Evidence of NRAS utilized for risk and needs assessment and case management and programming</p> <p>Number of trainings on Core Correctional Practices (CCP) and EPICS</p> <p>Number of EPICS-I Coaches trained in the community</p>	<p>100% of all NDOC staff who administer NRAS or use NRAS for case management will be trained or recertified in NRAS (substance abuse, mental health intake, and case management).</p> <p>100% of NRAS trainings evaluated</p> <p>100% of RISE participants and 50% of TC participants are assessed with NRAS;</p> <p>50% of case management, custody, and treatment staff trained on CCP and 25% of P&P staff trained on EPICS.</p> <p>100% of CCP and EPICS trainings evaluated. 100% of EPICS-I Coaches in the community identified by NDOC to be trained.</p>
<p>Risk and/or Needs Assessment <u>Goal 3:</u> To integrate NRAS into a standardized data management system to be used by the NDOC, the Division of Parole and Probation, and community partners.</p>	<ul style="list-style-type: none"> O1: Validate NRAS for Nevada’s correctional population. O2: Automate NRAS for use across the data management system. O3: Test NRAS-driven data management system to ensure the validity and quality of data sharing across the collaborating partners. O4: Ensure complementary or joint use of NRAS by the NDOC, Parole and Probation, and community partners for a standardized data. 	<p>Evidence of NRAS being automated and utilized for centralized record-keeping, including risk and needs data</p> <p>Collection of NRAS data</p> <p>Fidelity tools for evaluation of NRAS end users utilized</p> <p>Number of trainings provided to community partners on how to use NRAS data.</p>	<p>Automation complete by NDOC</p> <p>100% of data collected for NRAS validation process to be completed.</p> <p>NRAS utilization verification in NOTIS of 50% of randomly selected NDOC intake cases in July and August 2017 have an NRAS score.</p> <p>100% of community partners trained on the use of NRAS data for case management.</p>

<p>Direct Services</p> <p>Goal 4: To utilize evidenced based programs and practices that reduce recidivism of property, “violent property,” and drug crime offenders by targeting their criminogenic needs.</p>	<ul style="list-style-type: none"> • O1: Adopt and validate existing evidenced based programming for Nevada’s total correction population. • O2: Develop and implement a positive behavioral reinforcement system to encourage new skills and prosocial behavior. 	<p>Number of Evidence based programs identified and adopted for Nevada’s total correction population based on their validity.</p> <p>Number and types of varying behavioral reinforcement programs between RISE and TC</p> <p>Percentage change of inmates with reduced criminal thinking</p> <p>Percentage change of inmates with increased motivation to change</p> <p>Evidence of Nevada/Oregon Case Management Model (OCMM) implementation and utilization</p> <p>Number referred for wraparound services post-release (education, identification, housing, substance abuse treatment)</p> <p>Evidence of EPICS-I model implementation</p> <p>Number of inmates assessed for job aptitude and skill development</p> <p>Number of inmates with an education plan</p>	<p>100% review of all non-evidenced based programs within NDOC</p> <p>NDOC will implement at least one new evidence-based program, not including RISE or TC.</p> <p>A positive behavioral reinforcement system should be utilized for RISE and TC participants with the RISE participants receiving more and increased behavioral reinforcements than the TC participants.</p> <p>RISE participants will show significantly greater reduced criminal thinking as they progress through the program compared to their baseline measures as well as compared to the TC clients</p> <p>RISE participants will show significantly greater increased motivation to change as they progress through the program compared to their baseline measures as well as compared to the TC clients</p> <p>100% of the RISE participants receive case management services (e.g., assistance entering and navigating systems of care, removing barriers to recovery, staying engaged in the recovery process, supportive others receive EPICS-I training, and one collaborative case management meeting with return citizens and supportive others prior to release) in year 1, 2, and 3.</p> <p>100% of RISE participants referred for post-release wraparound services in year 1.</p> <p>100% of RISE participants with a supportive other in the community will have at least one supportive influencer trained by coaches in EPICS-I during their stay and will participate in at least one collaborative case management meeting prior to release</p> <p>100% of EPICS-I Trainings Evaluated</p> <p>50% of all RISE participants will be assessed for job aptitude and skill development</p> <p>Year 1: 50% of all RISE participants will have developed an education plan.</p>
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<p>Supervision Practices Goal 5: To adopt a balanced approach for supervising returning citizens, emphasizing community safety, offender accountability, and community-based programming.</p>	<ul style="list-style-type: none"> • O1: Identify, modify and implement existing evidence-based parole supervision practices. • O2: Expand graduated sanction options in the community for returning citizens who require additional supervision or co-located services. 	<p>Evidence of complementary or joint use of NRAS and EPICS and demonstrated competence</p> <p>Evidence of developed budgets for electronic monitoring and quotes for start-up and maintenance of DRCs</p> <p>Evidence of increased referrals, which resulted in graduated sanctions and reduced parole revocation proceedings for parolees who have violated supervision conditions</p>	<p>Year 1: 25% of P&P staff trained on NRAS, EPICS, and EPICS-I</p> <p>Year 1: Graduated sanction budgets developed for Phase 2.</p> <p>Year 1: P&P will increase the numbers of offenders diverted from incarceration through house arrest by 1%.</p>
<p>Operations Goal 6: To ensure cross-system the NRAS, CCP, and EPICS by NDOC and P&P.</p>	<ul style="list-style-type: none"> • O1: Ensure complementary or joint use of NRAS/CCP/EPICS by the NDOC, Parole and Probation, and community partners for a seamless transition standardized data. 	<p>Inclusion of knowledge and skills of using NRAS/CCP and EPICS in the position descriptions and performance standards of parole and probation officers and NDOC</p> <p>NRAS/CCP/EPICS/and EPICS-I utility will be incorporated into NDOC operations manuals and ARs</p> <p>Evaluation of NRAS/CCP/EPICS/and EPICS-I trainings and Fidelity of Use</p>	<p>Year 1: 100% of position descriptions and performance standards will be drafted to include NRAS/CCP/and EPICS by both NDOC and P&P.</p> <p>Year 1: 100% of relevant ARs and NDOC operations manuals include the use of NRAS/CCP/EPICSEPICS-I and other evidence based programs.</p> <p>Year 1: Identify fidelity tools and other instruments to evaluate the fidelity of the use of NRAS/CCP/EPICS/EPICS-I</p>

This evaluation examines only the fidelity of program design implementation and effectiveness, and not the effectiveness of the treatment model.

Goal/Activity 1: Promoting Quality Programs: To develop a comprehensive Statewide Reentry and Recidivism Rate (RR) Reduction Strategic Plan to include formalized collaborative partnerships and cross system quality assurance.

Process Measures Year 1:

- 1) Number of meetings with community providers, agencies, non-profits, and families of returning citizens**

Benchmark Met: One Planning Committee meeting and six meetings of each workgroup

In Year 1 of the implementation phase this benchmark was met; there were six (6) meetings of the Employment Networking workgroup, six (6) meetings of the Offender Tracking workgroup; and six (6) meetings of the Family workgroup. There were two (2) Policy workgroup meetings and only 2 Planning and Tracking workgroup meetings. However, members of these workgroups worked independently outside of actual formal meetings to

accomplish the grant objectives. In addition, there were numerous meetings between NDOC, community providers, and state agencies.

Recommendation: In Year 2, we recommended that all stakeholders from all workgroups meet every quarter, either face to face or via video conference so that all members of the individual workgroups work more collaboratively toward common goals, without operating in silos. In Year 2, as part of the original program design, families and other influencers need to be trained in EPICS-I, and must be involved with the lives of the RISE inmates at enrollment into the program and during aftercare in Phase 2. Additionally, it is recommended that more family or influencer visitations are used as incentives to both enroll and motivate RISE participants.

2) Statewide re-entry philosophy model developed

Benchmark Met: Strategic Plan completed by Year 1

The Statewide Strategic Plan, which includes the statewide re-entry philosophy model (vision, mission, and values) was completed in October of 2016 and approved by the Governor's Statewide Re-Entry Task Force in December 2016 (see Appendix B).

Recommendation: NDOC leadership and administrative personnel completed the strategic plan in Year 1. In Year 2, we recommend that all stakeholders and partners be invited to collaborate and provide input to NDOC regarding any possible revisions to the goals of the NDOC and the SRR grant and future sustainability.

3) Number of completed collaborative assessment surveys

Benchmark Not Met: 70% survey response rate by the end of Year

Response rates for the collaborative assessment surveys in Year 1 was 67%.

Recommendation: Increasing "buy-in" from collaborators through statewide meetings and inclusion of evaluation research partners in all workgroup and statewide meetings. In addition, we recommend more communication and directives from NDOC leadership to encourage the completion of the assessment surveys.

4) Number of established collaborative partnerships

Benchmark Met: Establish an MOU and maintain partnerships with P&P and five (5) agencies or non-profits

An MOU or cooperative agreement was established with six (6) agencies outside of NDOC (UNR, UNLV, P&P, Ridge House, Freedom House, and Department of Health and Human

Services--DHHS) and is maintaining its partnership with these same agencies. Additionally, NDOC has been working to expand relationships with the Veterans Administration (VA), The Department of Motor Vehicles (DMV) and the Department of Employment, Training and Rehabilitation (DETR).

Goal/Activity 2: Case Management: To develop a comprehensive case management system to reduce recidivism of property, “violent property,” and drug offenders by applying existing evidenced based principles and programs

Process Measures Year 1:

1) **Number of NRAS trainings and recertifications conducted at NDOC and P&P**

Benchmark Partially Met: 100% of all NDOC & P&P staff who administer NRAS or use NRAS for case management will be trained or recertified in NRAS (substance abuse, mental health intake, and case management).

NDOC completed 70% of all the training for NDOC staff requiring the NRAS certification or recertification. According to the NDOC database for NDOC staff only, 43 employees were NRAS recertified between November 2016 through October 2017 and 12 were NRAS certified for the first time. This does not account for the in-house trainer, which certifies and trains end-user staff on NRAS in the north and south at least one time year. According to the UCCI CPC list, there were a total of 84 NRAS end user attendees, of which, there were approximately 54 new NRAS certifications for NDOC employees, with 13 recertifications, and there were 17 P&P employees who completed new NRAS certifications. There were also 62 NDOC employees who attended the NRAS TOT (training of the trainer) sessions, and another 36 who are scheduled to attend the NRAS TOT sessions at the end of November 2017.

P&P also conducted their own NRAS end-user trainings for 17 P&P staff through the UCCI and completed evaluations; however, it is unknown at this time which P&P staff will be directly responsible for administering NRAS to the RISE participants.

Benchmark Not Met: 100% of all NRAS trainings are evaluated.

Only 43% (31/72) of NRAS trainings were evaluated. Some of the earlier trainings were not being evaluated by NDOC because they were not aware that evaluation of the current NDOC NRAS trainings were to be included as part of the grant deliverables. However, once the NDOC training manager was aware of the trainings, he notified the evaluation research partner, and 100% of those trainings that were discovered by the evaluation partner after the trainings were over were evaluated via a web version of the evaluation survey that was created using the paper version of the NDOC training evaluation tool.

Recommendation: More accurate and consistent record keeping is needed by the NDOC and P&P trainers including the identification of who needs to be trained, recertified, when they are

trained or recertified, and whether or not they complete the certification process or need to recomplete the training until recertified. This information must also be given to the NDOC training manager and human resources so that records of all trainings (e.g., EPICS, CCP, EPICS-I) can be kept for NDOC, P&P, and collaborative partners with respect to this project.

2) Evidence of NRAS utilized for risk and needs assessment and case management and programming

Benchmark Met: 100% of RISE participants and 100% of TC participants assessed with NRAS.

Recommendation: Although NRAS assessments were conducted, the fidelity of its use has not been established. Additionally, the Nevada Case Management Model has not yet been established and its immediate use in Year 2 after training is the key to the NRAS tool's predictive ability as well as its use for case management and evidence-based programming.

3) Number of trainings on CCP with NDOC staff and EPICS with P&P staff

Benchmark Met: 50% of NDOC case management staff trained on CCP and 50% of NDOC treatment staff trained on NRAS.

Recommendation: All trainings should be scheduled through NDOC identified personnel. NDOC Quality Assurance Manager should ensure assessment tools are available immediately after the training (within 1-2 days of training completion) or during the trainings (paper copies). Fidelity tools for CCP and NRAS should be identified by P&P and NDOC and implemented.

Benchmark Not Met: 100% of CCP and EPICS trainings evaluated.

Only 25% of EPICS and 78% of EPICS-I trainings were evaluated in Year 1. There were 55 EPICS trainees and 27 EPICS-I trainees, of those 55 EPICS trainees, only 14 completed an evaluation, and of those 27, 21 completed an evaluation. There were 92 CCP end user trainees, and of those 92, 46 completed an evaluation; thus, only 50% the CCP trainings were evaluated.

Recommendation: The Department is limited as course evaluations are often considered voluntary by staff. However, it is recommended that NDOC and P&P leadership inform staff that the evaluations are essential to the success of this project and overall goals of both partners, and encourage completion of the training evaluations. It was determined that the lower response rates for the evaluation of the trainings was due to trainees failing to complete them. This could have been remedied with a quicker time frame via a web survey to those trainees who completed these trainings. Paper evaluations completed during the training (last day of training) are likely to garner a higher completion rate than the web based survey sent to

participants several days after the training, and thus, using paper copies for all trainings is still highly recommended. Fidelity tools for CCP and EPICS should be identified and implemented by NDOC and P&P, respectively.

4) Number of EPICS-I Coaches trained in the community

Benchmark Met: 100% of EPICS-I Coaches in the community identified by NDOC to be trained.

There were 27 EPICS for influencers coaches trained in year 1.

Recommendation: Although there were 27 EPICS for influencers coaches trained in year 1, the influencers have not yet been matched to RISE participants as the participants in the program and being released in Year 2. In addition, NDOC still needs to train them on how to coach the RISE participants. The priority for the corrective action plan is to focus on having the RISE graduates and current RISE participants identifying their influencers, NDOC must then approve those influencers, matching the influencers to the inmates, then contact those influencers for the RISE graduates who have already been released. Once contacted, the influencers must be trained by the trained influencers/coaches in their region so they can support the RISE graduates in Phase II.

Goal/Activity 3: Risk and/or Needs Assessment: To integrate NRAS into a seamless data management system to be used by NDOC, P&P, and community partners.

Process Measures Year 1:

- 1) Evidence of NRAS being automated and utilized for centralized record-keeping, including risk and needs data**

Benchmark Partially Met. Automation complete by NDOC in Year 1.

The NRAS PIT assessment tool was fully automated by NDOC's IT Department into NDOC's electronic system NOTIS on October 1, 2017 (see attached example of NRAS printed report in Appendix D). The NRAS SRT and RT assessment tools will be automated in Year 2. This automation was an enormous undertaking as NDOC was using only paper copies of the NRAS tool at most intake facilities, and only one intake facility was inputting the data into an electronic data spreadsheet (Microsoft Excel). The other NDOC intake facilities were only keeping paper copies, making case chrono notes in NOTIS, and filing the copy.

Recommendation: Aside from the substance abuse units, there appears to be an indication that only one correctional facility (FMWCC) that was actually using the NRAS for case management programming. The implementation of the Nevada Case Management Model in Year 2 should include the use of the NRAS PIT tool for program planning, and all inmates upon re-entry to the community should be recommended to aftercare programs using the RT or

the SRT. In Year 2 offenders should be evaluated using the appropriate NRAS assessment (PIT, RT, SRT), and followed up for one year to collect recidivism data. In Year 1, for validation purposes of cohorts that have been followed three years post release (2012 and 2013 cohorts), recidivism refers to returns to an NDOC prison 36-months' post-release. After the Phase 2 follow-up period, the relationship between NRAS score and actual recidivism will be analyzed. Discussions with the Nevada State Court Administrator's Office and Parole and Probation about using the NRAS for pre-trial assessment (PAT) should continue into Year 2.

2) Collection of NRAS data

Benchmark met. 100% of data collected for NRAS validation process to be completed.

The validation of the NRAS PIT tool was completed using 100% of all usable files from the random sample that was pulled for the data collection; this does not mean that 100% of all NDOC files that contained NRAS scores were pulled.

Recommendation: Changes to operating procedures and administrative regulations (ARs) regarding NRAS data collection have been finalized (see attached procedures for NRAS data collection in Appendix D). Probation violators and parole violators should also complete an NRAS assessment at intake in all NDOC facilities; all NRAS forms should be filed in the "I-files" rather than the medical files; all NRAS individual raw scores and domain scores should be entered in NOTIS as per NDOC's directive, as of October 1, 2017, and will also be documented under NOTIS's case notes (case note chrono). It was discovered that some NRAS assessments were completed using only case review data from the files, rather than interviewing the inmates. This should be monitored for consistency to ensure an actual interview and the case assessor and date of the assessment is documented into the case notes section in NOTIS.

3) Fidelity tools for evaluation of NRAS end users utilized

Benchmark not met. NRAS utilization verification in NOTIS of 50% of randomly selected NDOC intake cases in July and August 2017 have an NRAS score.

Recommendation: Due to the delay in the NRAS automation process, this Benchmark was not completed, and should be a benchmark for NDOC in Year 2. During the utilization verification, the following threats to the fidelity of the NRAS implementation and effectiveness should be considered:

Although fidelity tools were not used in Year 1, there have been some noticeable problems with the administration and filing of the NRAS tool, which affects the fidelity of its implementation with respect to case programming based on the inmates' specific criminogenic needs. Three (3) RISE participants scored higher on the NRAS assessment tool at discharge

than at enrollment. It was later discovered that the reason for this increase was due to errors in the administration of the tool (during the interview phase at intake), not due to the programming that the inmate was receiving during their participation in RISE or their interactions with other inmates. This required recertification training for identified staff.

Although an NRAS data entry operating procedure has been developed by NDOC (see Appendix D), it is recommended that NDOC develop a procedure directive to file the NRAS in the I-file (inmate file) rather than in the medical files. In addition, there should be a specific divider within the I-file that is for case management planning. NDOC should also utilize a case management planning forms for standardization that link to the NRAS.

During the course of the NRAS validation data collection process, it was discovered that intake staff were not administering the NRAS to parole and probation violators. The research team recommended that the tool be administered to all inmates, so that these inmates could also benefit from evidence-based programs to reduce recidivism and so that NDOC would have baseline NRAS data to be able to track change throughout their NDOC institutionalization. Mental health intake staff are now administering the NRAS PIT tool to all inmates, including parole and probation violators. It is recommended that this policy become formalized via a change in NDOC's procedures or regulations so that NRAS will be administered to all inmates at all Nevada intake facilities as well as the RT and SRT after six (6) months at NDOC before entering any type of evidence based programming and within six (6) months of release into the community.

While reviewing case files for NRAS scores, it was discovered that a number of NRAS assessments were not scored properly, were not dated, were not signed by the assessor, were not filed in the appropriate file or in the appropriate section in the file. In addition, there were a number of issues with filing discovered in numerous locations. Disorganization and nonsystematic procedures resulted in hundreds and hundreds of hours of staff time trying to locate the NRAS sheets from the inmates' files. It is recommended that NDOC complete audits on the intake and discharge regulations to ensure application and fidelity of the instrument's use.

4) Number of trainings provided to key community providers on how to use NRAS data.

Benchmark not met. 100% of key community providers trained on the use of NRAS data for case management.

To date, according to training records, no key community providers (e.g., Ridge House) other than P&P have been trained on the interpretation of NRAS for programming of services but during the September 14, 2017 offender workgroup meeting the NDOC substance abuse director offered to give Ridge House an overview of NRAS.

Recommendation: There are already 15 RISE graduates in the community. It is recommended that the community partners contracted to provide wraparound services to these graduates

(Ridge House and Freedom House), are trained in NRAS, or at least in the use of NRAS for case management, within 90 days of Year 2 of the contract.

Goal/Activity 4: Direct Services: To utilize evidence based programs and practices that reduce recidivism of property and crime offenders by targeting their criminogenic needs.

Process Measures Year 1

1) Number of Evidence based programs identified and adopted for Nevada’s total correction population based on their validity.

Benchmark Met: 100% review of all non-evidenced based programs within NDOC.

NDOC’s Quality Assurance Manager (Psychologist II) has reviewed 100% of all NDOC’s EBPs and has determined which programs should be completely disbanded or put on hold until NDOC has the resources to implement them with effectiveness (see Appendix E, “Programs Not Offered,” “Approved Merit Credit Core/Operational Programs,” and “Approved Merit Credit Educational/Vocational Programs”). In addition, NDOC has worked with the PEW institute and the legislature to ensure that all programs are evidence based or best practice to ensure sustainability of funding in the future, and with the Board of Prison Commissioners to ensure information is consistent with programming.

Recommendation: It is important that these EBP programs be identified not only so that the returning citizen’s criminogenic needs are met, but also because the Nevada Board of Parole Commissioners will not recognize optional, non-evidence based programs during the parole hearing, but only core, evidence-based programs. There was a disconnect between the inmate, NDOC, and the Nevada Board of Parole Commissioners, in the first half of Phase 1. When some of the RISE participants were nearing completion of the program, they went before the Board and were denied their parole. One reason for the parole denial was that the Board was not familiar with the EBP nature of the RISE program. Since that time, NDOC leadership has addressed this issue, asking for a review of those individuals denied parole. All but one RISE participant has been granted parole. Communication between the Board, NDOC, and P&P has improved, but more communication and collaboration is necessary in order for systematic change to occur with respect to reducing recidivism in Nevada. Currently, the Board has a representative on the offender programming workgroup, but inviting them to provide more representation within each of the applicable workgroups will keep them well informed.

Benchmark Met. NDOC will implement at least one new evidence-based program, not including RISE or TC.

Moral Reconciliation Therapy (MRT) trainings have already been conducted by UCCI. In year 1, 69 NDOC staff members have been trained as a trainer, co-trainer, or facilitator. MRT has already been implemented at NDOC with all non-RISE and non-TC populations.

2) Number and types of varying behavioral reinforcement programs between RISE and TC

Benchmark Not Met: A positive behavioral reinforcement system should be utilized for RISE and TC participants with the RISE participants receiving more and increased behavioral reinforcements than the TC participants.

Recommendation: There were no differences in intervention administration between the RISE units and the TC units with respect to positive behavioral reinforcement interventions in Year 1 as was supposed to occur according to the original research design. This is a key gap in program implementation. One of the main principles of effective intervention is to increase positive reinforcement to affect behavior change. A 4:1 ratio of positive reinforcements to negative reinforcements is recommended by behavioral modification experts (National Institute of Corrections, 2004). P&P expanded graduated sanctions through Day Reporting Centers or DRCs. In Year 2, it is recommended that tablets be incorporated into the RISE Program as an incentive in the RISE units.

In addition, it is recommended that incentives for completing programs in the RISE units be increased to the equivalent in the TC units (currently, RISE participants receive only 60 credits and TC participants receive 240 credits); increased incentives for RISE participants to encourage enrollment, during their programming, and as stages of the RISE program are completed; and the incentive to be able to more quickly relocate to a minimum custody re-entry unit such as Casa Grande Transitional Housing or Northern Nevada Transitional Center where they can begin seeking employment or completing their GED sooner than those in the TC units. Additionally, some RISE participants were not granted parole, but expired their sentence. Without research incentives to keep the returning citizen involved in wraparound services it will be difficult to motivate them to remain in the study, posing another design issue due to loss to follow-up. Therefore, it is recommended that incentives be instituted in Phase 2 for both the aftercare portion as well as the in-custody portion.

3) Percentage change of inmates with reduced criminal thinking

Benchmark Met: RISE participants will show significantly greater reduced criminal thinking as they progress through the program compared to their baseline measures as well as compared to the TC clients.

Preliminary results from the Criminal Rationalization scores indicate that at discharge, RISE clients reported weaker endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to TC clients, as well as compared to their baseline scores at enrollment into the program. However, these results must be interpreted with great caution, as these sample sizes are small, and these participants have not yet completed Phase II.

4) Percentage change of inmates with increased motivation to change

Benchmark Partially Met: RISE participants will show significantly greater increased motivation to change as they progress through the program compared to their baseline measures as well as compared to the TC clients.

Preliminary results from the motivation to change scales indicate that at discharge, RISE clients, compared to their baseline scores at Time 1 (at enrollment) and also when compared to the TC participants, felt marginally less pressure to be in treatment due to family concerns, legal troubles, or concerns about having to be in treatment to avoid further penalties. However, these results must be interpreted with great caution, as these sample sizes are small, and these participants have not yet completed Phase II.

5) Evidence of Nevada/Oregon Case Management Model implementation and utilization

Benchmark Not Met. 100% of the RISE participants will receive case management services (e.g., assistance entering and navigating systems of care, removing barriers to recovery, staying engaged in the recovery process, supportive others receive EPICS-I training, and one collaborative case management meeting with returning citizens and supportive others prior to release).

The Nevada Case Management Model was not implemented in Year 1, but is planned to be implemented in Year 2.

Recommendation: The Oregon Case Management Model was adapted by Nevada and funds from the SCA BJA grant in year 2 will go toward case management and planning, as well as training correctional staff.

6) Number referred for wraparound services post-release (education, identification, housing, substance abuse treatment)

Benchmarks Partially Met: 100% of RISE participants referred for post-release wraparound services in year 1.

The wraparound services checklist has been partially utilized by NDOC for the RISE participants, but has not been utilized yet by P&P and collaborative partners due a delay in the checklist's development. This is planned to be fully developed in Year 2.

7) Evidence of EPICS-I model implementation

Benchmark Not Met. 100% of RISE participants will have at least one supportive influencer trained in EPICS-I during their stay in the RISE program.

Although there were 27 EPICS for influencers coaches trained in year 1, the influencers have not yet been matched to RISE participants, and have not been trained on how to coach the RISE participants.

Recommendation: It is recommended that NDOC work to establish the EPICS for Influencers training as part of the inmate's natural support system. This should be scheduled immediately in year 2 of the grant with the natural community supports for the RISE graduates and then the current RISE participants.

8) Number of inmates assessed for job aptitude and skill development

Benchmark Not Met. 50% of all RISE participants will be assessed for job aptitude and skill development

During the grant proposal-writing phase, DETR (Department of Employment, Training and Rehabilitation) was using Work Keys as their skills assessment tool, but during Phase 1, a member of the Network and Employment Development Work Group announced that DETR is no longer using this tool. So far, this job skills assessment tool has not been replaced by another tool to assess work skills, and although RISE participants are doing some form of employment skills curriculum during their stay in the program, no assessments for job skills are currently planned by re-entry or the employment workgroup.

Recommendation: It is recommended that a work skills assessment tool is selected and administered by DETR and/or the employment workgroup to the current RISE participants.

9) Number of inmates with an education plan

Benchmark Not Met. 50% of all RISE participants will have developed an education plan.

A scaled literacy assessment instrument (CASAS) has been identified by NDOC and there is a plan to administer it to all NDOC inmates in Year 2. According to the tracking data, 21 RISE participants have been referred out for education services, even though only 2 of the 67 RISE participants have obtained a GED. NDOC is currently developing an operating procedure to ensure that an education plan is written for all NDOC inmates who do not have a high school diploma or GED, upon entry to the NDOC. It is imperative that all RISE participants be referred for an education plan and begin their plan while in the re-entry units.

Goal/Activity 5: Supervision Practices: Adopt a balanced approach to community supervision

Process Measures Year 1

- 1) Evidence of complementary or joint use of NRAS and EPICS and demonstrated competence**

Benchmark Partially Met: 25% of P&P staff trained on NRAS and EPICS.

Recommendation: Regarding EPICS, 55 staff have been trained but none have demonstrated competence yet as they are all in the coaching phase through March 2018. Regarding NRAS, 50 staff have been trained and re-completing NRAS assessments and until a fidelity tool is identified and utilized, demonstrated competence with respect to NRAS's use by P&P cannot be determined. An additional thirty P&P staff will be trained in December 2018. NDOC plans to have all staff trained by the 3rd year of the grant.

- 2) Evidence of developed budgets for electronic monitoring and quotes for start-up and maintenance of DRCs**

Benchmark Met: Graduated sanction budgets developed for Phase 2.

The Division has \$745,800 for FY18 for two Day Reporting Centers, one in Reno and one in Las Vegas. The DRC in Las Vegas was slated to open first and has been operating since October 2, 2017. The DRC for Reno is slated to open February 9, 2018.

The Division has \$342,000 for FY18 for State Funded House Arrest (Electronic Monitoring). There are no other funds provided for electronic monitoring and these funds would be operated through a separate Department.

- 3) Evidence of increased referrals, which resulted in graduated sanctions and reduced parole revocation proceedings for parolees who have violated supervision conditions**

Benchmark Met: P&P will increase the numbers of offenders diverted from incarceration through house arrest by 1%.

P&P has diverted a monthly average of 40 offenders from incarceration this fiscal year.

Goal 6: Operations: To ensure P&P officers use NRAS and EPICS and 2) to ensure NDOC staff use NRAS and Core Correctional Practice (CCP)

Process Measures Year 1

- 1) **Inclusion of knowledge and skills of using NRAS/CCP and EPICS in the position descriptions and performance standards of parole and probation officers and NDOC**

Benchmark Not Met: 100% of position descriptions and performance standards will be drafted to include NRAS/CCP/and EPICS by both NDOC and P&P.

This benchmark has not yet been met. This is a three-year plan.

- 2) **NRAS/CCP/EPICS/and EPICS-I utility will be incorporated into NDOC operations manuals and ARs**

Benchmark Not Met: 100% of relevant ARs and NDOC operations manuals include the use of NRAS/CCP/EPICSEPICSI and other evidence-based programs.

This benchmark has not been met. All ARs and NDOC operations manuals have been updated in relation to CCP only

- 3) **Identify fidelity tools and other instruments to evaluate the fidelity of the use of NRAS/CCP/EPICS/EPICS-I**

Benchmark Met: Fidelity tools for evidence based programs has been identified.

Recommendation: Fidelity tools developed by UCCI have been identified and plans to discuss the training for these fidelity tools with UCCI have been made. The evaluation research partner has plans for the development of an inter-rater reliability tool for the NRAS assessments and the evaluation research partner has discussed this plan with the NDOC Quality Assurance Manager. In addition, the Quality Assurance Manager has drafted an audit tool to assess the fidelity of all evidence based program implementation at NDOC beginning in Year 2. It is recommended a similar audit or fidelity tool should be identified and utilized by P&P.

Limitations and Other Recommendations

The findings of this process evaluation are limited by missing data for previous years, lack of data available as of year-end (after Year 1 from the comparison group and from Phase II of the RISE component due to delays in Year 1, too few participants graduating to the aftercare phase of the study, and small sample sizes). These results must be interpreted with caution, and cannot be used to generalize to the entire RISE population nor speak to the effectiveness of the current program until after Phase 2 of the project is completed for both the RISE sample and the TC sample.

Data collection will continue in Year 2 and 3. It is recommended that rigorous monitoring and data collection continue not only for the RISE program, but also for those in the comparison TC program. Without similar data collected for the TC comparison group, the effectiveness of

RISE will remain in question. Another measure of program effectiveness will be the returning citizen's functioning in the community. However, admission to the recommended community aftercare facility is not always guaranteed. For example, there are some RISE participants in Phase 2 who were not granted housing at two of the community partner facilities due to the facilities' guidelines (e.g., not admitting those with a prior violent or sexual offense). These limitations cause a disruption in the continuity of care, and would need to be identified and accounted for in the integrity of the research. In addition, some of the RISE participants were not granted parole, but expired their sentence. This provides little incentive for mandated follow-up. Without research incentives to keep the returning citizen involved in wraparound services in Phase 2, it will be difficult to hold their interest and motivation to remain in the study, posing another design issue due to loss to follow-up. Therefore, it is recommended that incentives are instituted in Phase 2 for both the aftercare portion as well as the in-custody portion and all aftercare services are closely monitored and tracked by NDOC, P&P, and all community providers involved.

Chapter 2: RISE Program

Program Context- RISE Program as Originally Designed

The NDOC **RISE (Reaching Inward to Succeed in my Environment) Re-entry Program** is located at the Southern Desert Correctional Center (SDCC) in southern Nevada, and the Warm Springs Correctional Center (WSSC) in northern Nevada. The RISE Program is a modified outpatient-model program for structured living that blends substance abuse programming and re-entry programming for the treatment of substance use disorders and restructuring criminal thinking in order to reduce recidivism. The RISE Program is part of the *The Second Chance Act Statewide Adult Recidivism Reduction Program, Stopping the Revolving Door: Nevada's Strategic Recidivism Reduction Plan*. The RISE Program at SDCC is housed in an area of NDOC that is segregated from other areas of the institution in which general population inmates who are not assigned to the program are housed.

Research Methodology

Target population. Nationally, property and drug offenders have the greatest propensity to recidivate (Bureau of Justice Statistics, April, 2014) based on a study of recidivism across 30 states in 2005. According to this BJS report, the highest risk of being arrested for a new crime was 82.1% for property offenders and 76.9% for drug offenders, compared to public order offenders and violent offenders, 73.6% and 71.3%, respectively. Property offenses include burglary, fraud/forgery, larceny, motor vehicle theft, and other unspecified property offenses, as defined by the Bureau of Justice Statistics (2014). BJS (2014) defines drug offenses as possession, trafficking, and other miscellaneous or unspecified drug offenses. In Nevada, Property and Drug offenders also represent the greatest recidivism risk compared to DUI offenders, sexual offenders, violent offenders, and other offenders according to 2012 recidivism risk data. Specifically, for the NDOC 2012 release cohort followed between 2012-2015, property offenders represented 24% of offenders released from the Nevada Department of Corrections, but had the highest within offense group recidivism percentage at 38.47%. Drug offenders comprised the second highest category of recidivists, with 29.6% returning to an NDOC prison within three years of release.

Of the 569 property offenders who were released on parole in 2013 (the first year Nevada started collecting and using NRAS¹ data), **77% were moderate to very high risk to reoffend** (recidivism rate defined as a return to any NDOC prison within 36 months of release) and substance use was either a factor in the crime, or the individual had some history of substance

¹ NRAS stands for the Nevada Risk Assessment System. NRAS was renamed from ORAS, Ohio Risk Assessment System, with permission from the University of Cincinnati, Center for Criminal Justice Research. NRAS is comprised of five tools. The five tools are: 1) Pre-trial (PAT); 2) Prison intake (PIT); 3) Community supervision (CST); 4) reentry from a long-term prison stay (4+ years; RT); and 5) reentry from a short prison stay (<4 years; SRT). The Prison Intake Tool (PIT) consists of the following five domains: criminal history; education, employment, and financial situation; family and social support; substance abuse and mental health; and criminal attitudes and behavioral patterns.

abuse, or both. Targeting these populations in the most highly populated counties (Clark and Washoe), coupled with evidence-based training and programming that will be in place throughout the correctional and parole supervision systems, should also reduce the overall *statewide* recidivism rates.

The current **statewide recidivism rate** for felony offenders using the 2012 release cohort (most recent available data to the research partner) is 30.24% (release follow-up between 2012-2015). This release cohort includes male and female offenders in all age and offense groups released to community supervision or discharged. By inspecting and analyzing data across years, it was concluded that the male offenders paroled to community supervision who are 18 to 55 years of age at time of release have significantly higher return rates than do other offenders. Male property offenders released on parole in 2012 have a recidivism rate that is 13.7% higher than the baseline rate and male drug offenders' recidivism rate is 3.40% higher. The ranking in relation to size holds true for historical release cohorts. Based on the analysis of the data, and after concluding that these two groups have disproportionally higher return rates, the NDOC will implement the treatment program on these returning citizens. These are the offenders that are at highest risk of returning and who should be treated first as they represent 32.71% of all recidivists in the 2012 cohort.

The current drivers of recidivism in Nevada coupled with the existing research mentioned above supported **the selection of male property and drug offenders with a history of substance use disorder**, who are assessed as moderate to very high risk for recidivism within three years, eligible for parole within six months of beginning the RISE blended substance use and reentry treatment program (TX), and who are between the ages of 18-55 years old, as the target population for this program. This treatment group (TX) will participate in RISE, which is based on an EBP curriculum for both reentry and substance abuse, while in NDOC custody. The population will be eligible for wrap-around services and will be supported with a continuity of care model to facilitate their transition from NDOC to the community while under evidence-based supervision practices.

Participant Selection and Criteria for Enrollment

Nevada will enroll a total of approximately 100 male property offenders or drug offenders per cohort per year (N=300) over a 33-month programming period (3 cohorts; N = 300) who meet the DSM-5 diagnostic criteria for a substance use disorder; have been scored as moderate to high or very high risk on NRAS; and whose must be within 10 months of probable release. **Year 1 of the project has already been completed, and there have been a total of 67 participants who were enrolled in the RISE Program.** Due to administrative processes of grant approvals, there were delays in personnel hiring and training, which caused the onset of recruitment into these groups also to be delayed by approximately three months. These property and drug offenders were assigned to the Treatment Group-RISE (TX). The Therapeutic Community or Comparison Group (TC), will also consist of 300 property and drug offenders (after Year 3) who also meet the DSM-5 and diagnostic criteria for a substance use disorder; have scored moderate to very high on the NRAS, and whose probable release date is within the 12-18 months of the target enrollment period

(TC program takes approximately 9-12 months to complete, so their parole date used for selection into the TC will be different than the RISE group, which only takes 6-9 months to complete). Table 1 below displays the RISE program’s pre-release and post-release services as was intended by the original program design.

Table 1: Pre and Post Release Services		
Treatment Program	Pre-Release	Post-Release
Phase 1 (Prison-Based)		
Cognitive Behavioral Intervention (CBI)	✓	
Helping Men Recover: Addiction Program	✓	
Getting it Right Series	✓	
EPICS-I (EPICS for Influencers)	✓	
Tablets and Increased Positive Reinforcement	✓	
The Oregon Model	✓	
Individual Counseling Sessions (1X/mo.)	✓	
Work Keys Aptitude Skills Testing	✓	
Phase 2 (Community-Based)		
Transitional Case Management	✓	✓
Residential Substance Abuse Treatment		✓
Parole Officer trained in EPICS		✓
Parole and Probation Graduated Sanctions		✓
Community Based TX and Wraparound services		✓

In *Phase 1* of the RISE Program and pre-release services, the Treatment Group was supposed to receive the following (Prison-Based Treatment): *Cognitive Behavioral Intervention*, *Work Keys Aptitude Skills Assessment* and the following curriculum: *Helping Men Recover: A Program for Treating Addiction and Education and Employment Skills*, which includes the *Getting it Right* series of Interactive Journaling workbooks, developed by the Change Companies. Phase 1 treatment Group were also to receive the following services: Individual Counseling Sessions (1x per month); Transitional Case Management; The Nevada Case Management Model (modeled after the Oregon Case Management Model); and Increased Positive Reinforcement. The recidivism reduction strategy focused on individuals who are assessed as at being moderate, high, or very high risk to re-offend based on the Ohio Risk Assessment System, adopted by Nevada with permission, and renamed the Nevada Risk Assessment System (or NRAS). The strategy also emphasizes participants’ most significant criminogenic needs and requires a diagnosis of moderate or severe substance use disorder. Individualized case management plans were developed to address substance dependency and other criminogenic needs through cognitive-behavioral interventions. The dosage and intensity of standard programming while in NDOC custody is to remain uniform, but the number of wrap-around service hours was to vary based on the range and severity of other needs. The dosage and severity of community-based substance use treatments will be determined by the Level of Care Index. It is recommended by the National Institute of Corrections (2004) that

for high risk offenders, 40-70% of their time should be structured with routine services (e.g., outpatient services, employment, education) within the first 3-9 months of release. Additionally, in *What Works (and Doesn't) in Reducing Recidivism* by Latessa, Listwan, and Koetzle (2014), the authors review a study by Bourgon and Armonstrong (2005) that found 100 hours of treatment was sufficient to reduce recidivism for moderate risk offenders or those with few needs (3 or less) while high risk offenders with fewer needs or moderate risk offenders with multiple needs (3 or more) required 200 hours of treatment to reduce recidivism. This book also references a study by Sperber, Latessa, and Markarios (2013) that found increasing dosage of treatment for high risk offenders (100-199 hours and 200+ hours resulted in significant reductions of recidivism while moderate risk offenders with dosage of treatment ranging from 0-99 hours to 100-199 hours did not show a significant reduction.

In Phase 1, NDOC staff were to be trained in Core Correctional Practices (CCP), parole officers were to be trained in NRAS and Effective Practices in Community Supervision (EPICS), and pro-social members of participants' natural communities were to be trained in Effective Practices in Community Support for Influencers (EPICS-I). CCP, EPICS, and EPICS-I teach people responsible for supervising and supporting justice-involved individuals about EBP to facilitate positive change.

Phase 2 (Community-Based Treatment) Post-Release services include: formal referral for out-patient, individualized, substance abuse treatment and medical-necessitated needs for approximately three months; community-based transitional case management wrap-around services based on individual needs; EPICS-I services from the returning citizen's natural support system; Parole officer trained in EPICS; and Parole and Probation Expanded Graduated Sanctions.

During Year 1, NDOC developed an operational procedure "Nevada Department of Corrections Re-Entry Directorate, Operational Procedure, Reaching Inward to Succeed in my Environment (RISE) RE-ENTRY Program" currently in draft form to be formalized by the administration within the next month. In the operational procedure, the eligibility criteria for the RISE program are outlined:

CLASSIFICATION CRITERIA:

1. The inmate must be within 10 months of probable release on from their eligible parole or discharge release date.
 - PROBABLE RELEASE IS NOT PAROLE ELIGIBILITY DATE
 - Probable release is the likelihood that the inmate shall return to the community on either parole or discharge once the classification specialist has reviewed the inmate's institutional file (I-file) for certain factors to include, but not limited to, severity of crime, criminal history, institutional adjustment, and sentence structure.
2. The inmate must be six (6) months disciplinary free from institutional violence and three (3) months disciplinary free from General and Minor infractions.
3. Inmates must be **assigned to** Level 1 or Level 2 housing. Any exceptions shall be staffed by the SAPD, SACIII, and CCSIII.

4. If not currently assigned to SDCC, participant must meet classification criteria for assignment to SDCC.
5. If the inmate is eligible for minimum custody **and the inmate has agreed to participate in the program and waive his right to minimum custody**, RISE Correctional Casework Specialist III may contact OMD to have the inmate removed from the department transfer list (P-List). **The RISE Correctional Casework Specialist will then reclassify the inmate to remain at SDCC to continue programming.**

CLINICAL CRITERIA:

6. A clinical treatment staff must have diagnosed the inmate with a substance use disorder based on the current version of the Diagnostic and Statistical Manual (DSM) of Mental Disorders criteria.
7. A designated, trained staff will administer an approved criminogenic risk/needs assessment resulting in scores within the qualifying range (moderate, high, or very high on the NRAS).

Implementation and Fidelity to Program Design

As originally designed, the RISE program intervention reflects evidence based principles (EBP) that have demonstrated their validity in the literature (National Institute of Corrections (NIC), 2004; see Appendix C). During the implementation phase, however, numerous modifications were made to the initial design by NDOC. Most of these changes were a result of practical issues with respect to Nevada Revised Statutes (NRS) and Administrative Regulations (ARs) with respect to: classification criteria for camps, programming, bed space, staffing issues with respect to both turnover and hiring barriers, resources, or other policies and procedures within NDOC. Because of these logistical and practical issues, the phases of treatment for the RISE participants did not start on time and wrap-around services could not be delivered during Year 1 of the grant. Impacts of these adjustments must be closely documented, tracked, and monitored going into Year 2 and Phase 2 of the grant.

RISE Program Delivery

The Year 1 RISE evaluation focuses on program delivery and housing issues. Data for this evaluation were gathered via work group attendance and site visits to the RISE program at Southern Desert Correctional Center (SDCC) in August 2017 and Warm Springs Correctional Center (WSCC) in September 2017. This evaluation identifies strengths and areas for improvement along with recommendations for those improvements.

The RISE program is a two-phase treatment and reentry program for moderate to very high risk property and drug offenders with a history of substance use. Phase I of the program takes place while participants are still in Nevada Department of Corrections (NDOC) custody. Phase II of the program is implemented subsequent to participants' return to the community.

Phase I

Assessment

The program design requires all potential RISE participants to be evaluated via several assessments. Each potential participant's risk level should be determined via the NRAS. Then, a clinical staff member evaluates each potential participant to determine whether or not a diagnosis of substance use disorder is appropriate based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Next, each potential participant is evaluated with the Addiction Severity Index (ASI) to determine the severity of the substance use disorder. If a potential participant was determined to be an appropriate fit for RISE, the applicant would be evaluated via the Texas Christian University (TCU) Criminal Thinking Scales (CTS) TCU Social Functioning Scales (SOCform), Psychological Functioning Scales (PSY), and Motivation Scale (MOTform), which are all responsiveness tools. The individual is also evaluated via a job skills assessment tool to measure competency in skill domains necessary for workplace success. Finally, prior to release, each RISE participant is assessed with the NRAS Reentry Tool (RT) if he has been incarcerated for four or more years or the Supplemental Reentry Tool (SRT) if he has been incarcerated for less than three years prior to his release to the community. He will be evaluated via the American Society of Addiction Medicine (ASAM) Level of Care Index (LOCI) to determine the appropriate level of substance use treatment to be delivered in the community. He will also be reevaluated with the TCU scales (CTSform, SOCform, PSYform, MOTform), and upon program completion, should be administered the TCU ENG scale (ENG = Engagement scale measuring program satisfaction).

Strengths. NDOC has done an excellent job ensuring that all participants are properly screened for risk, severity of substance use disorder, criminal thinking, social and psychological functioning. All participants were assessed with the NRAS, DSM-5, ASI, TCU CTS SOC and PSY prior to starting the program. Participants were also reassessed with the NRAS RT or SRT, LOCI, TCU CTS prior to return to the community.

Participant recruitment was a challenge for the first several months of the program. The evaluators learned from an NDOC caseworker that the incarcerated men eligible for RISE were often eligible for minimum custody classification and were being transferred to camps. NDOC staff worked to modify the classification and transfer policies to permit RISE-eligible men housed at WSCC and SDCC to voluntarily waive their right to minimum custody so that they are able to remain at WSCC or SDCC to participate in RISE. In addition, NDOC modified regulations so that individuals enrolled in programs would not be transferred out of the program, until complete.

Areas for improvement. During the grant proposal-writing phase, DETR (Department of Employment, Training and Rehabilitation) was using a Work Keys assessment tool, but during Phase I, a member of the Network and Employment Development Work Group announced that DETR is no longer using this tool. So far, this job skills assessment tool has not been replaced by another tool to assess work skills, and although RISE participants are doing some form of

employment skills curriculum during their stay in the program, no assessments for job skills are currently planned by re-entry or the employment workgroup. It is recommended that a work skills assessment tool is selected and administered by DETR and/or the employment workgroup. NDOC did not have electronic data for the TCU PSY tool. It is recommended that data collection continue for all assessment and responsivity tools in both the RISE and TC programs.

Program

The RISE program includes several treatment and skill-building curricula. RISE participants use the Helping Men Recover (HMR) curricula for substance use disorders, Getting it Right (GIR) to prepare for reentry, and cognitive behavioral intervention strategies (CBI) to teach participants to understand the relationship between their thoughts, feelings, and behavior. Participants attend counselor-led skills groups to practice the skills they learn in HMR, GIR, and CBI. Participants also attend one-on-one counseling. Participants are intended to practice their skills with peers in the Home Group facilitated by another staff member.

Strengths. Staff at both WSCC and SDCC have done an excellent job ensuring that RISE participants receive HMR, GIR, and CBI. They also facilitated counselor-led skills groups and one-on-one counseling sessions as intended.

Areas for improvement. It was discovered during the site visits that some folks in the TC units were also being referred to Helping Men Recover. This program was only supposed to be for the RISE participants. However, since these TC participants were already receiving Helping Men Recover programming, it was not ethical to remove them from that standard of care programming as it was NDOC's treatment-as-usual. It was decided by NDOC that they would continue their referrals to Helping Men Recover for those that were already receiving the program and keep track of those participants, but that the Substance Abuse units would no longer refer the TC participants to this program for the remainder of the grant administration.

The Home Group was removed from the program. Current staffing levels do not permit the assignment of Home Group with another staff member, which meant that participants were duplicating the counselor-led skills group. Facilitating as many opportunities to practice newly acquired skills is beneficial to RISE participants. It is recommended that the NDOC reconsider the cancellation of the Home Group. Participants may be practicing skills with the same staff member, but practicing the skills twice per week outside of class rather than once per week will be beneficial for skill reinforcement and mastery.

Incentives

RISE participants were intended to have different and a greater amount of incentives (positive reinforcements) than Therapeutic Community (TC) participants in response to program compliance and achievement. The plan was for the RISE participants only (provided to their units only in a monitored location, rather than individually) to have access to tablets on which they

could listen to music or watch a movie, work on their GED, and or learn some type of technical skill (e.g., automotive skills) through the NDOC intranet (as opposed to internet).

Areas for improvement. In Year 1, RISE participants did not have access to tablets as incentives. The Nevada Revised Statutes prohibited access to tablets, and NDOC had to go to the legislature to request changes in the law. The legislature approved the request for pilot programs; the new law was signed by the Governor allowing tablets with access to the intranet. Unfortunately, RISE and TC participants had the same incentives. It is recommended that NDOC provide tablets as the primary program incentive to RISE participants in Year 2. It is also recommended that NDOC ensure that tablets are not accessible to TC participants or general population inmates through the conclusion of the grant for substance abuse programming at the same institutions. Having tablets in other units will undermine the enrollment into RISE. If they can have access to tablets in other units outside of RISE, their motivation to enroll in RISE will diminish. If tablets are provided in other units outside of RISE, RISE participants must be rewarded with more tablet use time, and it should be significantly different (more) than the other units for the incentive to work effectively.

Case Management

RISE participants are intended to receive institutional case management through the Nevada Case Management Model (NCMM), which was adapted from the Oregon Case Management Model. Then, they were intended to receive transitional case management as they prepared to be released to the community.

Strengths. RISE participants are receiving transitional case management as intended. The NCMM was not implemented in Year 1, as it was planned for Year 2 of the grant. NDOC modified the plan to offer case planning in year 3 recognizing the importance of case management by other states and the technical assistance provided. NDOC took corrective action and the NCMM will be implemented in Year 2 of the grant. In addition, funds for the NCMM were included in Year 2 of the grant, and UCCI Case Management Training will officially begin. NOTIS automation of NRAS also allows for inmates who are wait listed into programs to have priority based on their NRAS risk score.

Phase II Program

The preparation for Phase II takes places in NDOC and Phase II takes place in the community. RISE participants released with additional time on their sentences will be supervised by Parole and Probation (P&P).

Phase II is guided by parole officers (POs) using the Effective Practices in Community Supervision (EPICS) Model, which is a model of evidence-based supervision practices. POs should be trained in the NRAS so that they are able to periodically complete risk assessments for their clients. RISE participants are to receive referrals to outpatient substance use treatment and

Medication Assisted Treatment (MAT), if necessary. RISE participants will also be referred to select community partners for a range of wraparound services to address their unique needs.

Strengths. Fifty POs have been trained in the use of NRAS. An additional 30 POs will be trained in December 2018. RISE participants have been referred to outpatient substance use treatment and wraparound services with the select community partners. To date, 10 RISE participants have required MAT, and have been enrolled.

Areas for improvement. Fifty-five POs who will supervise RISE participants are currently in the EPICS coaching phase, which will be completed in March 2018. However, this means that the RISE participants who have already been released and those who are soon to be released to the community are not being supervised by POs who can reasonably be expected to fully implement EPICS, as their training is not fully completed yet. It is recommended that, moving forward, staff training be completed before skill utilization.

One RISE participant released from WSCC was referred to an agency other than the select community provider due to a denial. It is recommended that NDOC not refer RISE participants to any other community partners besides the select community partner unless there is a legitimate reason for doing so, such as denials from community providers. If there is a legitimate reason for referring a RISE participant to another community partner (i.e., community partner has specific guidelines for acceptance that does not include certain violent offenders or sexual offenders— which is not the RISE participant’s current incarceration offense but may be in his history of offenses), then NDOC should document the reason for future evaluations. NDOC does plan to track these returning citizens who are not released to the selected community partners in Phase 2, however. Threats to treatment integrity and loss to follow up are issues with releasing these returning citizens to housing other than the community partner of choice, so it is important that these returning citizens’ aftercare services received be tracked accurately by NDOC.

Case Management

RISE participants are intended to receive community-based transitional case management services to ensure that they are receiving appropriate referrals for behavioral health needs, housing, employment, and education with the use of the NRAS tool.

Strengths. A wraparound services checklist has been developed. Wraparound services have been identified; contracts and MOUs have been developed with two community partners to deliver the wraparound services. NRAS automation has been completed, a report can be printed by all those at NDOC. NRAS training has begun at P&P as well. Nevada Case Management Model Training is planned for Year 2, along with case management programming using the wait list in NOTIS, using the NRAS scores.

Areas for improvement. The checklist has only been used by NDOC. The evaluation partner will work with NDOC staff to ensure the fidelity of the checklist and its ease of use by P&P and other community partners. An operational policy or directive for Phase 2 participants with respect to the procedures for leaving the NDOC facility, tracking the returning citizens', identifying who at NDOC and P&P are responsible for assisting the inmate with continuity of care and services. During Phase I, it was determined that NDOC would not have access to the Nevada Department of Health and Human Services' (DHHS) database of services, such as knowledge of inmates who have applied for food stamps, but that one community provider, Ridge House, requires all residents to apply for food stamps and will be able to track those services (those who do not complete the Ridge House program do not get to keep their food stamps cards). NDOC is also working with DHHS to gain access to their services. It is recommended that the Offender Programming workgroup and Planning and Tracking workgroup work together to discuss the feasibility of tracking the returning citizens' services received from DHHS and other community partners and if so, the two workgroups should determine what services should be tracked and how (there have been ongoing discussions about using an electronic data tracking system that can be accessed by all community partners, but a system has not been identified or finalized to date and should be rectified before any more inmates are released to Phase 2).

Graduated Sanctions

RISE participants on parole are intended to be subject to graduated sanctions for technical violations of parole conditions. These sanctions include State Funded House Arrest (electronic monitoring; EM) and day reporting centers (DRCs).

Strengths. The DRC in Las Vegas opened on October 2, 2017. Funding has been allocated for the DRC in Reno, which is scheduled to open on February 9, 2018. Funding has been allocated to support EM for fiscal year 2018.

Areas for improvement. P&P does not have a tracking system to identify how many parolees and probationers are receiving graduated sanctions. This information would be available only by accessing individual client files, which is a time-consuming task and not readily completed for a large number of clients. It is recommended that P&P develop a tracking system first for RISE participants and then all other clients so that they can track referrals to graduated sanctions.

Training and Support

All RISE participants are intended to have additional support for their transition from NDOC to the community via the Effective Practices in Community Support for Influencers (EPICS-I) Model. EPICS-I requires each RISE participant to identify a pro-social support in his life. If that support person agrees to participate, then he or she fills the role of Influencer and is trained in the EPICS-I Model. This training will enable the Influencer to work with RISE

participants to identify risky situations and practice the skills necessary to avoid or manage those risky situations.

Strengths. NDOC provided training to EPICS-I trainers and coaches who are tasked with supervising and serving as a resource for the Influencers.

Area for improvement. Influencers for the first cohort of RISE participants were not identified or trained prior to the first cohort's release from NDOC. This is a key gap in program implementation. It is recommended that NDOC collaborate with P&P to immediately identify and train Influencers for RISE participants who have been released from NDOC custody and then identify and train Influencers for the next release cohort.

Housing

There are RISE housing issues at WSCC and SDCC. At WSCC, there are several housing issues. Initially, RISE participants were housed in one of two connected wings that housed veterans, inmates in a reentry program, and general population inmates. They are in four-man cells, which do not have space for the RISE participants to do their homework or to practice their skills. These wings do not have a common area that would allow RISE participants to complete homework or practice their skills, either. Furthermore, they do discuss programming with the inmates in the reentry program. Finally, the housing unit is in a separate building from the treatment staff. This results in a situation in which RISE participants have less support in non-scheduled or crisis situations. At SDCC, RISE participants were initially housed in a dormitory that also housed inmates in the education program, reentry program, and general population inmates.

A housing problem shared by WSCC and SDCC is how to manage RISE participants who have not been granted parole or whose sentences did not expire upon completion of Phase I programming. Those who are eligible are being referred to Northern Nevada Transitional Housing (NNTH) or Casa Grande Transitional Housing (CGTH). These two transitional housing facilities are operated by NDOC that typically allow inmates to leave the facility during the day to secure and maintain employment.

However, there are issues with transitioning some inmates as trustees to the NDOC transitional housing units, as NDOC has its own ARs preventing those RISE participants who have previous escapes or violations from relocating to these facilities. The issue then becomes what to do with these inmates who have graduated from the RISE program? They cannot continue to receive additional programming via the same curriculum because this additional programming will confound the results when comparing the RISE intervention to the TC comparison group. These RISE graduates also cannot be transferred back to the general prison population. It is important that NDOC identify a corrective action plan as soon as possible to identify barriers to allowing RISE participants to continue into Phase II, and determining if any of those barriers can be remedied via changes to ARs, or if these are issues that cannot be remedied with policy changes, new ARs and/or operating procedures must be developed with directives regarding continued programming for these RISE graduates.

Strengths. In Year 1, the SDCC Warden had moved the general population inmates into the same housing units as the RISE participants in order to fill up bed space. NDOC has since moved these general population inmates out of the wing that housed the RISE participants from the dormitory that housed the RISE participants at SDCC. It is unknown at the time of this writing whether or not this same scenario has happened with the RISE participants at WSCC in the north.

Areas for improvement. Space concerns are common in correctional facilities. However, it is crucial to keep inmates in new programs that are being tested separate from inmates in other programs and general population inmates to prevent program contamination until it can be determined whether the new program is effective at achieving the desired outcome. It is also highly desirable to have enough space for program participants to complete their assignments and practice the skills they are learning. Finally, it is also desirable for program participants to be housed in the same building as treatment staff. Therefore, it is recommended that NDOC work to identify a separate housing area for WSCC RISE participants that is in the same building as the treatment staff and has enough room for participants to complete their homework and practice skills. It is also recommended that NDOC work to identify a separate housing area for SDCC RISE participants.

It is also recommended that RISE participants who are transferred to NNTH or CGTH subsequent to Phase I program completion begin the equivalent of Phase II substance use treatment to maintain their skills. Otherwise, they should focus only on education, vocational skill training, and employment rather than participating in programs that offer additional curricula. In order for substance abuse treatment to continue at the re-entry centers, staffing placements may need to change, as well as modifications to any applicable administrative regulations or operating procedures.

RISE Preliminary Results

As of October 31, 2017, there were a total of 73 invited to participate in the RISE program based on initial screening criteria. Three participants were moved to camps early in Phase I before NDOC changed their classification policies as a response to the low numbers of eligible inmates for RISE, and three participants were not yet assessed for their eligibility. Of the 67 participants enrolled and assessed, thirteen (19.5%) did not successfully complete the RISE program and were discharged. Of these 13, one was discharged due to a positive urinalysis, ten (10) were discharged due to non-compliance with institutional rules, and two (2) refused treatment. Fifteen participants (22%) had successfully completed the program as of 10/31/17.

Of the 67 participants enrolled and assessed, eight (8) (12%) were classified as very high on the NRAS, 37 (55%) were classified as high, and 22 as moderate (33%). Thirty-four (50%) of these participants self-identified as African American, 19 (28%) identified as Caucasian, two (2)

(3%) as Asian, one (1) (1.5%) as Native American, 6 (9%) as Other, and five (5) (7.5%) self-identify as Caucasian Hispanic. The average age of the RISE participant population is 33.

Preliminary analyses looking at some key process and outcome variables between RISE and the TC group show some trends in statistically significant differences between criminal thinking, motivation to change, social functioning, and psychological functioning skills.

Satisfaction (Engagement) Data -- RISE vs. TC groups

The TCU (Texas Christian University) instrument contains four Engagement in Treatment scales: Treatment Participation (TP), Treatment Satisfaction (TS), Counseling Rapport (CR), and Peer Support (PS). Because raw data was unavailable for these scales, we can only report on the available summary data. According to these data, the average mean (*M*) score for Treatment Participation was similar across both RISE and TC groups, RISE *M* = 42.25, TC *M* = 43.71. Both of these values are higher than the norm values previously reported in the literature (Norm *M* = 40.40; Garner, Knight, & Flynn, 2007), suggesting both RISE and TC groups were on average more receptive to treatment than the norm groups were. The average score for Treatment Satisfaction was similar across both RISE and TC groups, RISE *M* = 39.34, TC *M* = 41.10. Both of these values are higher than the norm values previously reported in the literature (Norm *M* = 33.90; Garner, Knight, & Flynn, 2007), suggesting both RISE and TC groups were on average more satisfied with the treatment programs than the norm groups were. The average score for Counseling Rapport was similar across both RISE and TC groups, RISE *M* = 41.49, TC *M* = 43.45. Both of these values are higher than the norm values previously reported in the literature (Norm *M* = 36.27; Garner, Knight, & Flynn, 2007), suggesting that on average, both RISE and TC groups had better rapport with their counselors than the norm groups were. Finally, the average score for Peer Support was similar across both RISE and TC groups, RISE *M* = 35.03, TC *M* = 35.30. Both of these values are similar to the norm values previously reported in the literature (Norm *M* = 33.91; Garner, Knight, & Flynn, 2007), suggesting all three groups reported similar levels of support from other participants in the program.

Comparison analyses RISE v TC

Criminal Thinking Scales – Intake. The TCU instrument contains six Criminal Thinking scales: Entitlement (EN), Justification (JU), Power Orientation (PO), Cold Heartedness (CH), Criminal Rationalization (CN), and Personal Irresponsibility (PI). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests. See Appendix F for statistical information on these analyses.

At intake, the RISE clients had significantly higher Justification scores, compared to the TC clients, RISE *M* = 22.10 vs. TC *M* = 18.84. This indicates that RISE clients more strongly endorsed justifications for their actions that minimized the harm done (for example, by blaming the victim), compared to TC clients. Similarly, RISE clients had marginally higher scores in the

Entitlement, RISE $M = 19.84$ vs. TC $M = 17.12$. This indicates that RISE clients had marginally stronger beliefs that they were entitled to certain benefits from society, compared to TC clients. RISE clients also had marginally higher scores in the Criminal Rationalization scale, RISE $M = 31.78$ vs. TC $M = 28.53$. There were no other significant differences between these groups at intake. This indicates that RISE clients had marginally stronger endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to TC clients.

It is important to note that these higher scores for RISE participants at intake are due to some inmates in the TC units having the mistaken belief that if they score higher on the criminal thinking scales, they will have to do *more* programming, which they did not want to do, and so some of the TC participants were actually lying about their criminal thinking. This situation was identified by a substance abuse staff member, and was addressed immediately. The explanation for the higher RISE scores has to do with some of the TC inmates not being honest about their criminal thinking behavior; therefore, the scores from the RISE participants' criminal thinking skills are more honest. However, the baseline scores for TC and RISE will not be accurate, and any comparisons conducted between these groups in the future will be difficult to interpret.

Criminal Thinking Scales – Discharge. These analyses compared scores in the Criminal Thinking scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at discharge. All comparisons were made using independent sample t-tests. Because there were data available for only 5 cases in the TC condition, mean imputation was used to increase the TC sample size to that of the RISE group (10 cases, for a total per-group N of 15).

At discharge, the RISE clients had significantly lower Criminal Rationalization scores, compared to the TC clients, RISE $M = 22.11$ vs. TC $M = 34.33$. This indicates that at discharge, RISE clients reported weaker endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to TC clients. RISE clients also had significantly lower Personal Irresponsibility scores, RISE $M = 15.44$ vs. TC $M = 20.00$. This indicates that RISE clients reported weaker endorsement of beliefs that place responsibility for the client's imprisonment on factors outside of the client's control (for example, bad luck) compared to TC clients. RISE clients had marginally lower scores in the Cold Heartedness scale compared to TC clients, RISE $M = 20.40$ vs. TC $M = 23.20$. This suggests that RISE clients reported marginally stronger feelings of empathy compared to TC clients. RISE clients also had marginally higher scores in the Power Orientation scale compared to TC clients, RISE $M = 19.33$ vs. TC $M = 16.57$. This suggests that RISE clients reported marginally stronger beliefs that they had to demonstrate strength and dominance in their everyday lives (for example, by responding with violence to being disrespected). There were no other significant differences between these groups at discharge.

Treatment Needs and Motivation Scales – Intake. The TCU instrument contains five Treatment Needs and Motivation scales: Problem Recognition (PR), Desire for Help, (DH), Treatment

Readiness (TR), Pressures for Treatment (PT), and Treatment Needs (TN). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests. At intake, there were no significant differences on any of the scales between RISE and TC clients.

Treatment Needs and Motivation Scales – Discharge. These analyses compared scores in the Treatment Needs and Motivations scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at discharge. All comparisons were made using independent sample t-tests. Because there were data available for only 5 cases in the TC condition, mean imputation was used to increase the TC sample size to that of the RISE group (10 cases, for a total per-group N of 15).

At discharge, the RISE clients had marginally lower Pressures for Treatment scores, compared to the TC clients, RISE $M = 23.33$ vs. TC $M = 27.14$. This suggests that at discharge, RISE clients felt marginally less pressure to be in treatment due to family concerns, legal troubles, or concerns about having to be in treatment to avoid further penalties.

Social Functioning Scales – Intake. This TCU instrument contains four Social Functioning scales: Hostility (HS), Risk Taking (RT), Social Support (SS), and Social Desirability Scale (SD). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests.

At intake, the RISE clients had significantly lower Social Desirability (SD) scores compared to TC clients, RISE $M = 4.60$ vs. TC $M = 5.78$. This indicates that at intake, RISE clients reported their behavior to be less socially desirable (e.g., being a bad listener, purposefully saying hurtful things), compared to TC clients. Similarly, RISE clients had marginally higher Hostility scores, RISE $M = 27.84$ vs. TC $M = 24.66$. This suggests that RISE clients reported marginally stronger endorsement of beliefs and behaviors which demonstrate hostility (e.g., carrying weapons, experiencing urges to hurt other people), compared to TC clients. RISE clients also had marginally higher Risk Taking scores compared to TC clients, RISE $M = 35.76$ vs. TC $M = 32.81$; $t = -1.814$, $df = 92$, $p = .073$, compared to TC clients. This suggests that at intake, RISE clients reported stronger endorsement of risky behaviors and risk-taking in general, compared to TC clients. There were no other significant differences between RISE and TC clients at intake.

Social Functioning Scales – Discharge. These analyses compared scores in the Social Functioning scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at discharge. All comparisons were made using independent sample t-tests. Because there were data available for only 5 cases in the TC condition, mean imputation was used to increase the TC sample size to that of the RISE group (10 cases, for a total per-group N of 15).

At discharge, RISE clients had significantly higher Social Support scores compared to TC clients, RISE $M = 43.78$ vs. TC $M = 38.89$. This indicates that RISE clients reported greater availability of a social support network to help them cope with drug or behavioral troubles (e.g., having people close to them who encourage their drug recovery), compared to TC clients. There were no other significant differences between these groups at discharge.

Psychological Functioning Scales – Intake. This TCU instrument contains five Psychological Functioning scales: Self-esteem (SE), Depression (DP), Anxiety (AX), Decision Making (DM), and Expectancy (EX). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests. At intake, there were no significant differences between RISE and TC clients in any of the Psychological Functioning scales.

Psychological Functioning Scales – Discharge. Available data did not include information on Psychological Functioning scores for the TC sample at discharge; therefore, no comparison analyses were possible.

RISE at Intake vs. RISE at Discharge

Comparison analyses

These analyses evaluated what changes (if any) were present on RISE clients' scores on the Criminal Thinking and Treatment Needs scale and Motivation scale between Intake and Discharge. Due to the low number of cases from limited record keeping on the TC group, we were unable to conduct these analyses with the TC participants. See Appendix F for statistical information on these analyses.

Criminal Thinking Scales. Compared to their intake scores, RISE clients at discharge reported significantly lower scores for Entitlement, Intake $M = 17.78$, Discharge $M = 13.44$. This indicates that at discharge, RISE clients reported weaker endorsement of beliefs that they were entitled to certain benefits from society, compared to intake. RISE clients at discharge reported significantly lower scores for Justification, compared to intake, Intake $M = 19.00$, Discharge $M = 14.66$. This indicates that RISE clients at discharge reported weaker endorsement of justifications for their actions that minimized the harm done (for example, by blaming the victim), compared to intake. RISE clients at discharge reported significantly lower Power Orientation scores, compared to intake, Intake $M = 24.86$, Discharge $M = 19.33$. This indicates that RISE clients at discharge reported weaker beliefs that they had to demonstrate strength and dominance in their everyday lives (for example, by responding with violence to being disrespected), compared to intake. RISE clients at discharge reported significantly lower scores for Criminal Rationalization compared to intake, Intake $M = 29.78$, Discharge $M = 22.11$. This indicates that RISE clients at discharge reported weaker endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to intake. RISE

clients also showed marginally lower scores for Personal Irresponsibility at discharge, compared to intake, Intake $M = 18.78$, Discharge $M = 15.44$. This indicates that RISE clients at discharge reported weaker endorsement of beliefs that place responsibility for the client's imprisonment on factors outside of the client's control (for example, bad luck), compared to intake. There were no differences between intake and discharge on RISE clients' Cold Heartedness scores.

Treatment Needs and Motivation Scales. Compared to their intake scores, RISE clients at discharge reported significantly lower scores for Problem Recognition, Intake $M = 41.04$, Discharge $M = 32.30$. This indicates that RISE clients at discharge reported that their drug use was less problematic for them, compared to intake. RISE clients at intake reported significantly lower Desire for Help scores, compared to discharge, Intake $M = 44.56$, Discharge $M = 38.16$. The results of the Desire for Help scores indicate that RISE clients at discharge reported needing less help to deal with their drug problem, and greater willingness to make changes necessary to deal with their drug problem, compared to intake. RISE clients at intake reported significantly lower Treatment Readiness, compared to discharge, Intake $M = 43.92$, Discharge $M = 38.33$. This indicates that RISE clients at discharge reported a lower need for treatment, compared to intake. RISE clients at intake reported significantly lower Pressures for Treatment, compared to discharge, Intake $M = 28.48$, Discharge $M = 23.33$. This indicates that RISE clients at discharge felt less pressure to be in treatment due to family concerns, legal troubles, or concerns about having to be in treatment to avoid further penalties. There were no differences between intake and discharge on RISE clients' Treatment Needs scores.

Social Functioning Scales. Compared to intake scores, RISE clients at discharge reported significantly lower scores for Hostility, Intake $M = 25.75$, Discharge $M = 19.64$. This indicates that RISE clients at discharge reported weaker endorsement of beliefs and behaviors which demonstrate hostility (e.g., carrying weapons, experiencing urges to hurt other people), compared to intake. RISE clients at discharge reported significantly lower Risk Taking scores, compared to intake, Intake $M = 38.29$, Discharge $M = 31.24$. This indicates that at discharge, RISE clients reported weaker endorsement of risky behaviors and risk-taking in general, compared to intake. Conversely, RISE clients at discharge reported significantly higher scores for Social Support, compared to intake, Intake $M = 37.19$, Discharge $M = 43.78$. This indicates that RISE clients at discharge reported greater availability of a social support network to help them cope with drug or behavioral troubles (e.g., having people close to them who encourage their drug recovery), compared to intake. Finally, RISE clients at discharge reported significantly higher Social Desirability scores, compared to intake, Intake $M = 4.27$, Discharge $M = 5.87$. This indicates that RISE clients reported their behavior to be more socially desirable (e.g., being a good listener, admitting when they have made a mistake), compared to intake.

Psychological Functioning Scales. Compared to intake scores, RISE clients at discharge reported significantly higher scores for Self-esteem, Intake $M = 31.82$, Discharge $M = 42.12$. These results

for Self-esteem indicate that at discharge, RISE clients reported higher self-esteem compared to intake. At discharge, RISE clients reported significantly higher Decision Making scores, compared to intake, Intake $M = 35.96$, Discharge $M = 41.31$. The results for Decision Making indicate that at discharge, RISE clients reported more careful and thoughtful decision-making (e.g., by considering the consequences of their actions before acting, or by considering multiple ways of solving a problem), compared to intake. At discharge, RISE clients reported significantly higher Expectancy scores, compared to intake, Intake $M = 37.50$, Discharge $M = 45.68$. The results for Expectancy indicate that at discharge, RISE clients reported that they perceived themselves as less likely to relapsing into alcohol or drug use, compared to intake. At discharge, RISE clients reported significantly lower Depression scores compared to their intake scores, Intake $M = 25.45$, Discharge $M = 15.76$. The results for Depression indicate that at discharge, RISE clients experienced fewer thoughts of helplessness or loneliness, and reported lower feelings of exhaustion, compared to intake. There were no differences between intake and discharge on RISE clients' Anxiety scores.

Process Evaluation Research Questions Relevant to RISE

Now that all of the of the benchmarks and strengths of the RISE program have been discussed. The process evaluation questions related specifically to RISE mentioned earlier are reviewed below and can be answered:

Does the program utilize a design that has previously demonstrated an ability to reduce recidivism (i.e., is it Evidence Based)?

NDOC's Quality Assurance Manager has reviewed 100% of all NDOC's EBPs. The QA Manager has determined which programs should be completely disbanded because they are not evidence based, or put on hold because they are evidence based, until has the resources to implement them with effectiveness. Appendix E lists all NDOC programs that follow Evidence Based Principles, of which include evidence-based curricula, such as Getting it Right, Helping Men Recover, Cognitive Behavioral Intervention, Core Correctional Practices, EPICS, EPICS-I, and NRAS.

Is the program being implemented as designed (are all systems/staff/procedures in place)?

The programs at WSCC and SDCC are staffed, but staff in both programs expressed the desire for additional clinical staff. NDOC took steps to address initial challenges associated with participant recruitment. The program curricula and counseling were delivered as intended. Participants also received transitional case management as intended.

There are two (2) areas for improvement on which the Nevada Department of Corrections (NDOC) should focus in Year 2. The Nevada Case Management Model (NCMM)--RISE participants were supposed to have access to additional behavioral incentive programs (i.e. tablets) as incentives in Year 1; this did not happen, and they had the same incentives as the therapeutic community. It is recommended that NDOC finalize the policy necessary to make the tablets available to RISE participants in Year 2.

Are risk and needs assessed and services delivered based on individuals' risk and needs?

Yes. Each potential participant's risk level is determined via the Nevada Risk Assessment Scale (NRAS). Then, a clinical staff member evaluates each potential participant to determine whether or not a diagnosis of substance use disorder based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is appropriate. Next, each potential participant is evaluated with the Addiction Severity Index (ASI) to determine the severity of the substance use disorder. If a potential participant is determined to be an appropriate fit for RISE, then he is evaluated via the Texas Christian University (TCU) Criminal Thinking Scales (CTS) and TCU Social Functioning Scales (SOC). All of these assessments are required for entry into the RISE program.

Is the "dosage" and intensity of the treatment adequate to effect the desired change?

Yes, the treatment dosage is sufficient to effect desired change. The RISE program consists of approximately 144 contact hours, which breaks down to approximately nine hours per week for four months. Nine treatment hours per week allows RISE to meet the needs of participants who require ASAM Level 1: Outpatient Services or ASAM Level 2.1: Intensive Outpatient Services (Mee-Lee, 2013). Furthermore, the Center for Substance Abuse Treatment (2005) indicated that many prison-based treatment programs are therapeutic communities that are nine to twelve months in duration and recommended that researchers investigate the effect of shorter duration prison-based treatment programs (p. 211). RISE is an answer to this call. However, experts recommend specific programming hours based on risk level, including 200 or more hours for some high risk offenders, and it is recommended that these references be consulted with respect to programming dosage (Latessa, Listwan, & Koetzl, 2014).

How many people are receiving services?

There were a total of 67 participants enrolled and assessed as of October 31, 2017.

What are the relevant characteristics of people receiving services?

Of the 67 participants enrolled and assessed as of October 31, 2017, 8 (12%) were classified as very high on the NRAS, 37 (55%) were classified as high, and 22 as moderate (33%). Thirty-four (50%) of these participants self-identified as African American, 19 (28%) identified as Caucasian, 2 (3%) as Asian, 1 (1.5%) as Native American, 6 (9%) as Other, and 5 (7.5%) self-identify as Caucasian Hispanic. The average age of the RISE participant population is 33.

What are the services being provided?

Participants in the RISE program complete an evidence-based substance use treatment curriculum (Helping Men Recover), a reentry curriculum (Getting it Right), and cognitive-behavioral interventions to teach participants to understand the relationship between their thoughts, feelings, and behavior. Participants attend counselor-led skills groups to practice the skills they learn in

Helping Men Recover, Getting it Right, and cognitive behavioral interventions. Participants also attend one-on-one counseling. Prior to release from Nevada Department of Corrections custody, participants receive a case plan and transitional case management is provided.

What are the quality of those services?

The average score for Treatment Satisfaction for RISE was $M = 39.34$, which is higher than the norm values previously reported in the literature (Norm $M = 33.90$; Garner, Knight, & Flynn, 2007), suggesting RISE participants, were on average more satisfied with the treatment programs than the norm groups were. However, these are only preliminary data based on group means, as individual scores were not available to the research team, so no statistical analyses were conducted on these data. Additionally, audit tools for the quality of services received are in draft form and were not implemented in Year 1.

What is the required staffing and training to provide those services?

RISE program staff at WSCC and SDCC expressed concern regarding clinical staffing levels. Staff felt that their caseloads were a bit on the high side and expressed the view that the clients would be better served if another clinician were allocated to the program. Both the substance abuse staff member in the north and in the south recommended a 1:20 staff to inmate ratio for programming RISE.

Chapter 3: NRAS Validation

Overview

The Nevada Risk Assessment System (NRAS) validation component of the study found that the NRAS Prison Intake Tool (PIT) is able to discriminately predict recidivist and non-recidivist membership using both the overall risk/need categories as well as the overall risk/need raw score. However, the PIT can predict recidivism when using the overall raw score and overall risk categories only in regards to females. When technical violators of parole or probation *without* new crimes are excluded from recidivism analyses, the PIT is then able to discriminate between recidivists and non-recidivists for males whereas the sample size becomes too small to accurately model females. The PIT also displayed poor psychometric properties, which is a significant limitation of the instrument. Simple reorganization, removal and/or addition of items, and re-norming of the tool could possibly improve the predictive validity. Also of concern are issues which could impact data quality. The PIT is currently predictive of recidivism for females, however, adjustments to the tool can considerably improve its utility. For example, excluding technical violators was able to improve predictive validity enough for the instrument to be predictive for males using overall scores. These competing findings are preliminary. Data collection will continue into Year 2 so that a larger sample size for both recidivists and non-recidivists can be collected and utilized for additional validation analyses.

Introduction

One goal of this grant was to assess the predictive validity of the NRAS. The NRAS was adopted from the University of Cincinnati's Ohio Risk Assessment System (ORAS), which demonstrated acceptable predictive validity in regards to Ohio's justice-system-involved individuals (see Latessa, Smith, Lemke, Makarios, & Lowenkamp, 2009; Latessa, Lemke, Makarios, Smith, & Lowenkamp, 2010), as well as Indiana's (see Latessa, Lovins, & Makarios, 2013). Whether the instrument would demonstrate similar predictive validity for assessing the criminogenic risks/needs and likelihood of recidivating in Nevada's offender population was unknown. To this end, NRAS data was collected from state correctional facilities in both the North and South by various members of the University of Nevada, Reno (UNR) evaluation team with the help of NDOC staff.

The NRAS consists of five assessment instruments: the Pretrial Assessment Tool (PAT), the Community Supervision Tool (CST), the Prison Intake Tool (PIT), the Reentry Tool (RT- reentry from a long-term prison term of 4+ years); and Supplemental Reentry Tool (SRT- reentry from a short prison term of <4 years). The development and validation study conducted on the original scale (ORAS; Latessa et al., 2009) found that the four original instruments (PAT, CST, PIT, RT) were predictive of recidivism. For the purposes of this NRAS validation using the NDOC general population (males and females), data for the NRAS validation (predictive validity) will be

analyzed using the prison intake tool only (PIT)². Although the ORAS developers (Latessa, et al., 2010) used rearrests for a new crime for their definition of recidivism as their criterion to validate the initial instrument, for our validation purposes, we are using reincarceration in a NDOC prison (any return to an NDOC prison within 36 months of post release, including technical violations) as a proxy variable for rearrest as well as rearrests for a new crime that was *not* a return to NDOC custody, but some other correctional facility at the city or county level, as indicated in data provided by the Nevada Division of Parole and Probation. The NRAS PIT tool was intended to be used for a rearrest for a new crime, not technical violations. However, due to the data we were provided, we were not able to differentiate for every member of our NRAS validation dataset, who was rearrested for a new crime or a technical violation. However, we were able to run the data separately for those that we were able to discriminate. Failure rates (percent recidivating) based on risk level (low, moderate, high, very high) by gender are reported for overall risk as well as domain level risk. Recidivism likelihood based on raw scores are also examined. Another outcome measure included time to recidivism after release.

Sample

As the NRAS had not been implemented for use by the NDOC prior to November of 2013, only those individuals who were released in 2014 and in 2015 were included in selection criteria. This allowed for a long enough period of post-release tracking for assessing recidivism, while helping to minimize individuals being included within the sample who had entered the correctional system prior to NRAS's implementation. Lists of individuals who met the selection criteria were generated by NDOC, which comprised a total sample size of $N = 634$. NDOC's sampling methodology to generate the lists was explained to the research evaluation team as such:

Records of offenders released in Calendar Years 2014 and 2015 were inspected to make sure that the imprisonment and release statuses were available in the data sets. Offenders kept in the data sets were those who had been admitted after the NRAS was instituted (2013 and forward) and were most likely to have taken the NRAS. If an offender had been released more than once in the same year, the most applicable record was kept in the list.

The resulting caseload of releases was matched against lists of recidivists and non-recidivists in NDOC's data warehouse reports. The resulting matching data consisted of offenders released in 2014 and 2015, and who recidivated sometime between January of 2014 and August of 2016. When an offender is in custody, the NRAS is in the offender's I-file in the prison, and this simplifies the process of retrieving the file. Thus, NDOC matched the list of recidivists in each cohort against a list of offenders in custody. These are the sample recidivists utilized to validate the NRAS scores. The list of non-recidivists is much larger, and their hard copy files are subject to records retention policies. Given the size of the data sets, research staff assigned each non-recidivist a record number. A random sample of 200 odd records from each release cohort was

² In later years of the grant cycle, data will also be collected and analyzed from two samples of offenders (the treatment group TX—RISE Program participants) and the comparison group—the Therapeutic Community (TC) prior to community release (RT/SRT) and community supervision (CST).

drawn. The research team then looked up the files of these offenders who were either on discharge or parole status, and the NRAS scores were recorded in spreadsheets.

This required research staff to read the actual hard copy NRAS documents in the inmate’s file. To locate the inmate’s file, lists of recidivists were compared against current lists of offenders in custody and their housing locations. Staff traveled to select locations to retrieve the files and review the NRAS sheets, their scores, etc.

Another list was prepared that consisted of offenders released in Calendar Years 2014 and 2015 and that had not returned as of August 2016. For these offenders, the files were no longer available at the location where they were housed before being released.

For the non-recidivist group, records were matched against lists off offenders released in 2014 and 2015 and that had been formerly admitted between 2013 and 2015. The data matching mechanism was intended to retrieve variables that were available in data sets extracted from different universes. The releases data sets have the commitment statuses and dates. The data sets were given a case number beginning with the number 1, another sample was formed with just odd case numbers. In turn, a random sample of 200 “odd” cases of inmates released in 2014 and another 200 “odd” sample of 2015 releases were drawn using SPSS. The resulting data sets revealed the location of the inmate prior to release and assisted in locating the file with the NRAS documentation. Table 1 provides general demographic information regarding the total sample.

<i>Table 1. Demographics</i>	2014 Release Cohort	2015 Release Cohort	Total
Sample size	231	403	634
Gender			
Male	216	336	552
Female	15	67	82
Recidivism Status			
Recidivist	107	278	385
Non-Recidivist	124	125	249
Offense Category			
Drug	31	82	113
DUI	4	6	10
Property	21	153	174
Sex	14	3	17
Violence	49	80	129
Other	6	11	17
Missing Data	106	68	174
Race/Ethnicity			
American Indian	5	8	13
Asian	7	13	20
Black	60	89	149
Caucasian	110	223	333
Cuban	1	0	1
Hispanic	47	63	110
Missing Data	1	7	8
Average Release Age (years) (based on valid cases)	36.21 (113 cases)	33.55 (336 cases)	34.22 (449 cases)

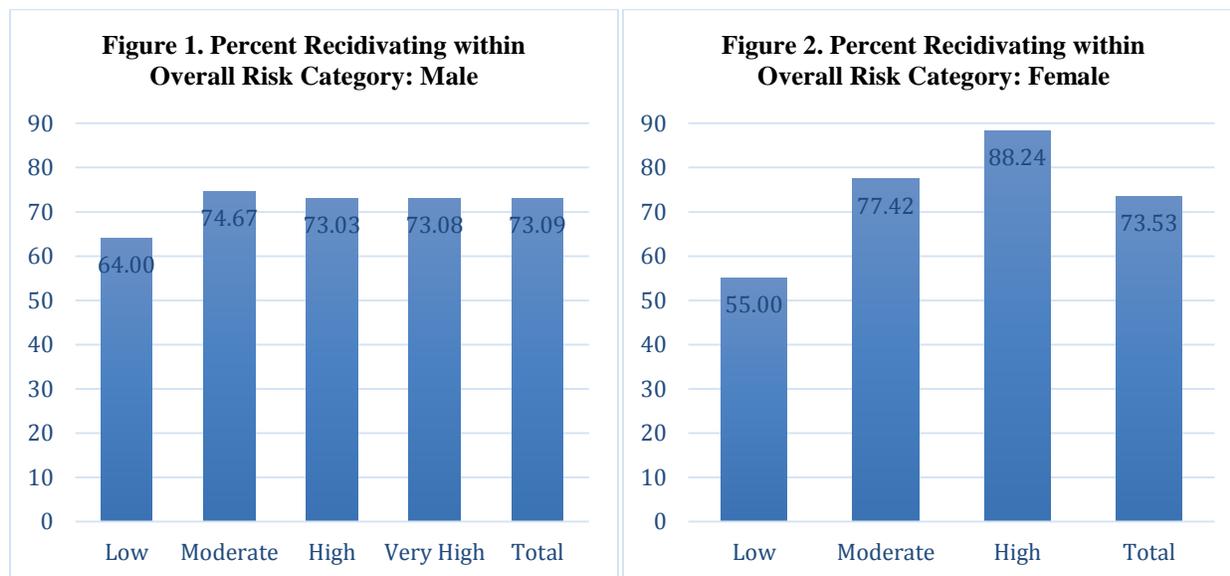
Prison Intake Tool and Recidivism Outcomes

NRAS makes use of the same instrument items and scoring guidelines as the ORAS. However, the only component of the ORAS which was adopted by the NDOC for which there is currently sufficient data to conduct validation analyses is the PIT. The PIT is comprised of 5 criminogenic risk/need domains: 1) Age/Criminal History; 2) School Behavior and Employment; 3) Family and Social Support; 4) Substance Abuse and Mental Health; and 5) Criminal Lifestyle. A score is given for each item within each domain. These items are then summed to get a domain score, which in turn are used to determine a risk level (e.g., low, moderate, high for women) or specific criminogenic risks/needs. This information in turn is supposed to guide staff on determining which interventions and programs are most appropriate for the individual given the individual's specific criminogenic risks/needs, with priority for programming given to those who are highest risk. The domain scores are also totaled into an overall score, which helps assess the likelihood of an individual recidivating. This overall score requires some additional explanation. For males, the overall risk categories are comprised of low, moderate, high, and very-high. For females, the overall risk categories are low, moderate, and high. Females also have slightly different cut-off points for these categories compared to males. Table 2 below provides information on PIT domain scores and recidivism figures for each domain's risk/need categories. Figure 1 and 2 further below provides information on the overall risk category and recidivism, by gender.

Table 2. Domain Categories and Recidivism

		Non-Recidivists	Recidivists	Total (%)
Age/Criminal History				
Low	(44.2%)	58	128	186 (68.8%)
Medium	(39.4%)	39	127	166 (76.5%)
High	(16.4%)	16	53	69 (76.8%)
Total	(100%)	113	308	421 (73.1%)
School Behavior and Employment				
Low	(30.4%)	36	92	128 (71.9%)
Medium	(38.5%)	41	121	162 (74.7%)
High	(31.1%)	36	95	131 (72.5%)
Total	(100%)	113	308	421 (73.1%)
Family and Social Support				
Low	(51.8%)	52	166	218 (76.1%)
Medium	(33.7%)	42	100	142 (70.4%)
High	(14.5%)	19	42	61 (68.9%)
Total	(100%)	113	308	421 (73.1%)
Substance Abuse and Mental Health				
Low	(47.7%)	58	143	201 (71.1%)
Medium	(40.9%)	44	128	172 (74.4%)
High	(11.4%)	11	37	48 (77.1%)
Total	(100%)	113	308	421 (73.1%)
Criminal Lifestyle				
Low	(35.6%)	50	100	150 (66.7%)

Medium	(48.0%)	48	154	202 (76.2%)
High	(16.4%)	15	54	69 (78.2%)
Total	(100%)	113	308	421 (73.1%)

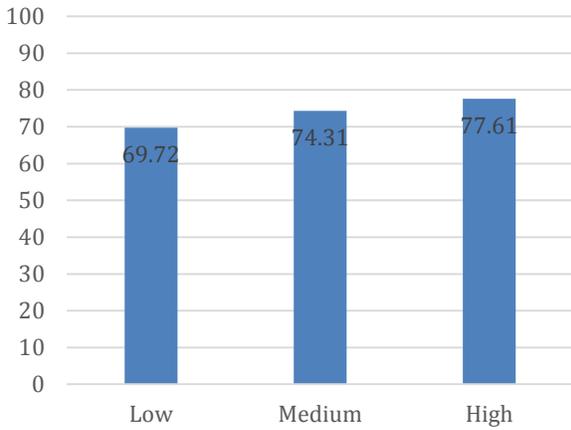


It should be noted that there is a great deal of missing data (213 cases of 634). Despite much effort to obtain all PIT data for all individuals within the sample, some individuals' files were missing from storage or could not be located in storage; some individuals did not have an NRAS sheet within their I-file(s), C-file(s) nor medical file(s). In some instances, despite the selection criteria, some individuals had NDOC admission dates prior to NRAS being implemented, and thus, were never given a PIT, as it is administered at intake. Others were simply not administered the NRAS tool as NDOC's policy at the time of NRAS's implementation was to not administer it to inmates with a probation or a parole violation. Some cases had PIT data which was not correct (e.g., incorrect arithmetic/summing of domain scores and total scores), or contained errors (e.g., a score of "23" when only a 0 or 1 can be assigned to that particular item). Incorrect arithmetic and category classifications as a result were corrected; however, those with scores outside of the possible ranges had to be excluded from the predictive validity analyses, as their true scores were unknown.

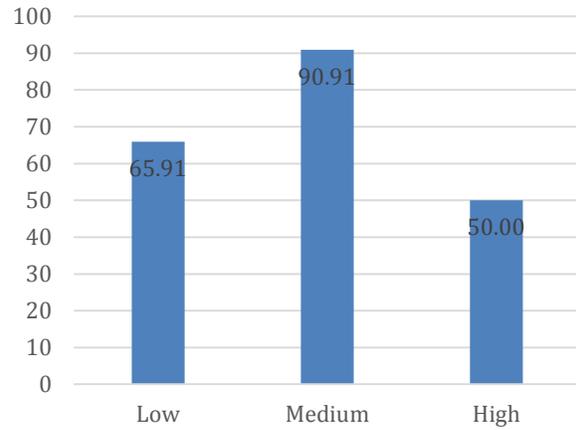
As can be seen from Figure 1 above, with regards to males, the PIT does not discriminate between those who are low, moderate, high, or very high. Membership in one category does not seem to lead to increased likelihood of recidivating as is demonstrated within Latessa et al. (2010) in regards to the ORAS. However, with regards to females, there is increasing likelihood of recidivating as the risk category membership increases from low to moderate (a 22.42% increase), and from moderate to high (a 10.82% increase).

Below, Figures 3 – 12 show the percentage recidivating within each risk category, by domain and by gender.

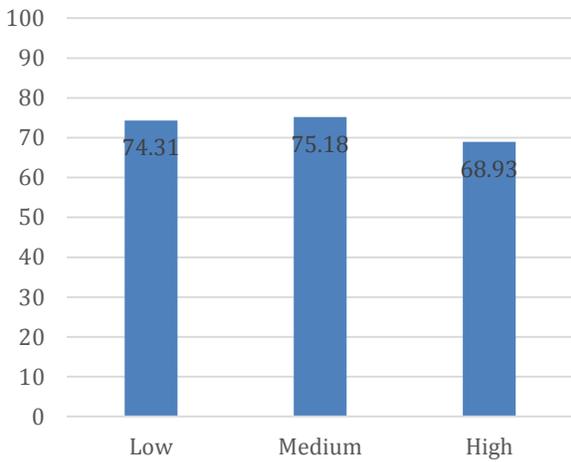
**Figure 3. Percent Recidivating:
Age/Criminal History Level of Need:
Males**



**Figure 4. Percent Recidivating:
Age/Criminal History Level of Need:
Females**



**Figure 5. Percent Recidivating: School
Behavior and Employment: Males**



**Figure 6. Percent Recidivating: School
Behavior and Employment: Females**

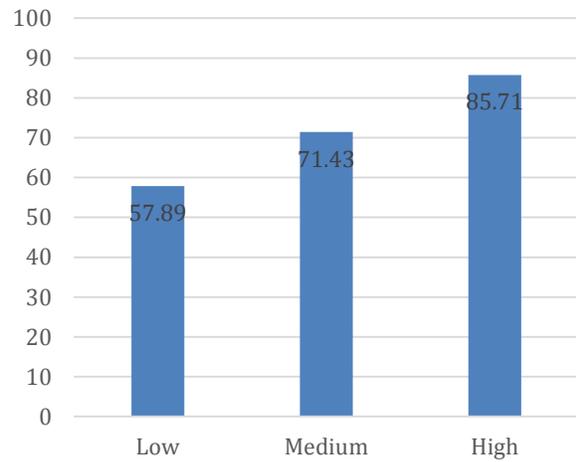


Figure 7. Percent Recidivating: Family and Social Support: Males

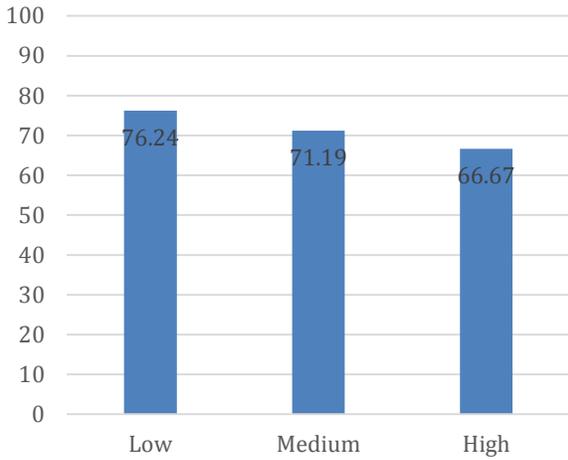


Figure 8. Percent Recidivating: Family and Social Support: Females

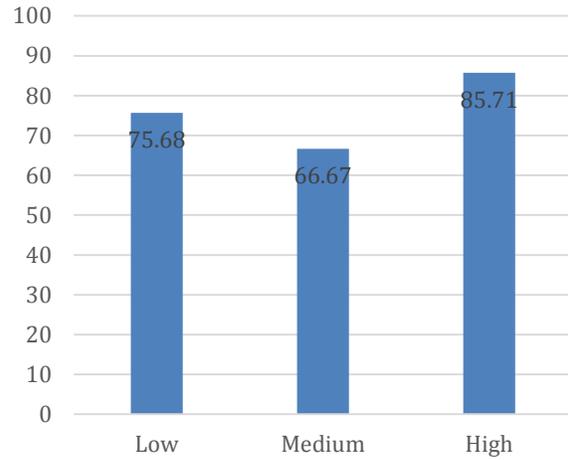


Figure 9. Percent Recidivating: Substance Abuse and Mental Health: Males

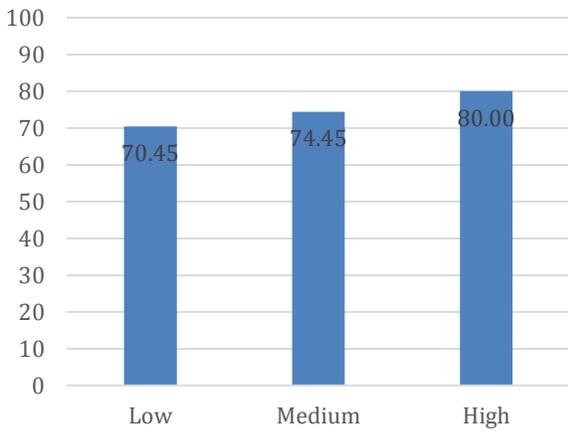
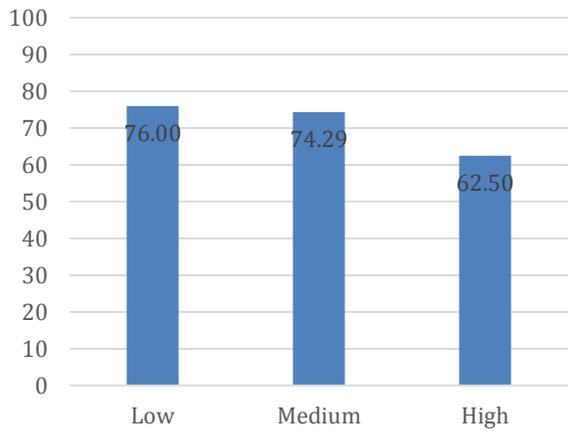
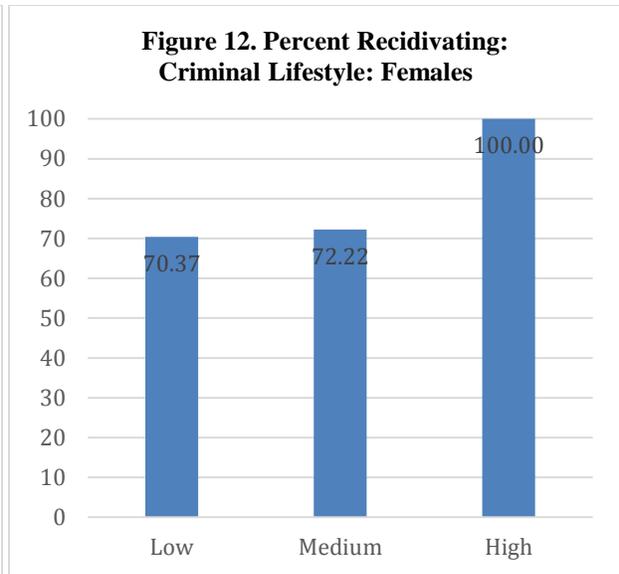
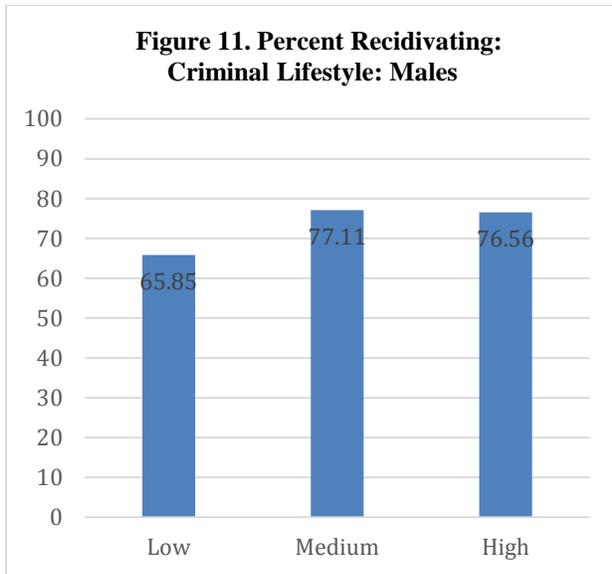


Figure 10. Percent Recidivating: Substance Abuse and Mental Health: Females





Does overall risk category predict recidivism?

To assess whether increases in likelihood to recidivate based upon overall risk category were statistically significant, a series of logistic regression models were run with recidivism as the dependent variable and the overall risk category variable as the predictor. As logistic regression with categorical predictors requires that one category of the predictor variable is used as a reference point for the other categories to be compared against, the logistic regression models were run selecting a different risk category group as a reference point each time to assess differences between all the categories (see Appendix G for statistical information on these and other analyses).

For men, the categorical predictor of overall risk level did not predict recidivism. Overall risk level was not a significant predictor of recidivism, nor did differences between risk categories emerge. **In other words, the data indicate that, for males, the PIT overall risk categories are not predictive of likelihood to recidivate, and there are no differences in likelihood to recidivate between the risk categories. These analyses include technical violators.**

For females however, there is a different picture. The overall risk level as a predictor variable was marginally significant, and there were significant differences in likelihood of recidivism between low and high risk categories. There were no significant differences, however, between low and medium risk categories, and between medium and high risk categories. **This would imply that for females, the PIT is able to differentiate between those that are low risk and those that are high risk in regards to likelihood to recidivate, while the medium category is not statistically different from low or high. These analyses include technical violators.**

Another set of logistic regression analyses were performed using each domain outside of the instrument's overall risk category to examine if the domains themselves are predictive of recidivism. No individual level of need domain was significant at predicting recidivism outcome. Nor did any statistically significant differences emerge between different risk categories within each domain and likelihood of recidivating. The data do not support that any of the domains'

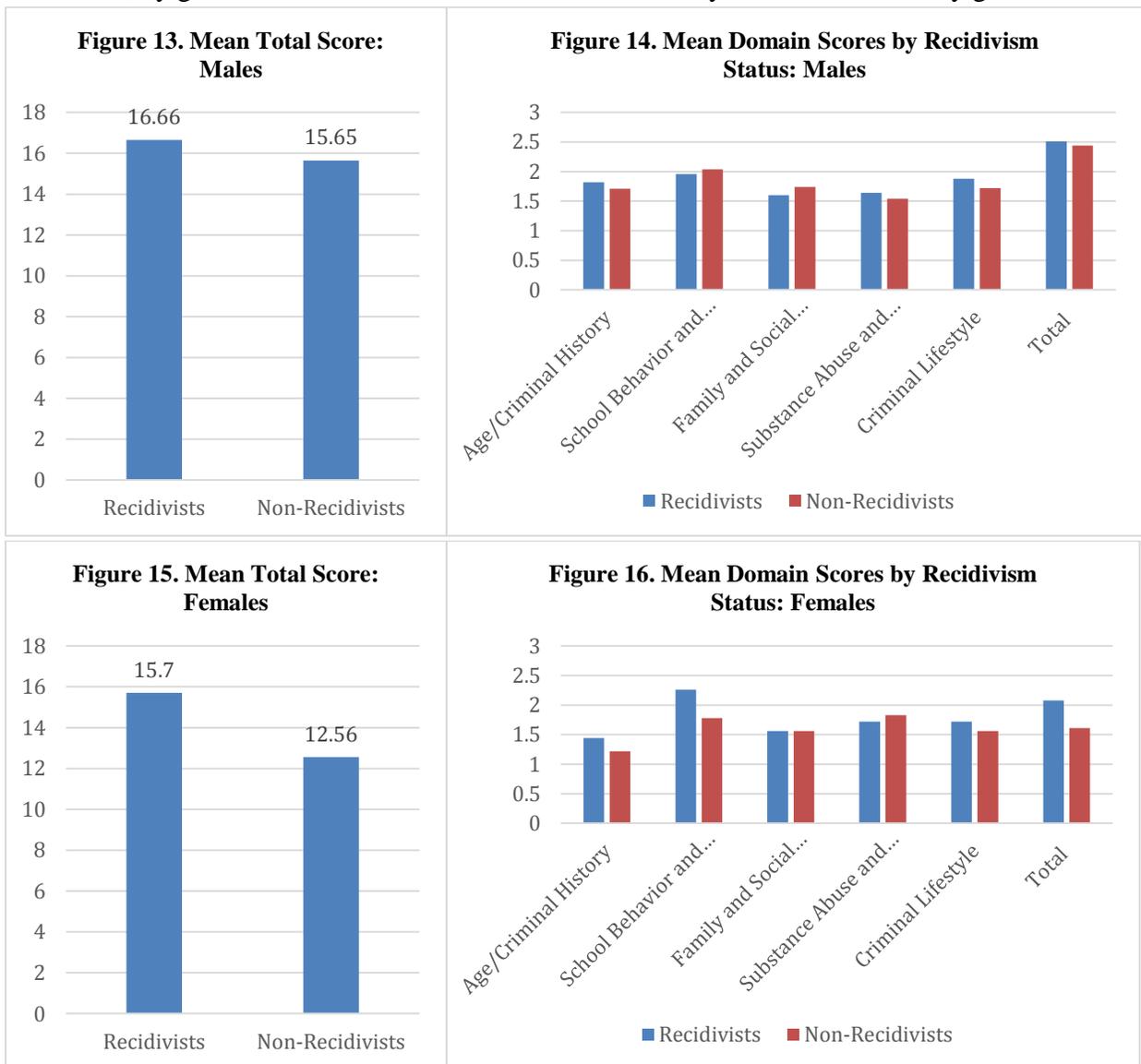
increasing risk categories coincide with increased likelihood of recidivating. However, due to a small sample size for females and the presence of empty categories at the domain level (for example, 100% of females who were high in criminal lifestyle recidivated), results for females on this particular analysis are likely inaccurate, especially given that the standard errors for some variables were exceptionally high.

A third set of logistic regression analyses were conducted to assess whether risk *scores* (as opposed to risk *categories*) were predictive of recidivism. Results from this analysis showed that the model was significant for females but not for males. **This indicates that the overall risk score is indeed a predictor of recidivism for females. Specifically, a one-point increase on a female's overall risk score is related to a 13.7% increase in their likelihood of recidivating.** Another logistic regression model measured whether the risk scores for each risk domain were individually effective at predicting recidivism. Results from this analysis showed that the model was not significant. None of the scores for individual risk domains were by themselves predictive of increased risk of recidivism. **These findings indicate that even though no individual risk domain can be used to predict risk of recidivism, the overall score can be an effective predictor of recidivism for females, but not males when technical violators are included in the analysis.**

Having found evidence that the PIT is predictive of recidivism, a final set of logistic regression analyses were conducted with altered exclusion criteria from the previous analyses. As the NDOC operational definition of recidivism in this study included individuals who were re-admitted to an NDOC facility for technical violations, and the original ORAS validation was conducted using re-arrest for a new crime as the definition of recidivism, an additional set of analyses were conducted to examine if exclusion of individuals admitted only for technical violations would improve the predictive validity of the PIT instrument in this study. Once individuals admitted only for technical violations were excluded from analyses, the PIT was able to discriminate between recidivists and non-recidivists for males, but not for females, when using the overall risk score. Domains were also examined outside of the overall instrument, however, no single domain score was predictive of recidivism, for neither gender. When risk categories are used instead of risk scores, the overall risk category was not able to predict recidivism for either gender. When domain categories were analyzed, Criminal Lifestyle risk categories were predictive of male recidivism, but not female. Also, there were statistically significant differences between the low and medium categories, the low and high categories, but not between the medium and high categories. **In other words, these additional analyses demonstrate that if the instrument is used to predict new crimes rather than any return to an NDOC facility, the predictive validity of the PIT improves for males. Criminal Lifestyle's risk categories are then also predictive of recidivism for males.** These results also indicate that not including those with technical violations in the analyses actually decreases the validity of the PIT for females; however, as the sample size for females was small and exclusion criteria further reduced sample size, the results from these analyses for females are not reliable.

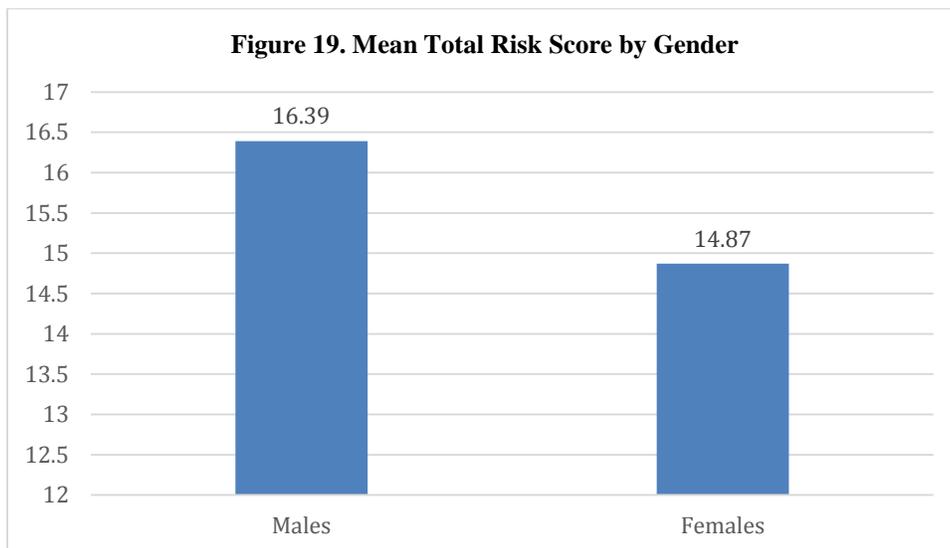
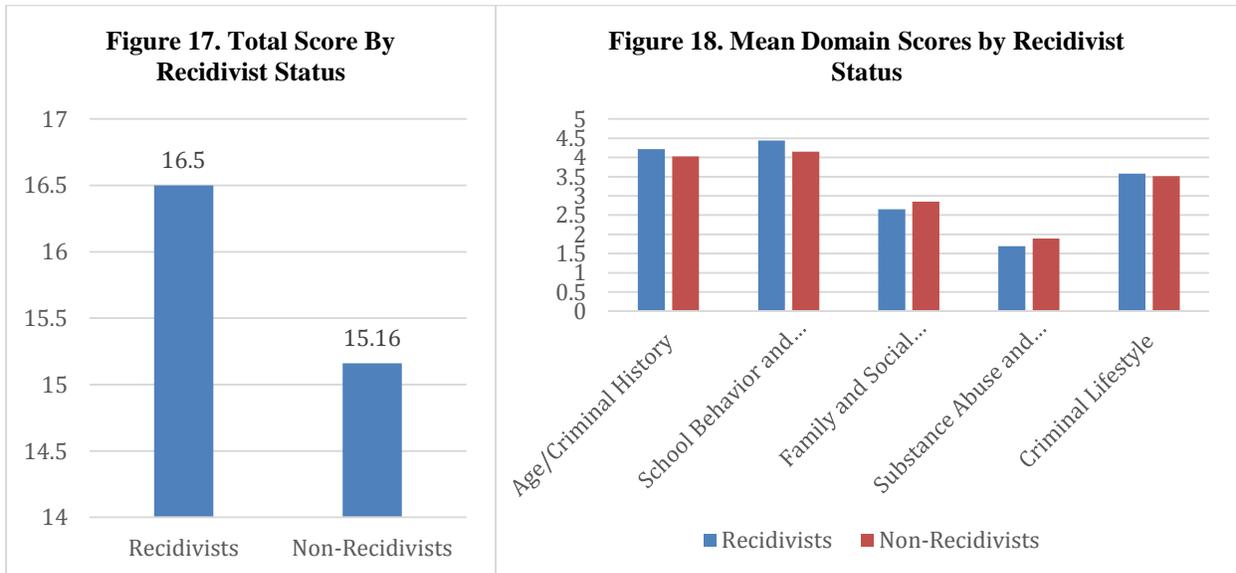
Further complicating interpretation of the findings, when these models are examined for potential outliers, the only outliers found were female cases. When these outliers are removed and the models re-ran, results did not change for men, whereas for women, the model fit statistics improved. This was true in both sets of analyses which utilized NDOC’s definition of recidivism as well as the new-crimes-without-technical-violators definition. Unfortunately, removal of outliers and exclusion of technical violators results in a female sample size which is too small to generate more in-depth statistics. However, one might suspect from the improving model fit statistics that if sample size was larger, these exclusion criteria and removal of the outliers may have resulted in significant predictive ability being found for both genders as opposed to males only.

Below are Figures 13 – 16, which show the mean total NRAS score by recidivists and non-recidivists, by gender and means within each domain, and by recidivism status by gender.



The graphs in the left hand columns above depict the overall NRAS mean scores for females when broken down by recidivist and non-recidivists, which are 15.70 vs. 12.56 respectively. For males, it is 16.66 on average for recidivists, and 15.65 for non-recidivists.

Figures 17 - 19 below displays the mean domain scores between the recidivists and non-recidivists for the total population of males and females combined and the total NRAS score split by recidivist status. The mean total scores are relatively high for both recidivists (M = 16.5) and non-recidivists (15.16), and males (M = 16.39) and females (M = 14.87). For psychometric property values, please see Appendix G.



Does overall categorical risk/need level predict recidivism?

To assess the predictive validity of the NRAS PIT, Receiver Operating Characteristic (ROC) curve analyses were used. As males and females have different scoring guidelines and cut-

off points for total risk categories, the two groups were analyzed separately. Additionally, ROC were implemented for raw scores as well as categorical levels. Both are reported below.

For males, using the PIT's overall categorical risk levels, the ROC analysis revealed a predictive score not statistically different from chance. This indicates that for males, the PIT is no better at predicting recidivism than random chance (for example, flipping a coin to guess who will recidivate and who will not). For females, the ROC analyses revealed a predictive score which was statistically more accurate than chance. This indicates that for females, the PIT is able to discriminate between recidivists and non-recidivists. **The PIT is able to discriminate between recidivists and non-recidivists using the overall categorical risk/need level for females at a better-than-chance rate, whereas it is not able to do so for males. These analyses included all recidivists and non-recidivists both with and without technical violations.**

Using the raw scores rather than the overall risk/need level categories, the findings are similar. For males, ROC analyses indicate the PIT cannot predict recidivism better than chance, but for females, the PIT can predict recidivism better than chance. **In other words, the PIT is able to discriminate between recidivists and non-recidivists using the overall raw score for females at a better-than-chance rate, whereas it is not able to do so for males.** Additionally, logistic regression output also indicates that using raw scores results in increased ability to correctly classify a female as a recidivist or non-recidivist over using the categorical risk/need level (75.0% correctly classified versus 73.5%), **indicating that raw scores are more accurate than the categorical risk classifications.**

For the sake of thoroughness, each domain, as both a raw score as well as a level of risk/need was assessed using ROC analyses, by gender, as well. For males, Criminal Lifestyle level of need is only marginally significant for males, and is not significant for females. But School Behavior and Employment level of need is predictive for females, but was not predictive for men. In other words, in regards to domain levels, it appears that Criminal Lifestyle level of need marginally predicts men's recidivism, but not women, whereas School Behavior and Employment domain's levels can predict women's recidivism, but not men's. When scores are used instead of the levels, these effects do not manifest.

Similar to the logistic regression analyses done above, **a final set of ROC analyses were conducted examining if exclusion of technical violators would improve the predictive validity of the PIT. With those individuals who were readmitted for only technical violations excluded from analyses, the overall risk score was able to predict recidivism better-than-chance for males, but not for females.** Domain scores outside of the overall score were not significant predictors. In other words, using raw scores, and excluding technical violators from the analyses, the PIT is able to predict recidivism for men. However, due to a restricted sample size, results for females are not reliable. Using risk categories rather than risk scores, the overall risk categories were not predictive of recidivism for neither males nor females. However, the domain categories for Criminal Lifestyle were able to predict recidivism for men at better-than-chance.

In sum, overall raw scores and overall risk/need levels are able to discriminate between recidivists and non-recidivists in regards to females, but not for males when

including both technical violators and new commits in the analysis. The domain risk levels (categories) for Criminal Lifestyle was marginally able to predict recidivism for men, but not women. The domain risk levels (categories) for School Behavior and Employment are able to predict recidivism for females, but not for males. When domain raw scores are used as predictors rather than the domain categories, these domain level effects are no longer significant. **When technical violators are excluded from the analyses (so including only those with new commits and those with probation and parole violations with new commits), the PIT is able to discriminate between recidivists and non-recidivists for males. For females, the results are not reliable due to a small sample size.**

Do differing offense types predict recidivism?

As a matter of curiosity, it was examined whether or not different offense types had different recidivism rates and different PIT scores at admission to prison. Table 3 below summarized this information.

Interestingly, a logistic regression analysis with recidivism as the outcome and offense category as the predictor yields significant findings for males. In this analysis, **the offense categories are significant predictors of recidivism:** property offenders and drug offenders were both statistically more likely to recidivate, compared to violent offenders. Additionally, sex offenders were marginally less likely to recidivate, compared to violent offenders. Specifically, property offenders were two and a half times more likely to recidivate, and drug offenders were almost four times more likely to recidivate, compared to violent offenders. Sex offenders were roughly a quarter the likelihood of recidivating, compared to violent offenders. Offense categories had no significant relationships to recidivism for females however, and females had no cases for sex offenders.

Time to recidivism was calculated using the release date and the recidivism date, measured in days. A linear regression analysis showed that there were no relationships between the domain scores and time to recidivism, nor was there a relationship between total score and time to recidivism, for either gender.

Table 3. PIT Domain Means by Offense Categories

	Offense Category					
	Drug	DUI	Property	Sex	Violence	Other
Recidivism Status						
Recidivists	67	9	121	2	47	9
Non-Recidivist	46	1	53	15	82	8
Age/Criminal History						

Mean Raw Score	3.5	0.5	3.5	8.0	4.7	3.3
Mean Risk/Need Level	1.5(L)	1.2(L)	1.5(L)	3.0(M)	1.8(L)	1.4(L)
School Behavior & Employment						
Mean Raw Score	4.2	5.0	4.5	4.5	4.3	3.9
Mean Risk/Need Level	2.0(M)	1.6(L)	2.1(M)	2.0(M)	2.0(M)	1.9(L)
Family & Social Support						
Mean Raw Score	2.8	2.0	2.5	2.5	2.7	3.1
Mean Risk/Need Level	1.7(L)	1.6(L)	1.6(L)	1.3(L)	1.6(L)	1.9(L)
Substance Abuse & Mental Health						
Mean Raw Score	1.9	0.0	1.6	3.0	1.9	1.3
Mean Risk/Need Level	1.7(L)	1.2(L)	1.6(L)	2.0(M)	1.7(L)	1.6(L)
Criminal Lifestyle						
Mean Raw Score	3.4	4.0	3.3	4.0	4.3	4.0
Mean Risk/Need Level	1.8(L)	1.6(L)	1.8(L)	2.0(M)	1.9(L)	1.8(L)
Total						
Mean Raw Score	15.4	10.2	15.1	20.7	17.0	14.2
Mean Risk/Need Level	2.3(M)	1.6(L)	2.3(M)	3.0(H)	2.5(M)	2.3(M)

Limitations and Recommendations

When using risk categories or risk scores, the PIT did not display the ability to differentiate between recidivists and non-recidivists in regards to males, but it was able to do so with females. There could be many reasons why these findings emerged. For example, the category cut-offs for low, medium, and high risk of recidivism might be too coarse to serve as an accurate predictor of recidivism, compared to the raw scores. Changing a scale from a range of 40 to a range of 3 reduces variance. The poor psychometric properties the scale demonstrated within these data suggest that the domains contain multiple factors that are not being accounted for within the instrument. A simple reorganization of items and domains could help improve the effectiveness of the PIT (see Appendix G for a brief example). A similar reorganization of items was implemented

within Indiana's validation study for their Community Supervision Screening Tool as well (Latessa, Lovins, & Makarios, 2013).

Another concern is the definition of recidivism. In the original validation of ORAS, re-arrest for a new crime is the operational definition of recidivism. In this study, the definition for recidivism included both individuals returned to NDOC custody for new crimes (reincarcerations) and returns to custody for technical violations of parole or probation, without new crimes (rearrests, but not considered recidivists by NDOC's definition of recidivism). As such, these analyses examine different definitions for recidivism than the original validation of the ORAS utilized. Within this validation study, the PIT's overall NRAS score was predictive for females, even when technical violators were included, but altering the inclusion criteria so individuals readmitted for only a technical violation were excluded from analyses, resulted in the PIT being predictive for males. A larger sample and more complete data would be necessary to examine if removal of technical violators from analyses improves the predictive validity for both genders. Some preliminary evidence from these analyses already indicate this to be a potential remedy.

Also, in validating the PIT component of the original ORAS, the researchers (Latessa, Lemke, Makarios, Smith, & Lowenkamp, 2010) only selected individuals that had been incarcerated for no more than 6 months and who were being released in no more than 6 months. Thus, the sample used in the original validation of the ORAS's PIT was comprised of individuals who were incarcerated for no more than a year. The sample used in this validation study has an average sentence length of 32.67 months for males and 21.00 months for females. The amount of time that had lapsed between when this sample took the PIT and were released is much longer. This increased amount of time would make it so the PIT was no longer accurate, as NRAS/ORAS is supposed to be administered more frequently (every 6 months using the RT or SRT re-entry tools) than once in roughly three years. The PIT was intended only for case programming and *likelihood of rearrest*, not likelihood of recidivating (which for NDOC, again, that is any return to an NDOC prison within 36 months, regardless of new commitment or technical violation). However, given that the NDOC only had PIT scores, and were unable to do a separate validation study using only current rearrests with a new crime (as they did in the original Ohio validation of the PIT), we were limited in this validation study.

Also, the individuals that had taken the ORAS PIT in the original validation study were actively programming, whereas the PIT for NRAS was not being used to guide programming for males, but it was for females based on evidence of case management tools attached to the NRAS sheets in the I files for females only, not males. This could be contributing to the results where the PIT is predictive for women and not men in this study. For women, the PIT was being used to guide programming at NDOC as was evident via case file reviews, and they had nearly a year shorter sentences than the male sample. Less time elapsing between PIT being administered and release for women than men, combined with it being used for programming for women but not men, could affect the findings.

Another consideration is the quality of data. The NRAS and its PIT were not implemented at the same time in all locations, and it is assumed that the training in all locations was conducted

in a systematic and standardized manner. The recording of data has also changed, in which originally, NRAS PIT tools were done on paper, and in some locations excel sheets were eventually adopted but not in all locations. Now, NRAS data can be entered directly into NDOC's NOTIS system. Changing the when, where, and how of the instrument's use and data storage could have effected scoring and usage. Changing recording formats (hard copy, excel sheets, NOTIS) did indeed contribute to locating data with differing data cleaning issues and brings into question the fidelity of the tool's use with respect to both its administration and use for case planning. Some hard copies could simply not be found; not in any files (C, I, or medical files, current or achieved files) at any locations. Some record storing locations are extremely disorganized, making it very difficult to locate the file. Sometimes entire boxes of files could not be found. Sometimes the file was not in the appropriate box. Sometimes the NRAS sheet was not in the file. Sometimes there were a multitude of files for a single individual, with different files in different locations. Locating the hard copies once they had entered storage was a difficult endeavor. No doubt, there were NRAS sheets which were not found originally, but were available "somewhere" but the location of the sheet is simply unknown (an NRAS score was indicated in the case note chronos of NOTIS so we know an NRAS assessment was actually done) or were eventually found in the Puliz storage facilities (NDOC's contractor for storing old files). In some cases, individuals had taken the PIT multiple times, and it was not able to be ascertained which PIT was done prior to recidivating or after recidivating. It was also learned that at one facility, NRAS interviews were not being conducted and the instrument was being filled out using other information in the inmate's file. This is not in keeping with the fidelity of the instrument's use. Some excel sheets had data entry errors that could not be corrected. Additionally, not all personnel using the PIT had undergone appropriate training and certification for use until later into the grant period. During the NRAS trainings, it could also be seen that individuals have differing opinions on how certain items ought to be scored for the same interview which was observed. Some NRAS instructions used in the training manual have not been changed to be applicable to Nevada's Revised Statutes, and in some instances, these issues of statute clarity could affect the way NDOC staff are scoring a particular item. Having raters which rate differently from one another results in interrater reliability issues. Issues such as these remain untested within this validation study, as interrater reliability was not assessed, which also could have affected the quality of the data. An audit tool for use with random fidelity checks should be developed that will check the interrater reliability of the instrument's use both within each facility and across facilities.

A further consideration is the populations of Nevada versus those of the states which have adopted, used, and validated components of the ORAS on their populations. Nevada has a different population, being comprised of fewer blacks and more Hispanics than in Ohio and Indiana (two states which validated the tool). Nevada also has a more transient population, with newly released individuals frequently coming from and releasing to other states, which could contribute to the difficulty of tracking recidivism accurately. Demographical and cultural differences between the Midwest and the West could change which items are more or less predictive of recidivism as an outcome. There are even cultural and demographical differences within the state of Nevada

between the North and the South, with the majority of Nevada residents living in Las Vegas and its surrounding areas.

The NRAS PIT tool showed less ability to predict recidivism outcomes for Nevada's offender population compared to the other locations. Nevertheless, with a proper validation of the SRT and RT tool planned for Year 2, its validity for the Nevada correctional population shows great potential. The overall raw scores and the overall categorical risk levels were able to predict women's recidivism outcomes at better-than-chance rates, and exclusion of technical violators from the analyses led to significant findings for males using the overall score as well. Altering which items are included does have large impacts on the predictive validity of the instrument (see brief example in Appendix G). Re-norming, re-organizing, exclusion and/or addition of items, and other similar strategies could improve this instrument's predictive validity, but more and better quality data would be needed to conduct such exploratory analyses. Altering inclusion/exclusion criteria also alters the predictive validity of the PIT. For males at least, it appears to be inappropriate to compare those with technical violations against those with new crimes; the exclusion of technical violations improved predictive validity for the males (and was the original intent of the PIT to predict for new commits only). However, there was an insufficient sample size to examine this in detail with females. Additionally, using the SRT and RT properly with respect to timing, case planning, and programming in Year 2 could lead to the same predictive validity of the tool in NDOC's male population.

Chapter 4: Training Evaluations

Overview

As part of the Second Chance Act Strategic Recidivism Reduction project, the NDOC conducted a series of trainings for personnel throughout 2017, which included trainings for P&P and community partners. Trainings included courses educating participants on the NRAS, CCP End User, EPICS and EPICS-I (Influencers). Course evaluations collected from trainees were assessed across 12 items tapping into different aspects of the training. The majority of the responses were positive for every course type (e.g., NRAS, CCP) across all areas of the course. A sample survey can be found in Appendix H.

Over 90% of trainees for NRAS, CCP, EPICS, and EPICS-I rated the courses as “good” or better at (1) effective use of teaching aids/media; (2) clearly communicating course objectives; (3) allotting an appropriate amount of time for course content; (4) developing or enhancing program-related knowledge and/or skills; (5) providing clear instructions; (6) lecturing at a comprehensible level; (7) clearly delineating course objectives; (8) demonstrating how course content was practically related to the job or field; (9) providing a mix of participation and presentation; (10) providing satisfactory answers to questions; and (11) presenting material enthusiastically. Approximately 90% of respondents also reported that taken as a whole, the course was “good” or better. EPICS End User course evaluations were less positive with a larger proportion of respondents reporting that courses were “fair” for (1) clear communication of course objectives; (2) allotment of an appropriate amount of course time; (3) development or enhancement of program-related knowledge and/or skills; (4) establishment of clear course expectations; (5) providing clear instructions; and (6) demonstration of how course content was practically related to the job/field. Moreover, one respondent reported that taken as a whole, the course was “poor.” Comments provided by trainees were diverse in valence and recommendations were made for (1) course duration, (2) course materials, (3) course structure, (4) course organization, and (5) program implementation.

Methodology

The following is a summary of results for course evaluation completed by personnel who participated in NRAS, CCP, EPICS, and EPICS-I trainings. Total attendees were calculated for trainings conducted through August 2017 except for NRAS which only includes an attendee count through the first half of August (see below). The latter half of August 2017 for NRAS trainings is not included. The training evaluations were administered in both paper and online formats. Those individuals who did not return course evaluations in paper format immediately following a training course were contacted via email with instructions to complete course evaluations online. Statistically speaking, there were no differences in outcome ratings between those who completed a paper evaluation and those who completed an online evaluation. Trainings were administered in southern (i.e., Las Vegas) and/or northern (i.e., Carson City or Reno) Nevada by the Nevada Department of Corrections (NDOC) and/or Parole and Probation (P&P). All trainings were completed in 2017.

Training participation was as follows:

NRAS End User: 59 attendees / NRAS Training of Trainers: 29 attendees
CCP End User: 92 attendees / CCP Training of Trainers: 13 attendees
EPICS End User: 55 attendees
EPICS – I User: 27 attendees / EPICS – I Training of Trainers: 41 attendees

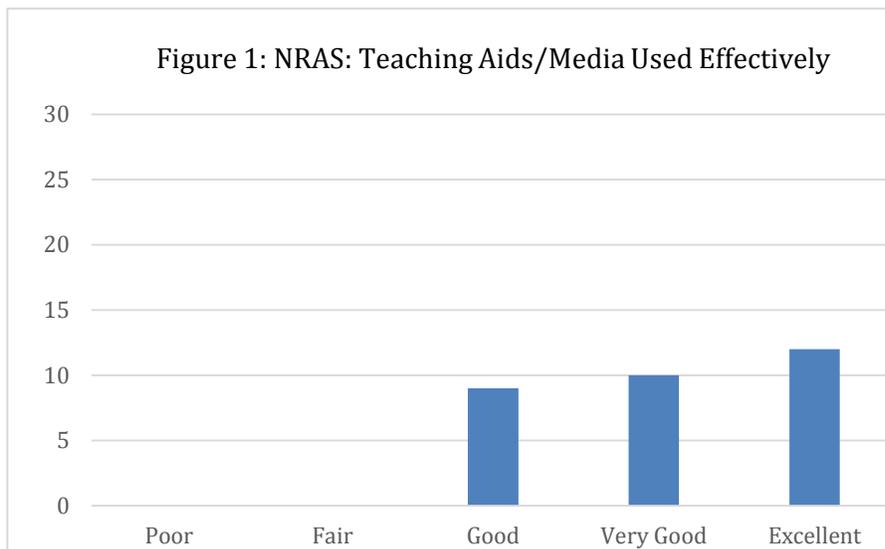
The course evaluation form included 12 close-ended items and one open-ended item. Response options for close-ended items ranged from 1 (*Poor*) to 5 (*Excellent*). The open-ended item stated, “Please tell us how this course can be improved.” Please see Appendix H for a copy of the course evaluation form and for all responses to the open-ended item.

All results are illustrated in figures and tables throughout this report.

NRAS Training Evaluations

A total of 31 participants completed course evaluations for NRAS (Nevada Risk Assessment System). Fourteen participants completed the paper format and 17 completed the online format. They were asked to rate the following statements:

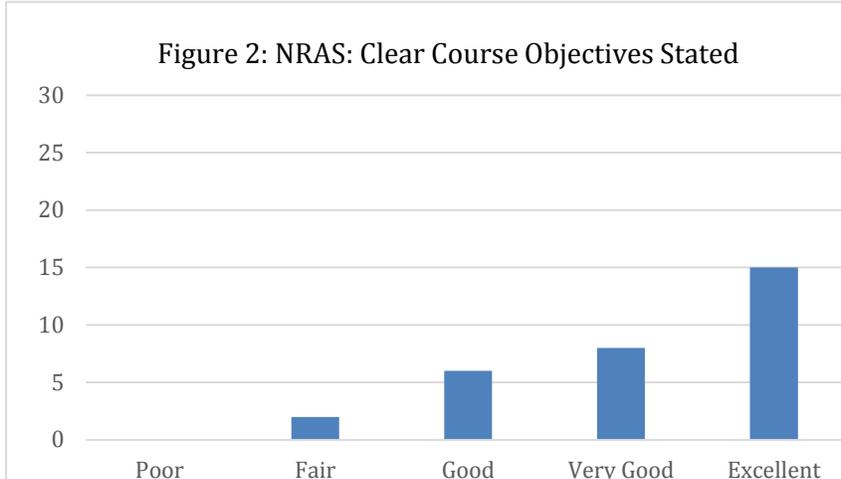
Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



Nine participants (29%) reported that the teaching aids/media use was “good.” Ten participants (32%) reported that the use as “very good” and 12 (39%) reported that teaching/media use was “excellent.” No participants reported that the use of teaching aids/media was “poor” or “fair.” See *Figure 1* for a summary. When asked how the course could be improved, one

participant suggested that the scoring guide narrative be inserted into the PowerPoint presentation as “right now, the instructors just read them, however I think the PowerPoint and visual of being on the screen, rather than looking at the book would improve participation.”

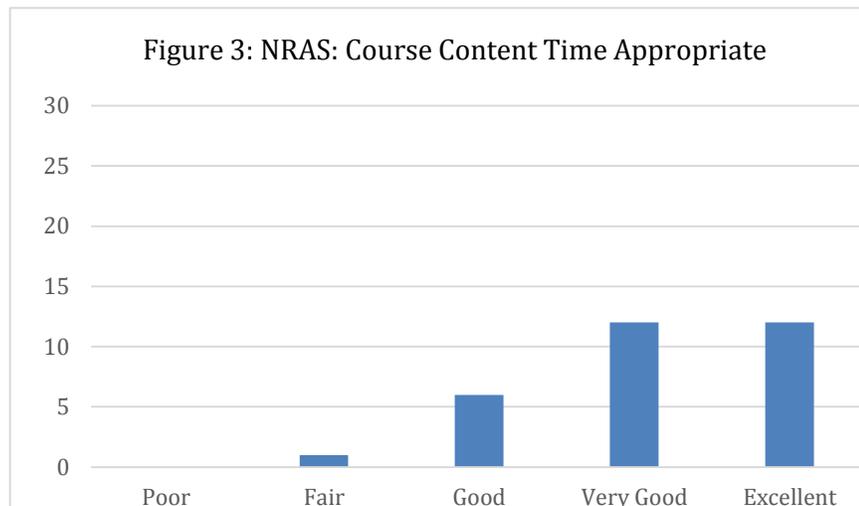
Course Objectives Clearly Stated/Reviewed



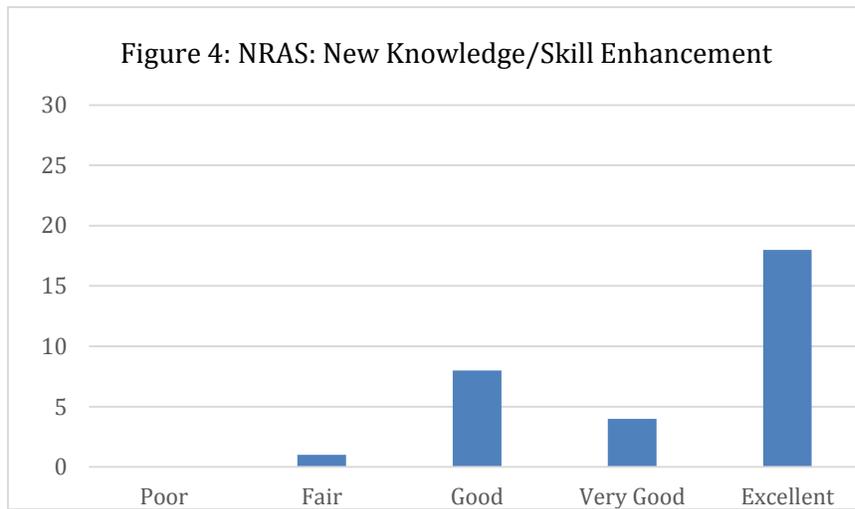
Two participants (6.5%) reported that the presentation/review of course objectives was “fair.” Six respondents (19%) reported that course objective statements/reviews were “good,” Eight (26%) reported that they were “very good” and 15 (48.5%) believed the review of course objectives to be “excellent.” No participants reported that course objective review as “poor.” (see *Figure 2*).

Course Content Time Was Appropriate

One participant (3%) reported that the time allotment for the course content was “fair.” Six participants (19%) reported the time allotment to be “good,” twelve (39%) reported it as “very good,” and twelve reported that the time allotted was “excellent.” No participants reported that the time allotted for course content was “poor.” See *Figure 3* for a summary.



Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.

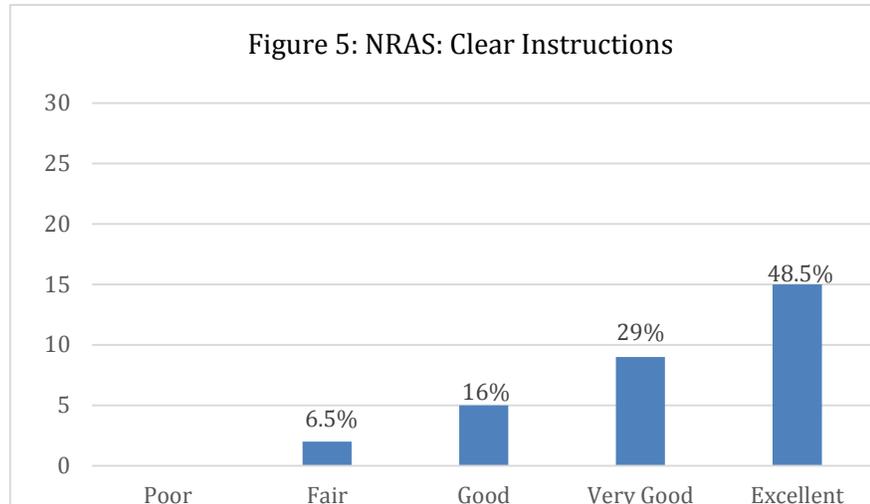


One participant (3%) reported that the extent to which he or she developed or acquired new knowledge and/or skills was “fair.” Eight participants (26%) reported that new skill/knowledge acquisition was “good” and 4 (13%) reported that it was “very good.” Eighteen respondents (58%) reported that that knowledge/skill acquisition was “excellent.” No participants reported that

knowledge or skill acquired from the course was “poor.” See *Figure 4* for summary.

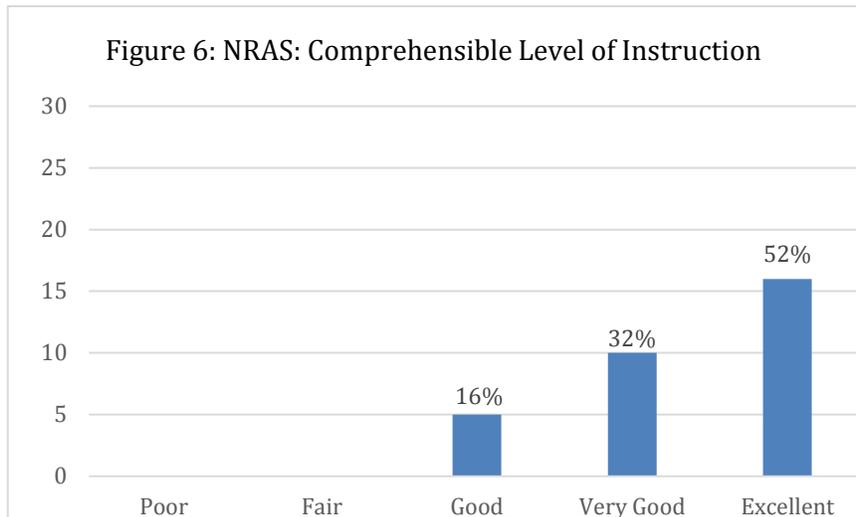
Clear Instructions – The instructor gave clear instructions.

Two participants (6.5%) reported that the clarity of instructions was “fair” and 5 (16%) reported the clarity of instructions as “good.” Nine participants (29%) reported “very good” and 15 participants (48.5%) reported the clarity of instructions to be “excellent.” No participants reported that the clarity of instructions was “poor.” See *Figure*



5 for summary. When asked how the course could be improved, one participant suggested that the course could benefit from improved organization such that, “*having the students skip around to multiple various sections in the handouts instead of having them in order prior to distribution was very irritating and took away from the flow of the class/material.*”

Comprehensible Level of Instruction – The instructor lectured at a level you could understand.

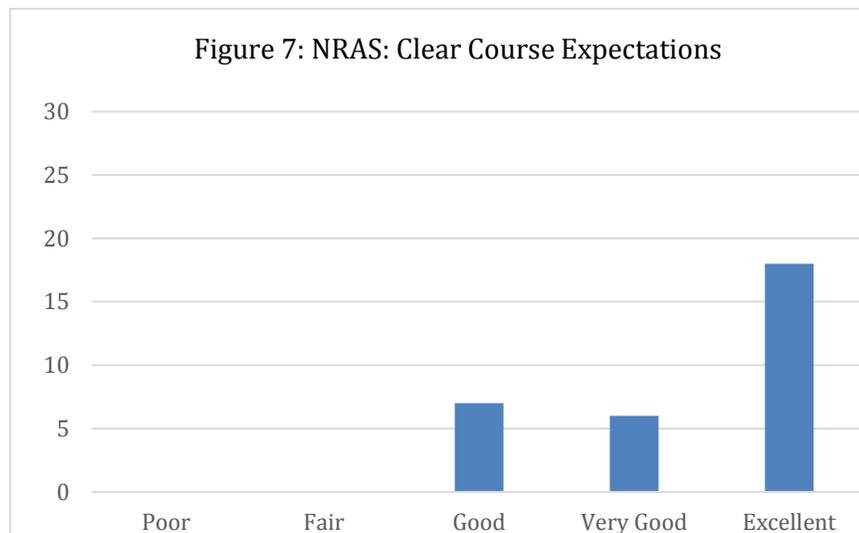


Five participants (16%) reported that the comprehensible level of instruction was “good.” Ten participants (32%) reported that instruction comprehensibility was “very good” and 16 (52%) reported that it was “excellent.” No participants reported that their ability to understand the lecture content was “poor” or “fair” (See *Figure 6*). In suggesting how the course could be improved, one

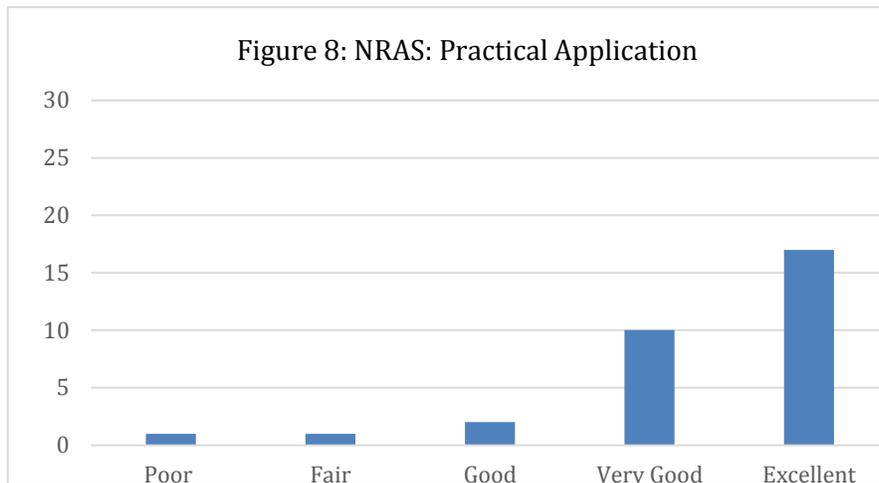
participant commented that the “*instructors stated to score a certain area, there needed to be a conviction [but] in the example, the offender was not convicted of an offense but they had us score for it.*”

Clear Course Expectations – The instructor made clear what was expected of the students.

Seven participants (23%) reported that the clarity of course expectations was “good” and 6 (19%) reported it to be “very good.” Eighteen participants (58%) reported that course expectation clarity was “excellent.” No participants reported that clarity of course expectations was “poor” or “fair.” See *Figure 7* for a summary.



Practical Application - The instructor showed how the course is practically related to the job/field.

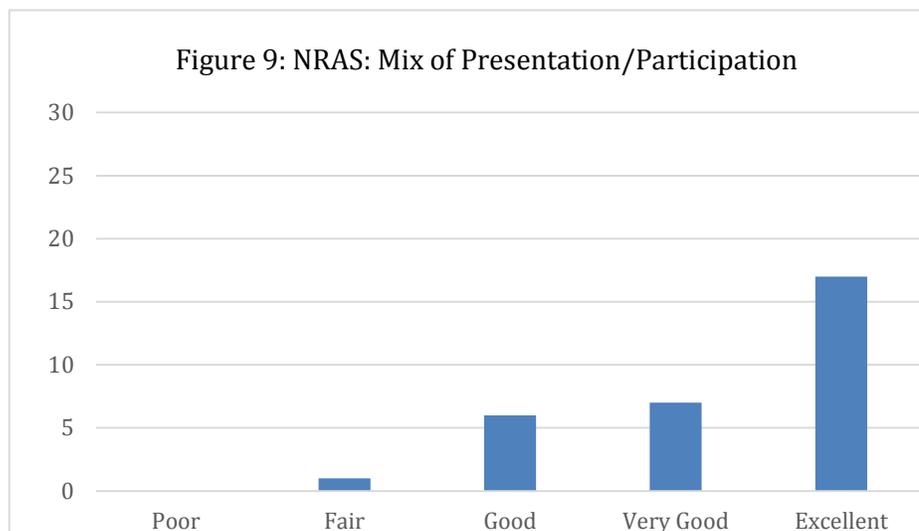


One participant (3%) reported that the demonstration of the practical application of the course was “poor” and one reported that it was “fair.” Two participants (6.5%) reported that the demonstration of the course’s practical application was “good,” 10 (32%) reported it to be “very good,” and 17 (55%) reported it as “excellent.”

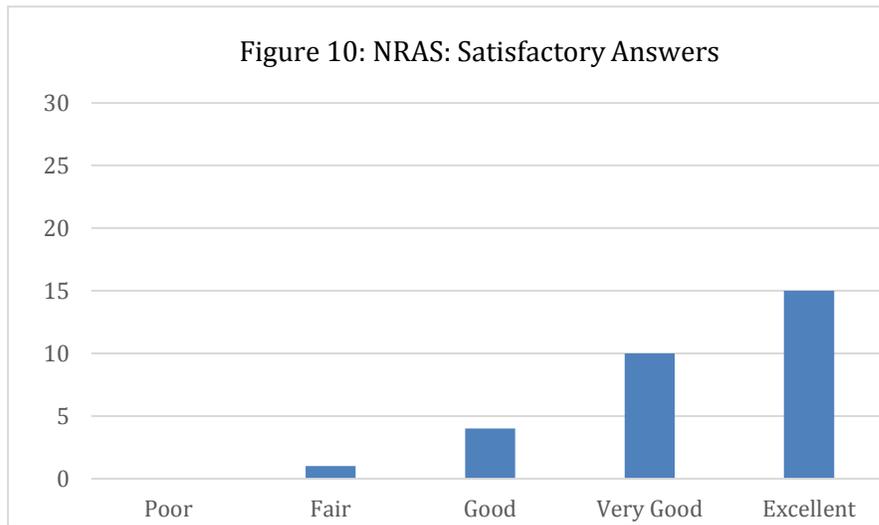
See *Figure 8* for summary. One participant commented that “*until there is more of a functional purpose for NRAS with an outline of what needs to happen after the NRAS is completed then it will remain just as an assessment.*”

Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.

One participant (3%) reported that the mix of presentation and participation was “fair” and six (19%) reported that it was “good.” Seven participants (23%) reported that the mix of presentation and participation was “very good” and 17 (55%) reported that it was “excellent.” No participants reported that the mix of presentation and participation was “poor.” See *Figure 9* for summary. One participant stated that perhaps “*a few more mock interviews to really get to know the process*” could improve the course.



Satisfactory Answers – The instructor satisfactorily answered questions.

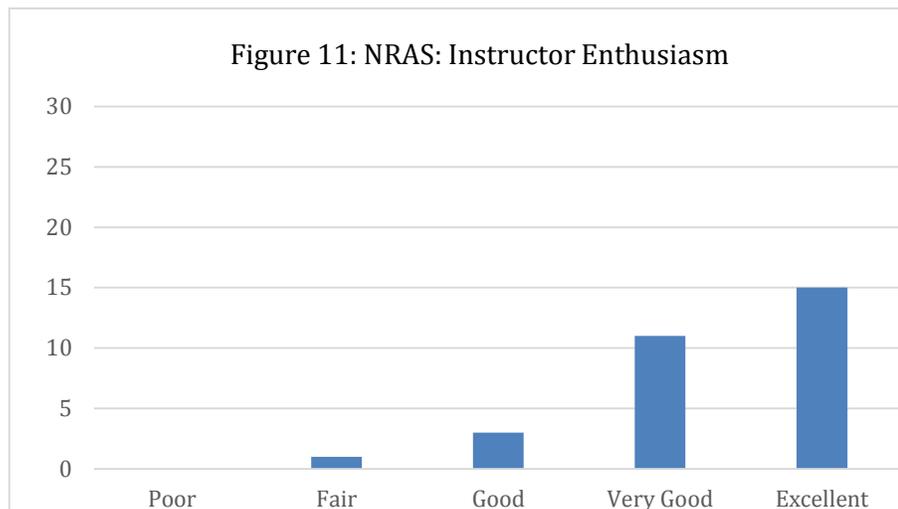


One of the 31 trainees did not respond to this item. For satisfactory answers, one participant (3%) reported “fair” and 4 (13%) reported “good.” Ten participants (32%) indicated that the extent to which the instructor satisfactorily answered questions was “very good” and 15 (48%) indicated that it was “excellent.” No participants indicated that the degree to which the

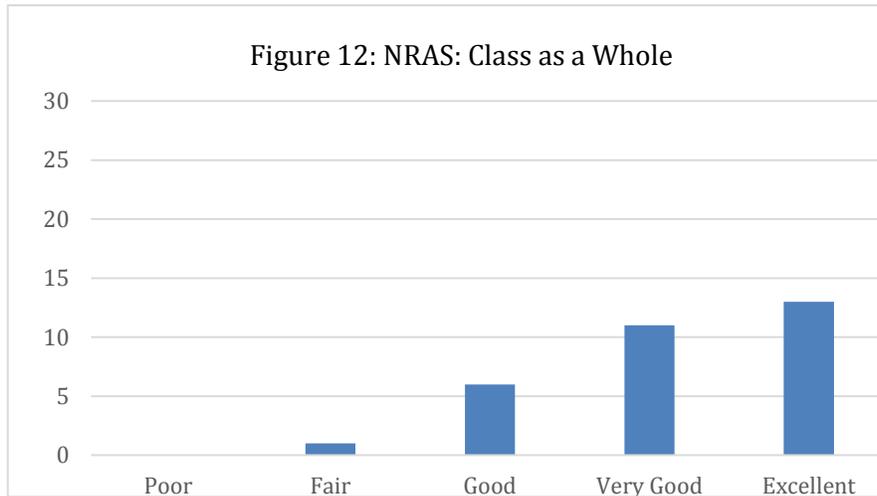
instructor satisfactorily answered questions was “poor” (see *Figure 10*).

Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.

One of the 31 trainees did not provide an answer to this item. Of the 30 that did respond, one participant (3%) reported that the instructor’s enthusiasm was “fair” and 3 (10%) reported it to be “good.” Eleven participants (35.5%) indicated that the instructor’s enthusiasm was “very good” and 15 (49%) indicated that it was “excellent.” No respondents reported the instructor’s enthusiasm to be “poor.” See *Figure 11* for summary.



The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:

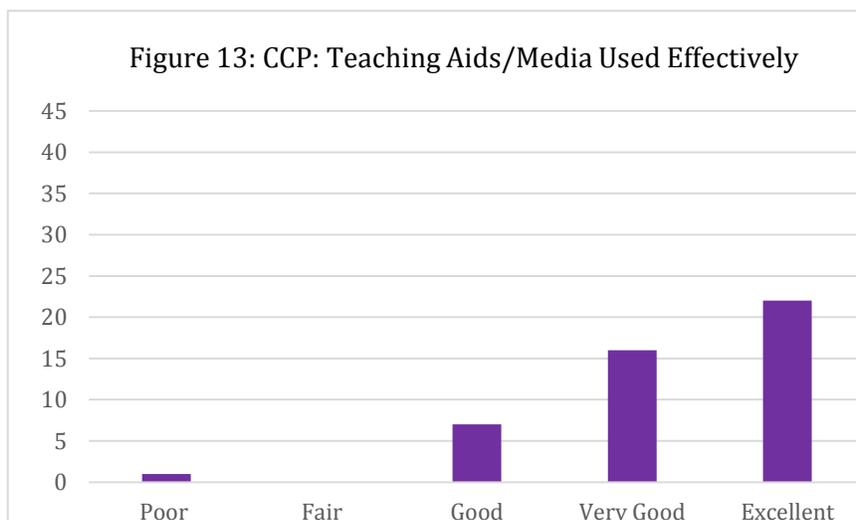


One participant (3%) rated the course overall as “fair” and 6 (19.5%) rated the course overall as “good.” Eleven participants (35.5%) reported the class as a whole was “very good” and 13 (42%) indicated that the class as a whole was “excellent.” No participants reported that the course overall was “poor.” See *Figure 12* for summary.

CCP (Core Correctional Practices) End User Course Evaluations

A total of 46 trainees completed course evaluations for CCP End User. Thirty-four participants completed the paper format and 12 completed the online format. The courses were administered by NDOC in both Northern and Southern Nevada. Trainees were asked to rate the following statements:

Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



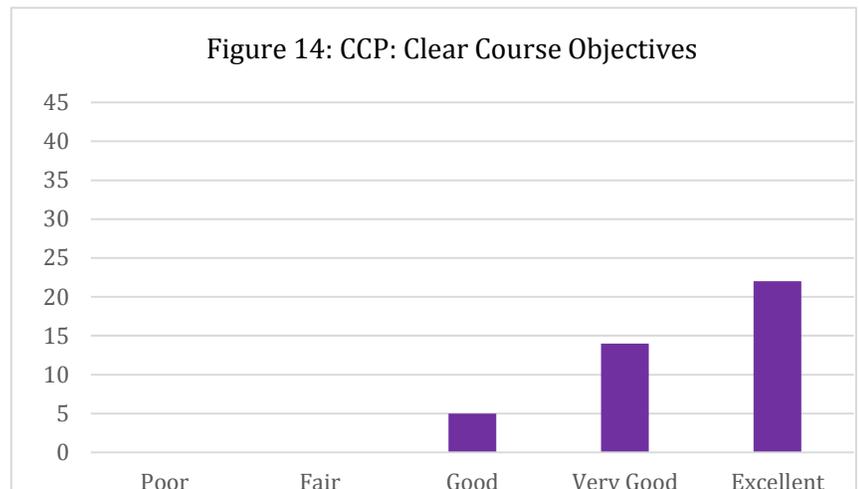
One participant (2%) indicated that the teaching aids/media use during instruction was “poor.” Seven participants (15%) reported that the teaching aids/media use was “good.” Sixteen participants (35%) reported the use as “very good” and 22 (48%) reported that teaching/media use was “excellent.” No participants reported that the use of teaching aids/media was “fair.” See *Figure 13* for a summary. In terms of

feedback, one participant commented that “*page numbers in the book need correction [and the] book should be edited for grammar [sic], misnumbered questions, etc.*” This participant also

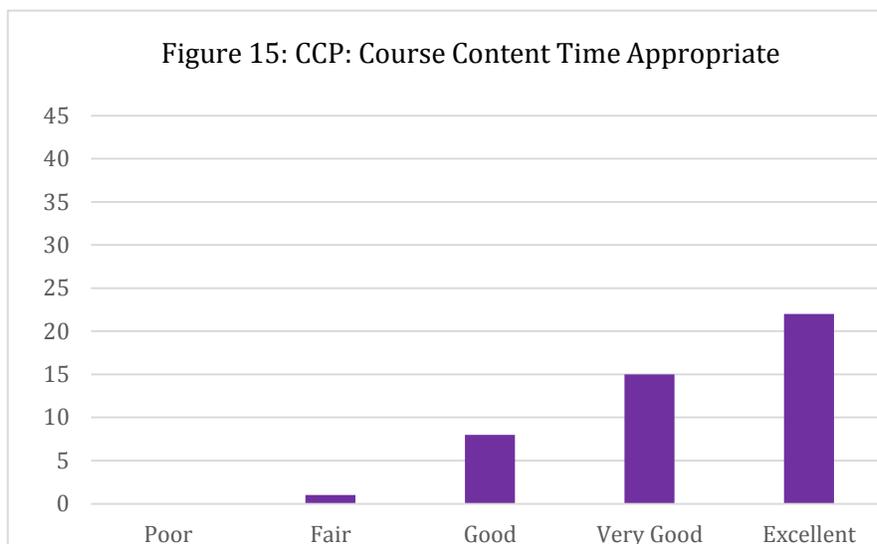
suggested that the course could be improved by making the manual more “*user friendly*” and that “*there should not be two page 38*” as it makes navigation more difficult. Another participant commented that student should be informed when “*you are reading material to them that is not contained in the powerpoint [so that] they won’t waste time searching for it and will attention to what is being said.*”

Course Objectives Clearly Stated/Reviewed

Five respondents (11%) reported that course objective statements/reviews were “good.” Fourteen participants (30%) reported that they were “very good” and 22 (59%) indicated that the review of course objectives was “excellent.” No participants reported that course objective review as “poor” or “fair” (see *Figure 14*).



Course Content Time Was Appropriate

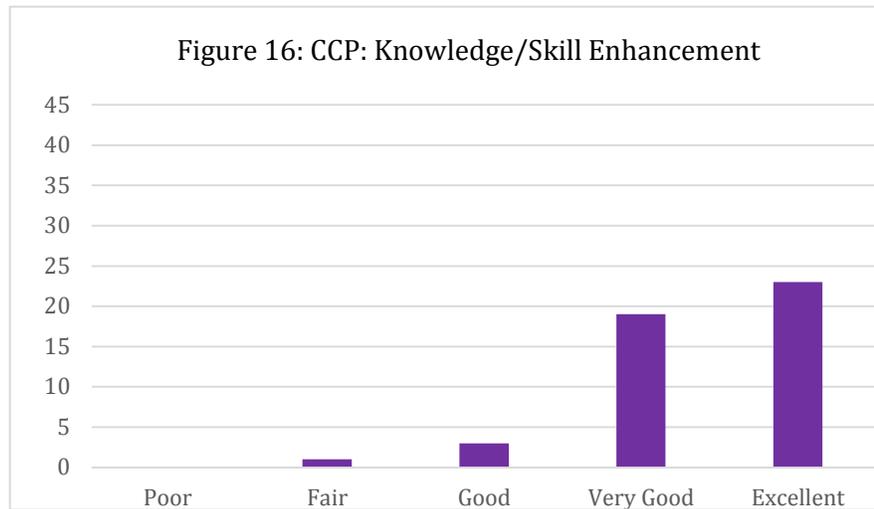


One participant (2%) reported that the time allotment for course content was “fair.” Eight participants (17%) reported the time allotment to be “good,” 15 (33%) reported it was “very good,” and 22 (48%) participants reported that the time allotted was “excellent.” No participants reported that the time allotted for course content was “poor.” See *Figure 15* for a summary. For course

improvement, one participant suggested “*more breaks*” as it was a lot of information “*all at once.*” Another participant commented that the “*amount of content felt a little rushed in the second day because of how much we had to cover.*” Similarly, a third participant also suggested that the “*course is a lot of information for two days*” and suggested that “*the course can be reduced to the point where staff/attendees take home more information they can use and remember.*”

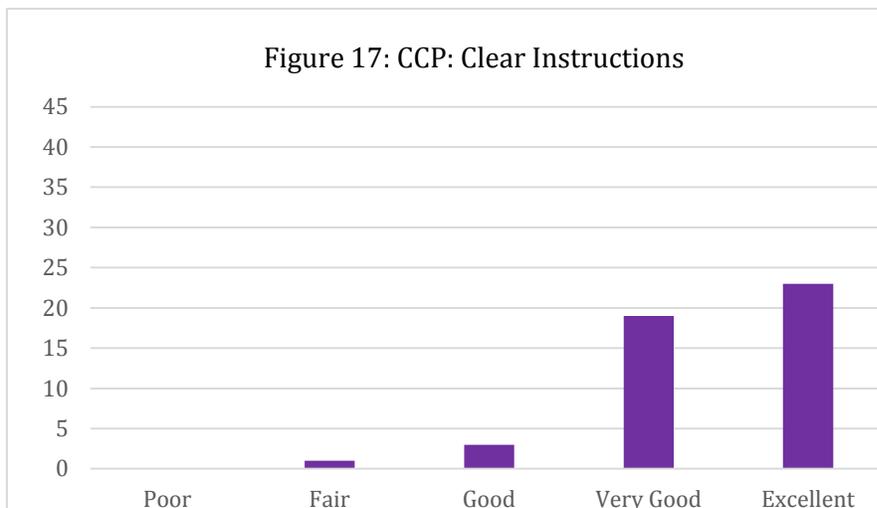
Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.

One participant (2%) reported that the extent to which he or she developed or acquired new knowledge and/or skills was “fair.” Three participants (7%) reported that new skill/knowledge acquisition was “good” and 19 (41%) reported that it was “very good.” Twenty-three respondents (50%) reported that that knowledge/skill acquisition was



“excellent.” No participants reported that knowledge or skill acquired from the course was “poor.” See *Figure 16* for summary. As a suggestion for improvement, one participant stated that, “tools were mentioned that students weren’t familiar with maybe add as attachment.”

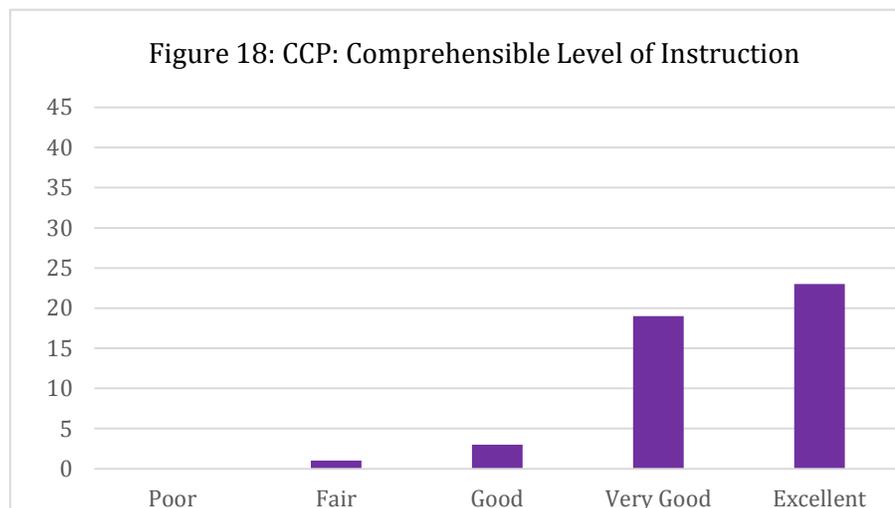
Clear Instructions – The instructor gave clear instructions.



Two participants (4%) reported “fair” to clear instructions and 7 (15%) reported that the clarity of instruction was “good.” Fourteen participants (30%) reported “very good” and 23 participants (50%) indicated that the clarity of instructions was “excellent.” No participants reported “poor.” See *Figure 17* for summary.

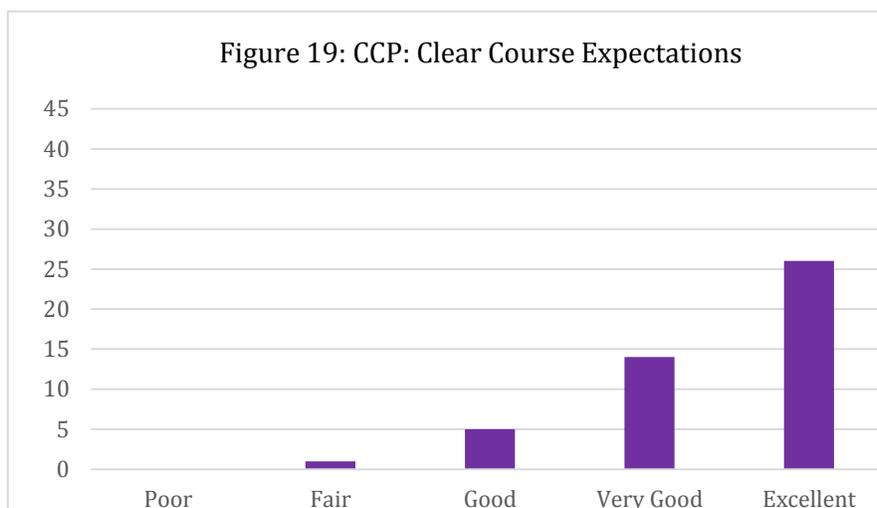
Comprehensible Level of Instruction – The instructor lectured at a level you could understand.

One participant (2%) indicated that comprehensibility was “fair.” Four participants (9%) reported that the comprehensible level of instruction was “good.” Sixteen participants (34%) reported that instruction comprehensibility was “very good” and 24 (52%) reported that it was “excellent.” No participants reported that



their ability to understand the lecture content was “poor” (See *Figure 18*). One participant recommended that “perhaps the EPICS-I model be introduced before the tools and skills so that we have a high level overview of how it all fits together from the beginning.”

Clear Course Expectations – The instructor made clear what was expected of the students.

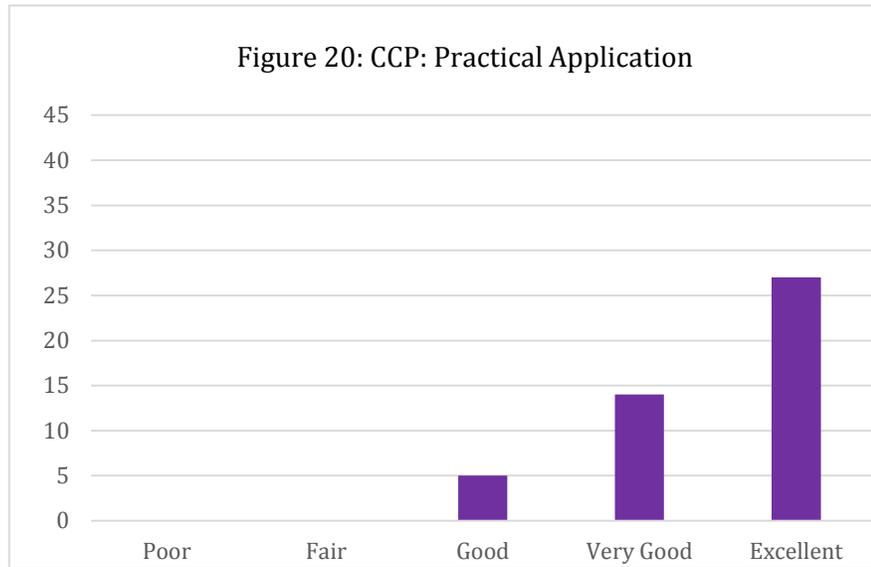


One participant (2%) indicated that the degree to which course expectations were clear was “fair.” Five participants (11%) reported that the clarity of course expectations was “good” and 14 (30%) reported it to be “very good.” Twenty-six participants (57%) reported that course expectation clarity was “excellent.” No participants reported that

clarity of course expectations was “poor.” See *Figure 19* for a summary.

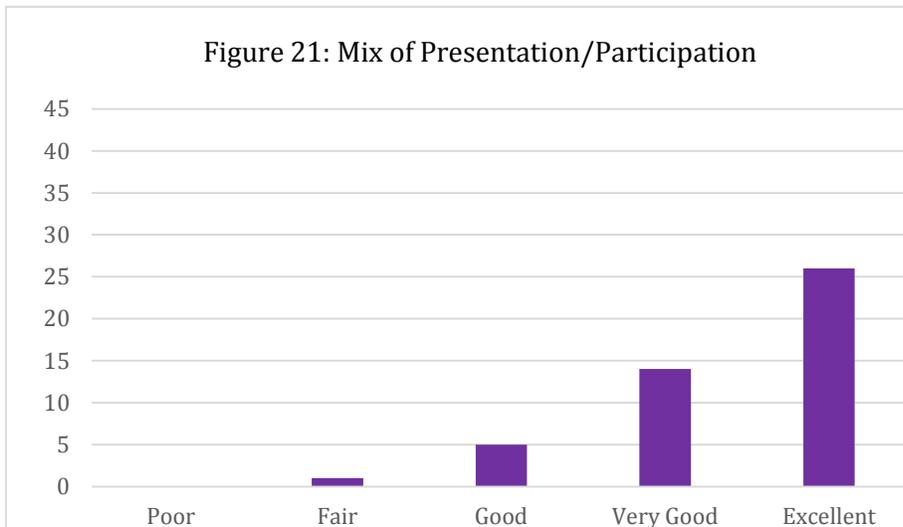
Practical Application - The instructor showed how the course is practically related to the job/field.

Five participants (11%) reported that the demonstration of the practical application of the course was “good.” Fourteen trainees (30%) reported the demonstration of the course’s practical application to be “very good” and 27 (59%) reported it as “excellent.” No participants indicated that the instructor did a “poor” or “fair” job of



showing how the course was practically related to the job/field. See *Figure 20* for summary. In regard to improving the course, one participant suggested that participants “*actually role-play instead of just at your table [and] relate these skills to security benefit for custody.*”

Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.

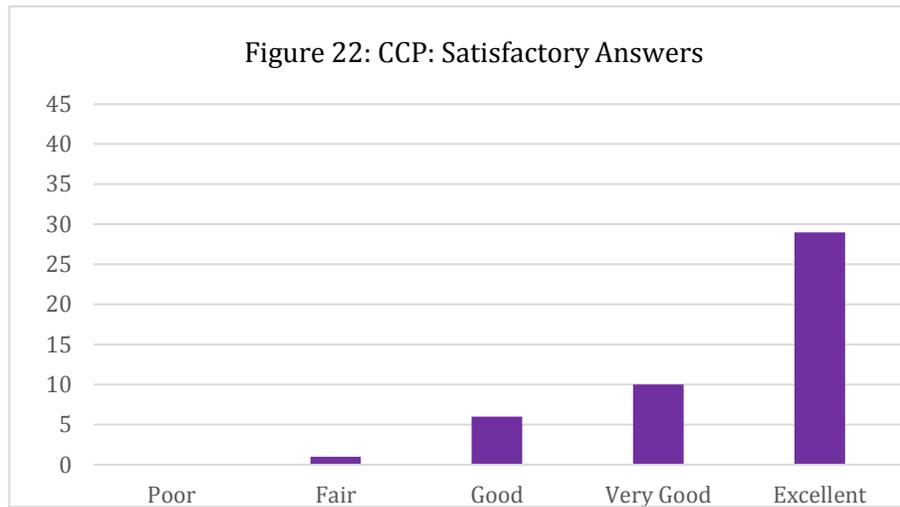


One participant (2%) reported that the mix of presentation and participation was “fair” and five (11%) reported that it was “good.” Fourteen participants (30%) reported that the mix of presentation and participation was “very good” and 26 (57%) reported that it was “excellent.” No participants reported that the mix of presentation

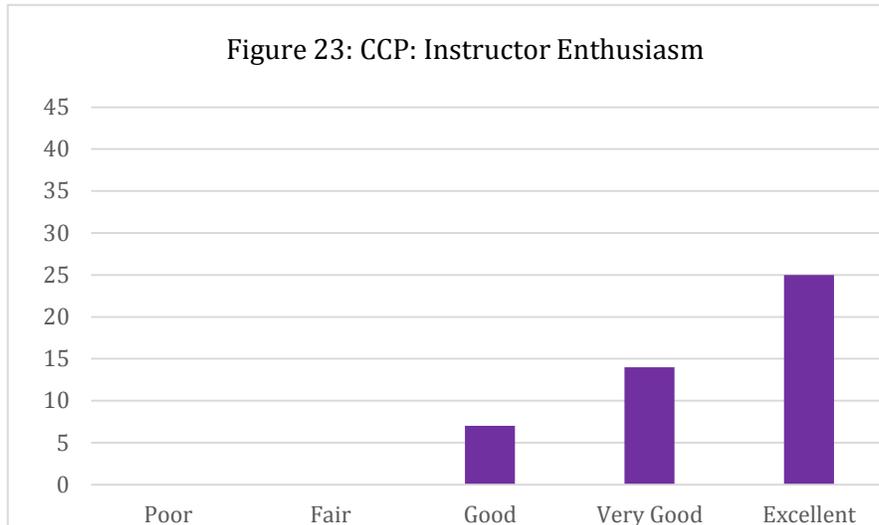
and participation was “poor.” See *Figure 21* for summary.

Satisfactory Answers – The instructor satisfactorily answered questions.

For satisfactory answers, one participant (2%) reported “fair” and 6 (13%) reported “good.” Ten participants (22%) indicated that the extent to which the instructor satisfactorily answered questions was “very good” and 29 (63%) indicated that it was “excellent. No participants indicated that the degree to which the instructor satisfactorily answered questions was “poor” (see *Figure 22*).



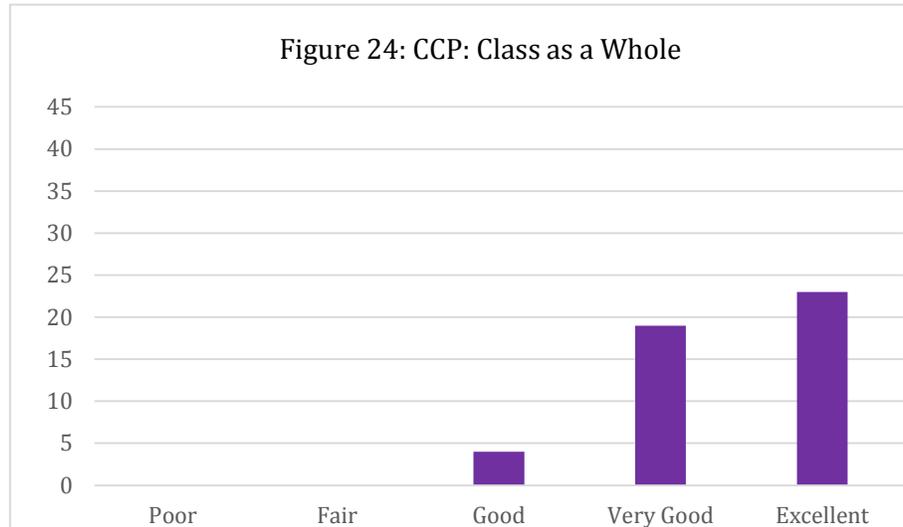
Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.



Seven participants (15%) reported that the instructor’s enthusiasm was “good.” Fourteen participants (31%) indicated that the instructor’s enthusiasm was “very good” and 25 (54%) indicated that it was “excellent.” No respondents reported the instructor’s enthusiasm to be “fair” or “poor.” See *Figure 23* for summary.

The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:

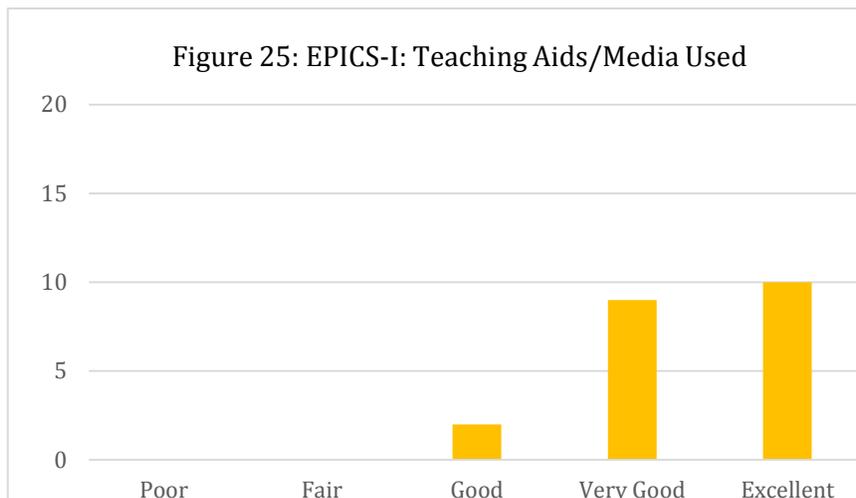
Four participants (9%) rated the course overall as “good.” Nineteen participants (41%) reported the class as a whole was “very good” and 23 (50%) indicated that the class as a whole was “excellent.” No participants reported that the course overall was “fair” or “poor.” See *Figure 24* for summary.



EPICS - I Course Evaluations

A total of 21 trainees completed course evaluations for EPICS – I. Eleven participants completed the paper format and 10 completed the online format. The courses were administered by both NDOC and P&P in Northern and Southern Nevada. Trainees were asked to rate the following statements:

Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?

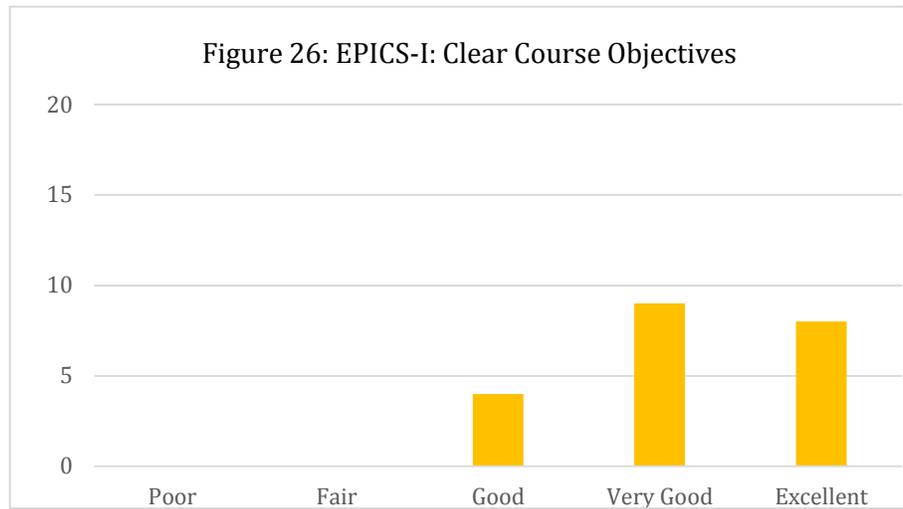


Two participants (9.5%) indicated that the teaching aids/media use during instruction was “good.” Nine participants (43%) reported that the use was “very good” and 10 (47.5%) reported that teaching/media use was “excellent.” No participants reported that the use of teaching aids/media was “fair” or “poor.” See *Figure 25* for a summary. One participant suggested that the course

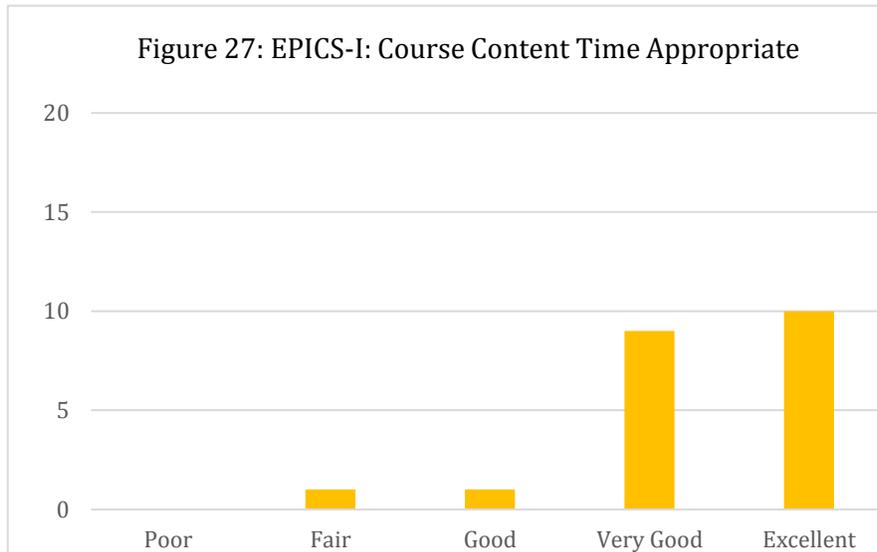
could improve if instructors expanded on PowerPoint “key points” and include page number when directing students to a page.

Course Objectives Clearly Stated/Reviewed

Four respondents (19%) reported that course objective statements/reviews were “good,” nine (43%) reported that they were “very good” and 8 (38%) indicated that the review of course objectives was “excellent.” No participants reported that course objective review as “poor” or “fair” (see *Figure 26*).



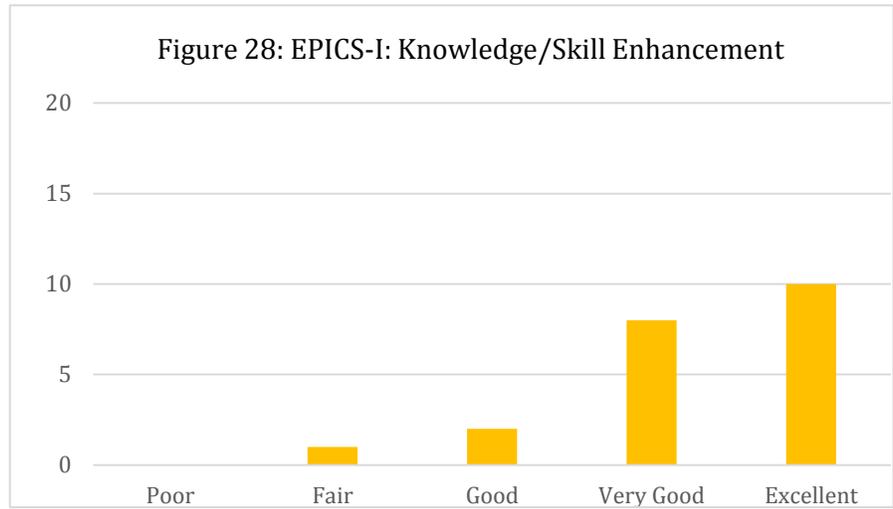
Course Content Time Appropriate



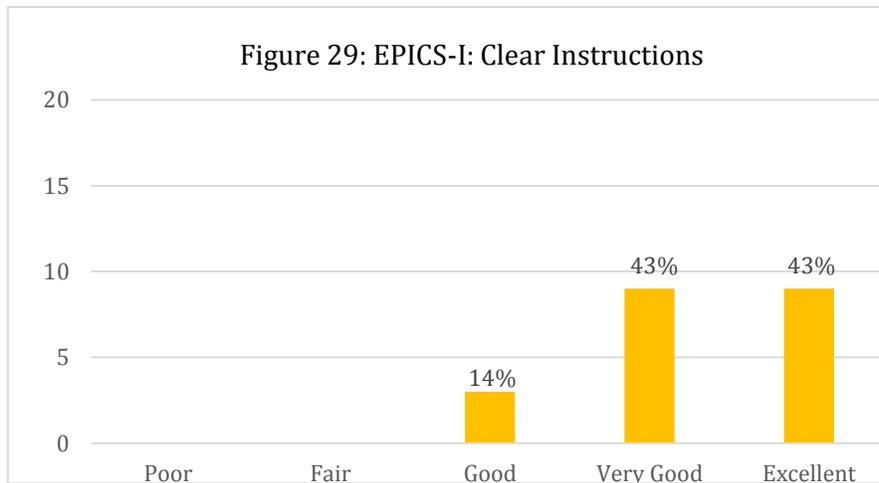
One participant (4.5%) reported that time allotment for the course content was “fair and one participant reported the time allotment was “good.” Nine participants (43%) reported that it was “very good” and 10 (48%) reported that the time allotted was “excellent.” No participants reported that the time allotted for course content was “poor.” See *Figure 27* for a summary.

Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.

One participant (4.5%) reported that the extent to which he or she developed or acquired new knowledge and/or skills was “fair.” Two participants (9.5%) reported that new skill/knowledge acquisition was “good” and 8 (38%) reported that it was “very good.” Ten respondents (48%) reported that that knowledge/skill acquisition was “excellent.” No participants reported that knowledge or skill acquired from the course was “poor.” See *Figure 28* for summary.



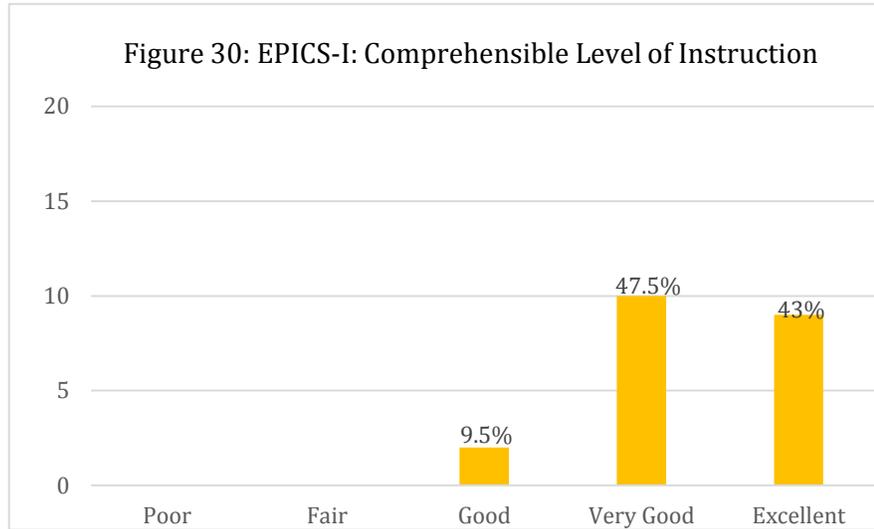
Clear Instructions – The instructor gave clear instructions.



Three participants (14%) reported that the clarity of instruction was “good.” Nine participants (43%) reported the clarity of instruction was “very good” and 9 participants indicated that the clarity of instructions was “excellent.” No participants reported that the clarity of instructions was “fair” or “poor.” See *Figure 29* for summary.

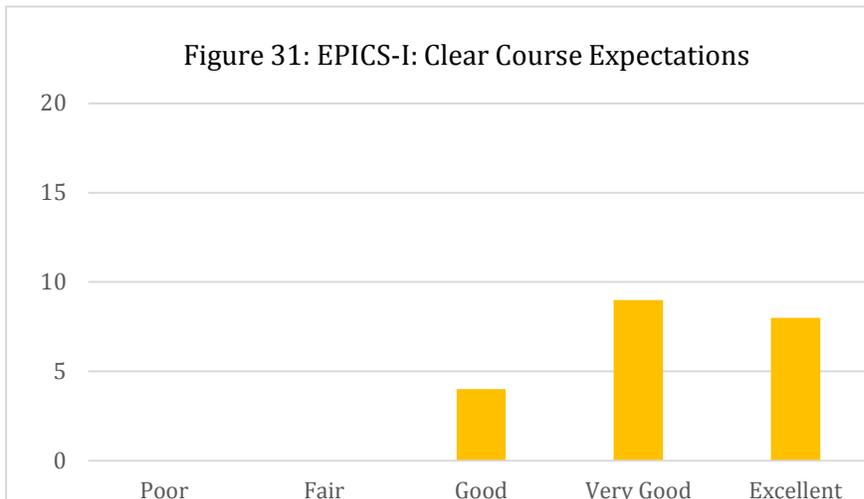
Comprehensible Level of Instruction – The instructor lectured at a level you could understand.

Two participants (9.5%) indicated that comprehensibility was “good.” Ten participants (47.5%) reported that instruction comprehensibility was “very good” and 9 (43%) reported that it was “excellent.” No participants reported that their ability to understand the lecture content was “fair” or “poor” (See *Figure 30*).



One participant suggested that “*instructors were vague in the initial delivery of the subject.*”

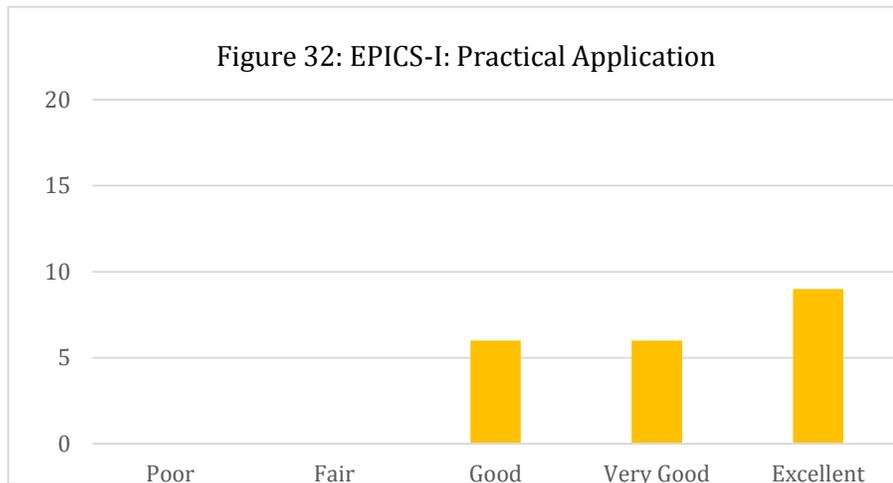
Clear Course Expectations – The instructor made clear what was expected of the students.



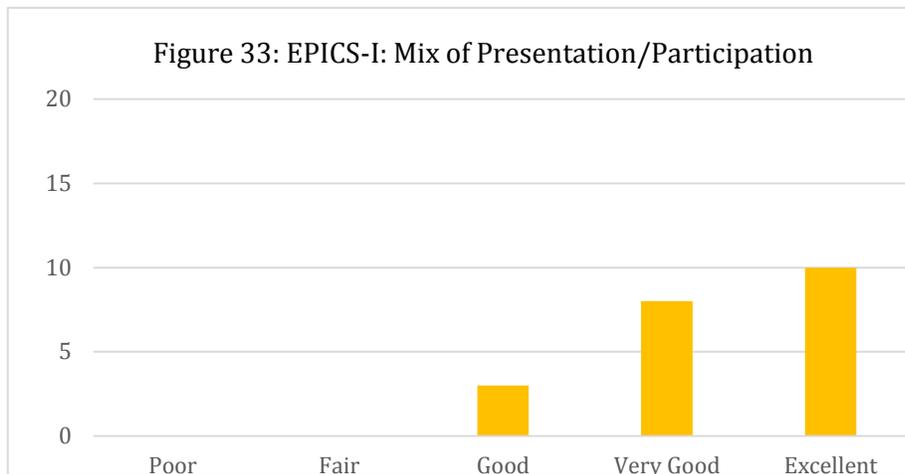
Four participants (19%) reported that the clarity of course expectations was “good” and 9 (43%) reported it to be “very good.” Eight participants (38%) reported that course expectation clarity was “excellent.” No participants reported that the clarity of course expectations was either “fair” or “poor.” See *Figure 31* for a summary.

Practical Application - The instructor showed how the course is practically related to the job/field.

Six participants (28.5%) reported that the demonstration of the practical application of the course was “good.” Six trainees reported the demonstration of the course’s practical application was “very good” and 9 (43%) reported it as “excellent.” No participants indicated that the instructor did a “poor” or “fair” job of showing how the course was practically related to the job/field. See *Figure 32* for summary.



Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.

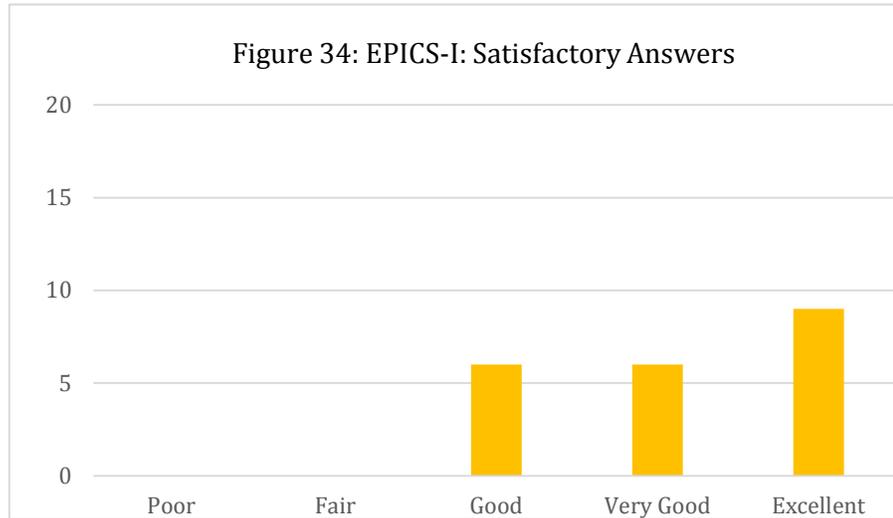


Three participants (14%) reported that the mix of presentation and participation was “good.” Eight participants (38%) reported that the mix of presentation and participation was “very good” and 10 (48%) reported that it was “excellent.” No participants reported that the mix of presentation

and participation was “fair” or “poor.” See *Figure 33* for summary. One participant remarked that “*The practice presentation was a great opportunity to gain practical experience and confidence and to get a better sense of how it all fits together.*” Another participant stated that “*the person I teamed up to role play each scenario with did not understand the influencer/client dialog that was supposed to be practiced even with the coaches trying to walk him through it [and] I didn't feel like I learned anything from the role playing.*”

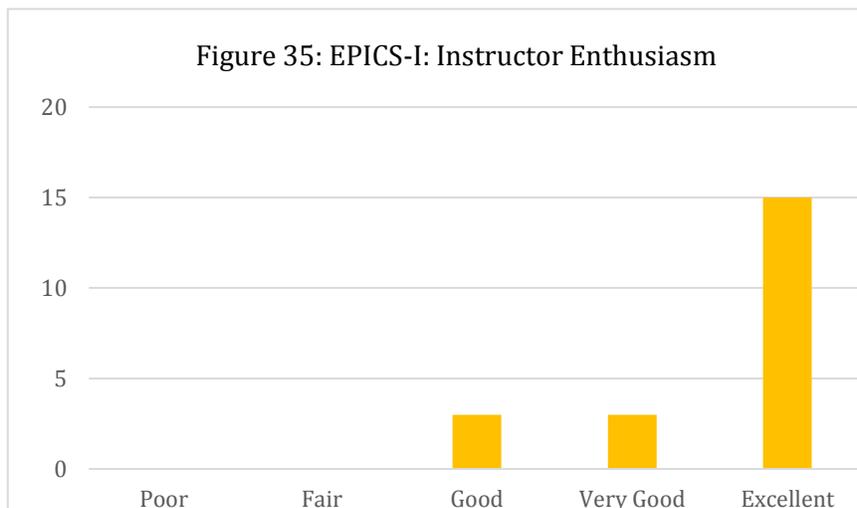
Satisfactory Answers – The instructor satisfactorily answered questions.

For satisfactory answers, six participants (28.5%) reported “good” and 6 participants indicated that it was “very good.” Nine participants (43%) indicated that the extent to which the instructor satisfactorily answered questions was “excellent.” No participants indicated that the degree to



which the instructor satisfactorily answered questions was “fair” or “poor” (see *Figure 34*). In regard to improving the course, one participant stated that “Some participants asked some very good questions or made some important observations that could have been addressed better.”

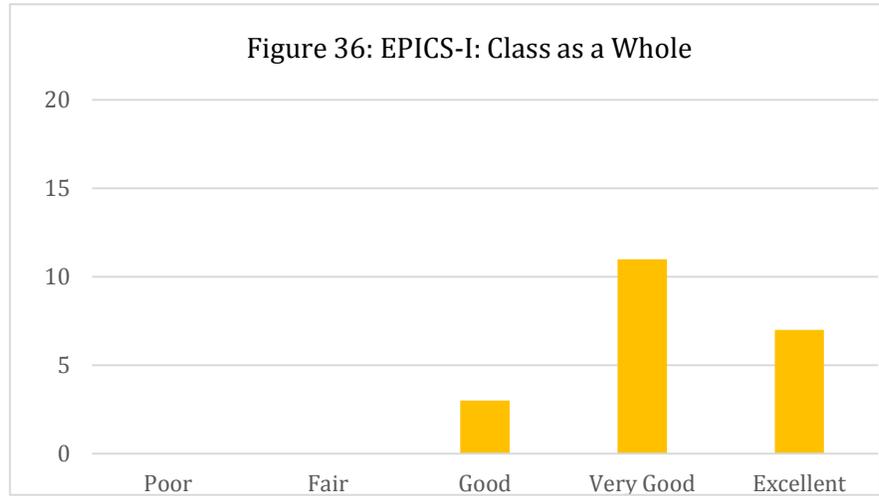
Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.



Three participants (14%) reported that the instructor’s enthusiasm was “good” and three participants (14%) indicated that it was “very good.” Fifteen participants (72%) indicated that the instructor’s enthusiasm was “excellent.” No respondents reported the instructor’s enthusiasm to be “fair” or “poor.” See *Figure 35* for summary.

The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:

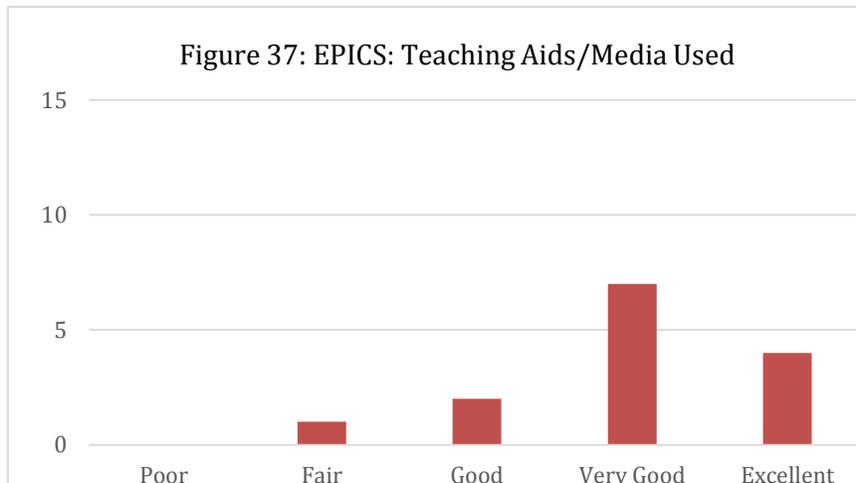
Three participants (14.5%) rated the course overall as “good.” Eleven participants (52.5%) reported the class as a whole was “very good” and 7 (33%) indicated that the class as a whole was “excellent.” No participants reported that the course overall was “fair” or “poor.” See *Figure 36* for summary.



EPICS End User Course Evaluations

A total of 14 participants completed course evaluations for EPICS. All participants completed the online format. Trainings were administered by both P&P and NDOC. Trainees were asked to rate the following statements:

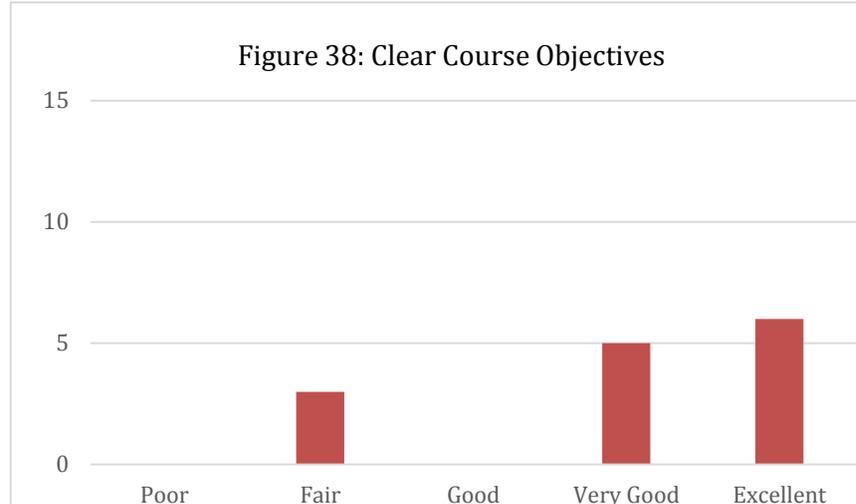
Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



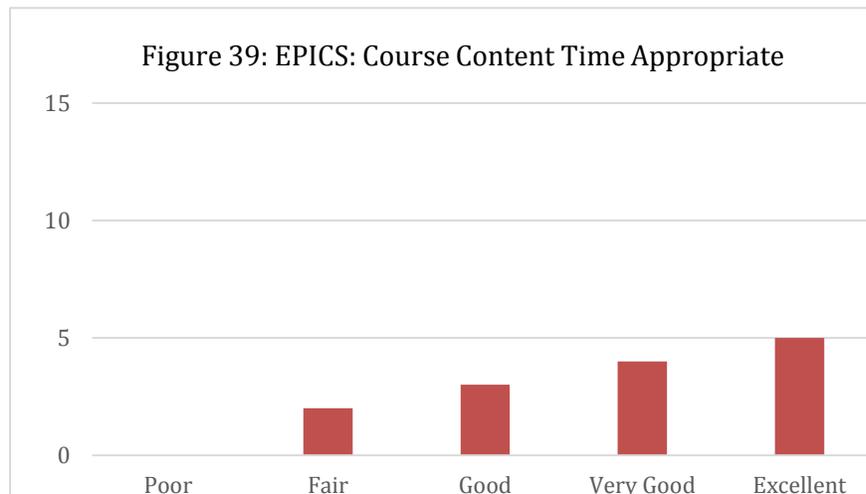
One participant (7%) indicated that the use of teach aids/media was “fair” and one reported that the teaching aids/media use was “good.” Two participants (50%) reported that the use of teaching aids/media was “very good” and 4 (29%) reported that teaching/media use was “excellent.” No participants reported that the use of teaching aids/media was “poor.” See *Figure 37* for a summary.

Course Objectives Clearly Stated/Reviewed

Three participants (21.5%) reported that the presentation/review of course objectives was “fair.” Five participants (35.5%) reported that the instructor(s) did a “very good” job of clearly stating or reviewing the course objectives and 6 (43%) indicated that the review of course objectives was “excellent.” No participants reported that course objective review as “poor” or “good.” (see *Figure 38*).



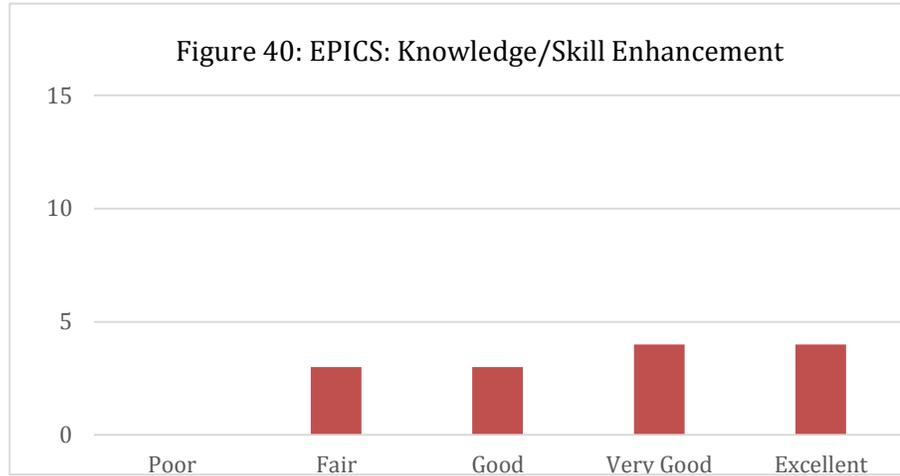
Course Content Time Appropriate



Two participants (14.5%) reported that the time allotment for the course content was “fair.” Three participants (21.5%) reported the time allotted was “good,” four (28.5%) reported it was “very good,” and five (35.5%) indicated that the time allotted for course content was “excellent.” No participants reported that the time allotted was “poor.” See *Figure 39* for a summary.

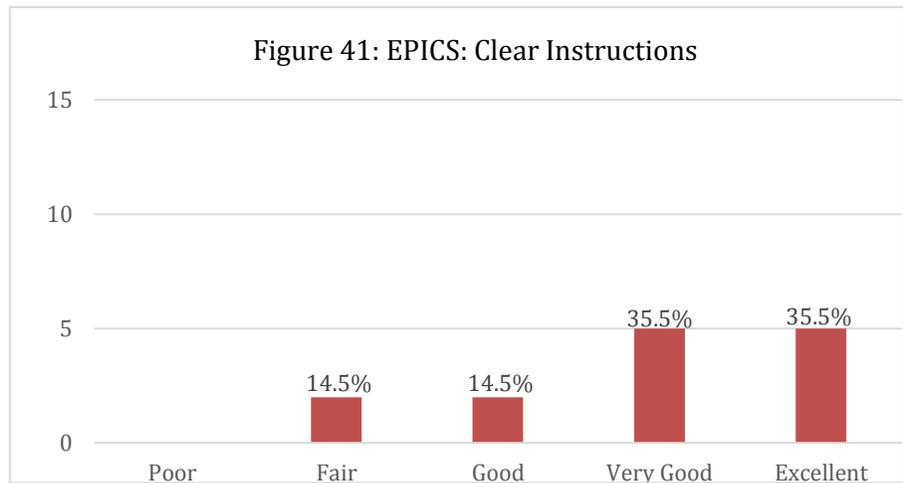
Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.

Three participants (21.5%) reported that the extent to which they developed or acquired new knowledge and/or skills was “fair.” Three participants reported that new skill/knowledge acquisition was “good” and 4 (28.5%) reported that it was “very good.” Four respondents also indicated that that knowledge/skill acquisition was “excellent.” No participants reported that knowledge or skill acquired from the course was “poor.” See *Figure 40* for summary.

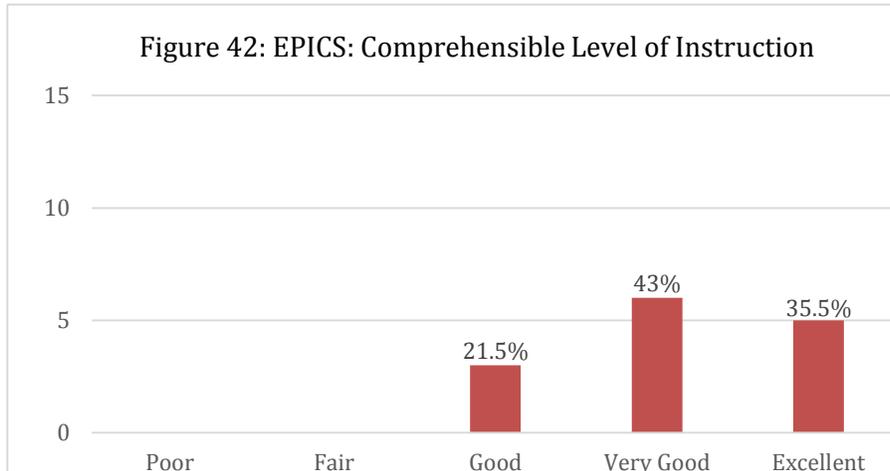


Clear Instructions – The instructor gave clear instructions.

Two participants (14.5%) reported that the clarity of instructions was “fair” and 2 reported it as “good.” Five participants (35.5%) reported the clarity to be “very good” and 5 participants reported it as “excellent.” No participants reported that the clarity of instructions was “poor.” See *Figure 41* for summary. For improving the course, one participant suggested that there be a “small (1-2hr) introductory class first [as] no one knew what this class was for and no one understood the definitions, words and concepts before being ‘thrown’ into a class that we weren’t prepared for.”



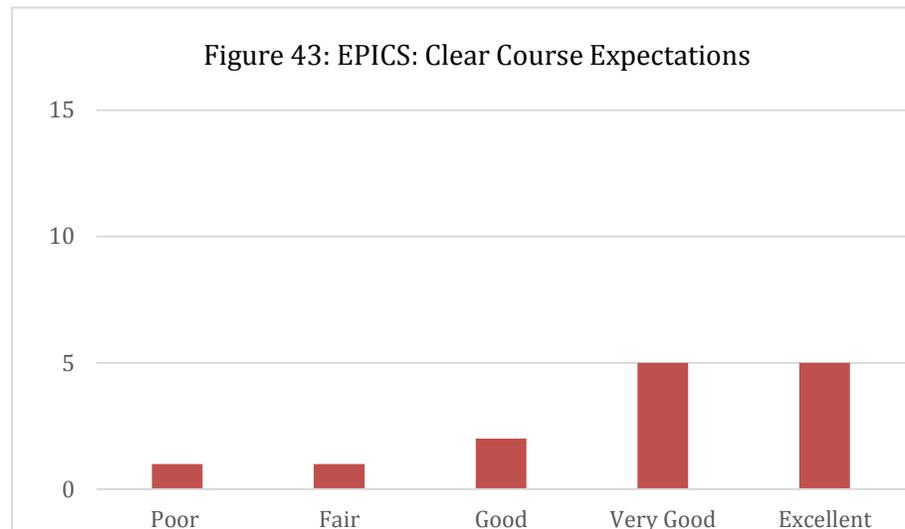
Comprehensible Level of Instruction – The instructor lectured at a level you could understand.



Three participants (21.5%) reported that the comprehensible level of instruction was “good.” Six participants (43%) reported instruction comprehensibility as “very good” and 5 (35.5%) reported it as “excellent.” No participants reported that their ability to understand the lecture content was “poor” or “fair” (See *Figure 42*).

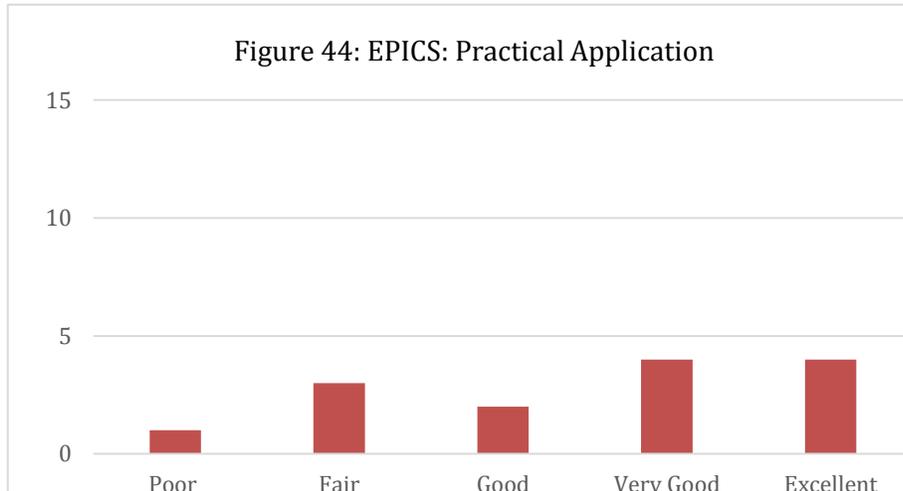
Clear Course Expectations – The instructor made clear what was expected of the students.

One participant (7%) indicated that the clarity of expectations was “poor” and one indicated that it was “fair.” Two participants (14%) reported that the clarity of course expectations was “good” and 5 (36%) reported it to be “very good.” Five participants also reported that course expectation clarity was “excellent.” See *Figure 43* for a summary. One



participant commented that “*requirements of the course have not been clear*” such that “*meeting dates/times have not been planned out well or made clear.*”

Practical Application - The instructor showed how the course is practically related to the job/field.

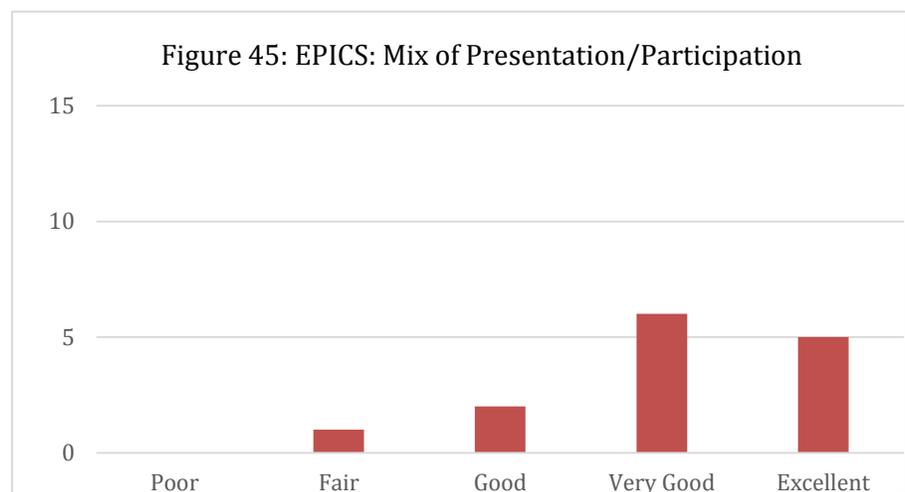


One participant (7%) reported that the demonstration of the practical application of the course was “poor” and three (21.5%) reported that it was “fair.” Two participants (14.5%) reported that the demonstration of the course’s practical application was “good,” 4 (28.5%) reported it to be “very good,” and 4

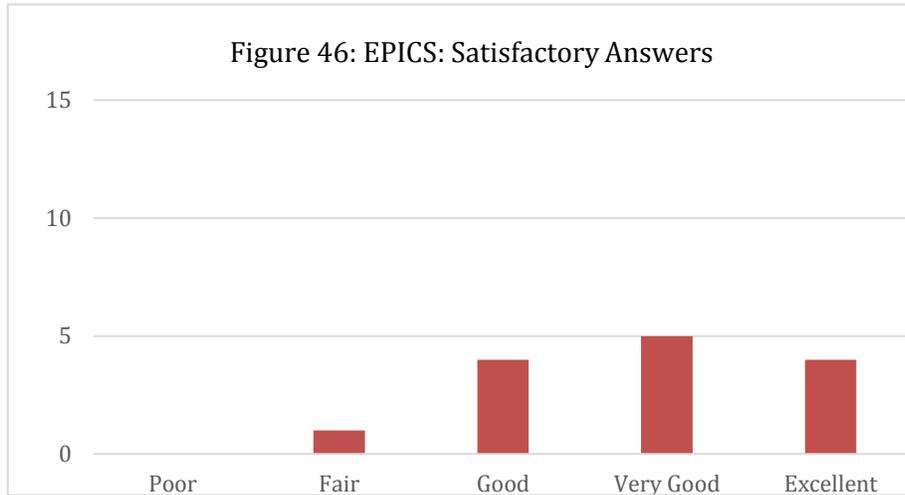
reported it as “excellent.” See *Figure 44* for summary. Several participants felt that the video presentations of EPICS sessions were “geared to juvenile intervention” and as such, “more adult examples would be good” or “the example videos of juveniles used as training for officers working with adults, should be removed and replaced with adult offenders.”

Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.

One participant (7%) reported that the mix of presentation and participation was “fair” and two (14.5%) reported that it was “good.” Six participants (43%) reported that the mix of presentation and participation was “very good” and 5 (35.5%) reported that it was “excellent.” No participants reported that the mix of presentation and participation was “poor.” See *Figure 45* for summary.



Satisfactory Answers – The instructor satisfactorily answered questions.

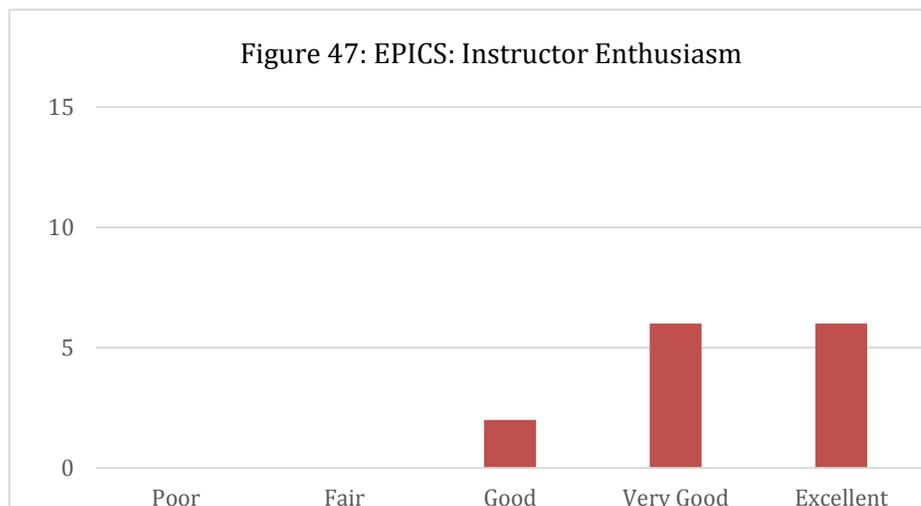


One participant (7%) reported that the degree to which the instructor satisfactorily answered questions was “fair” and 4 (28.5%) reported it as “good.” Five participants (36%) indicated that the extent to which the instructor satisfactorily answered questions was “very good” and 4 (28.5%) indicated that it was “excellent.” No

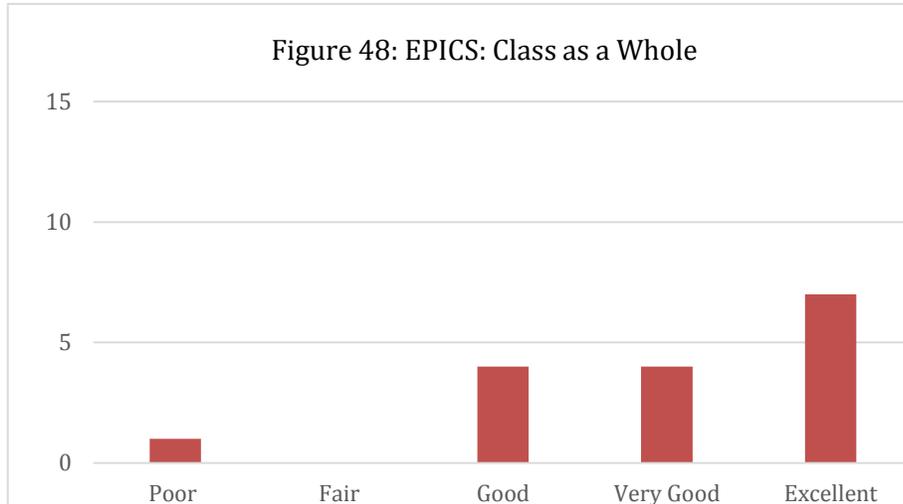
participants indicated that the degree to which the instructor satisfactorily answered questions was “poor” (see *Figure 46*). In regards to feedback, one participant stated that “*Specific questions were asked about how to use the program on unique individuals that were not answered very well or if at all [and] when I was instructed to start using the program I was not as comfortable as I would have like [sic] to actually implement the program.*”

Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.

Two participants (14%) reported that the instructor’s enthusiasm was “good.” Six participants (43%) indicated that the instructor’s enthusiasm was “very good” and 6 indicated that it was “excellent.” No respondents reported the instructor’s enthusiasm to be “poor” or “fair.” See *Figure 47* for summary.



The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:



One participant (7%) rated the course overall as “poor” and 4 (28.5%) rated the course overall as “good.” Four participants indicated that the class as a whole was “very good” and 7 (36%) indicated that the class as a whole was “excellent.” No participants reported that the course overall was “fair.” See *Figure 48* for summary.

Chapter 5: Collaborative Assessment and Social Network Analysis

Overview

As part of the Nevada Second Chance Act Recidivism Team, the University of Nevada, Reno, Department of Political Science was contracted in 2016 by the Nevada Department of Corrections (NDOC)—working as a Research Partner and Evaluator—to conduct the Collaborative Performance Assessment of Partnerships as part of the Second Chance Act Implementation Grant (SCIG). Project objectives focus on creating comprehensive, sustainable, inclusive, and cross-policy initiatives; through collaboration, communication, evidence-based programs, and community support for our returning citizens.

This study was executed as part of the process evaluation of the Second Chance Act Implementation Grant to assess the development of partnerships and collaboration of the NDOC with community providers, agencies, and community justice partners; as an instrument to assess stakeholder involvement in the collaboration process, and to examine the formal³ or informal⁴ network relationships that developed from these efforts.

Data for this study were collected using a web based survey distributed to those involved in various aspects of the project. The first part of the collaborative assessment survey looks at the collaborative performance of the project's operations using the opinions of the project members regarding collaboration processes, including: communication, level of trust, distribution of power, leadership, use of resources, etc. The second part uses social network analysis to investigate the social and interorganizational relationships among the members of the SCIG.

Five problematic areas were identified in the assessment which might affect collaboration effectiveness among the project members in the future:

1. Project members do not feel connected to the project, both in terms of formal and informal channels of communication.
2. Open lines of communication have not been established.
3. A plan for sustaining collaborative membership and maintaining resources has not yet been developed.
4. A high level of competing interests exists among the stakeholders involved in the process of collaboration.
5. Appropriate procedural arrangements have not been made by developing the ground rules, operating protocols, decision making rules, or other rules that may facilitate collaboration.

The social network analysis of formal and informal relations among the SCIG members suggests that the structure of collaboration tends to be a democratic, efficient and mobilizing resource for collaboration. On one hand, participants in the SCIG collaborative enjoy an equal

³ Informal communication (grapevine) is that which moves freely through all aspects of the collaborative organization.

⁴ Formal (official) communication is that which passes through predefined, often hierarchical channels.

voice in making decisions. On the other hand, the SCIG network tends to be hierarchically oriented, and project activities operate in an efficient manner. The analysis of communication structures in formal and informal relations shows that the SCIG collaborative exhibits high potential in terms of the future stability and sustainability of the collaborative. The social network analysis of trust, personal knowledge, and social capital suggests the presence of strong connections among stakeholders, demonstrated by the network of trust relations. The major concerns, derived from analyzing the formal and informal networks, include poor integration of representatives from state agencies and community justice partners into the communication channels and operations of the SCIG project, and the tendency for members of the Planning Team to limit the exchange of information/advice, or engage in the project operations, to only members of the Planning Team.

Based on the results of the collaborative performance survey and through social network analysis, several recommendations are provided to improve the collaboration processes in the next phase of grant implementation.

Introduction

Successful offender reentry efforts require a high degree of collaboration across multiple levels, including the releasing institutions, supervision or parole units, and local community resources and providers who are represented by various nonprofit organizations. Moreover, recidivism is a complex problem that requires complex solutions—solutions that cannot be provided by a single government agency like the NDOC. The rehabilitation of returning citizens, and their successful reintegration into community, depends on private and nonprofit organizations. This dependency justifies the development of collaborative networks which bring together representatives of public, private and non-profit sectors to solve complex problems.

The collaborative approach is the foundation of the 2016-2021 Nevada Statewide Adult Recidivism Reduction Strategic Plan developed by the Nevada Department of Correction within the framework of the SCIG awarded to the NDOC in 2016 by the Bureau of Justice Assistance (BJA). One of the first objectives of the SCIG was the development and implement a comprehensive statewide reentry plan that utilizes cross-agency and cross-sectoral collaboration by involving public, private, non-profit, faith-based, and community partners and families in the processes of decision-making, planning and implementation of effective reentry efforts.

As part of the Nevada Second Chance Act Recidivism Team, the University of Nevada, Reno, Department of Political Science was contracted in 2016 by the Nevada Department of Corrections (NDOC)—working as a Research Partner and Evaluator—to conduct the Collaborative Performance Assessment of Partnerships. The assessment study was designed to assess the development of partnerships of the NDOC with community providers, agencies, and community justice partners. Particularly, the study focuses on collaboration and interactions among the SCIG members and stakeholders during the project's first year of implementation and uncovering the formal and informal communication networks that help or hinder collaboration.

This report examines the various dimensions of collaborative performance of partnerships or networks using comprehensive guidelines for assessing collaborative performance of governance

and networks based on the Collaborative Governance Regime model (Emerson and Nabatchi, 2015). In addition, social network analysis is employed to investigate the social and interorganizational relationships among stakeholders of the SCIG with the aim of improving the resilience and sustainability of this collaborative for the coming years. Based on the results of analysis, recommendations are provided for improving the collaborative processes during 2nd year implementation of the SCIG.

Collaborative Performance Assessment Findings

The analysis of the average values of the responses of SCIG project to rate various aspects of collaboration points identify the successes and areas for improvement in the collaborative process during the first year of implementation of the SCIG project. The success of the collaboration on particular indicator was measured by the average of the responses between 3.5 and 5 on the 5 point Likert scale, whereas the areas for improvement in was measured as the average of the responses below 3.1 on the 5 point Likert scale. The summary of successes and failures can be found in Table 1 and Table 2.

The survey participants agreed that the problem of recidivism in the state of Nevada requires a comprehensive approach with engagement of many stakeholders (4.46 out of 5). The survey respondents highly rated the inclination of the SCIG project participants contribute their time, knowledge and other resources to the SCIG activities (4.04 out of 5). In addition, the diversity of resources and capacities held by the various stakeholders is used on the complimentary basis (3.73 out of 5), which is considered a good sign of effective use of resources in the collaborative project.

Table 1: Positive Aspects of Collaboration in the SCIG project

Collaborative Assessment Indicator	Average	Current Assessment
Catalysts	4.46	Good
Resource Contribution	4.04	Good
Responsibility	3.81	Above Satisfactory
Resource Accommodation	3.73	Above Satisfactory
Use of Technology	3.69	Above Satisfactory
Appreciation and Tolerance of Differences	3.69	Above Satisfactory
Commitment	3.69	Above Satisfactory
Research and Evaluation	3.61	Above Satisfactory
Internal Legitimacy	3.58	Above Satisfactory
Collaborative Motivation	3.58	Above Satisfactory
Fair Leaders	3.56	Above Satisfactory
Knowledge Generation	3.5	Above Satisfactory

Another positive aspect of collaboration identified from the responses of survey participants is the effective use of information and knowledge management within the SCIG project. Information technology was appropriately utilized for creating new and innovative solutions (3.69 out of 5). Research and Evaluation activities such as needs assessment, data collection and program

evaluation were also highly rated (3.61 out of 5) by the survey respondents as an indispensable component of knowledge creation system.

Positive social attitudes regarding other project participants is another example of healthy collaboration within the SCIG project. Diversity of project members is acknowledged and respected among the SCIG project members (3.69 out of 5). Moreover, the expert knowledge of the SCIG project member is accepted and utilized for achieving the goals and objectives of the project (3.58 out of 5 on the Likert scale).

Motivation to collaborate for the greater good is also well rated among the SCIG project members. The project members feel responsible for (3.81 out of 5) and highly committed to the goals, objectives and outcomes of the SCIG project.

Several areas for improvement of the collaborative process in the SCIG project have identified in this study and require attention of the NDOC leaders responsible for managing this collaborative project. As it is shown in Table 2, issues related to collaborative leadership and distribution of power have been raised by the participants of the survey. First, project participants do not feel that they are heard enough in the process of decision making and managing operations of the SCIG project. Second, even though, the leaders of the SCIG project are considered fair-minded and broadly respected by the stakeholders of this collaborative, they may not utilize the individual and organizational resources of the project members to the full potential (3.08 out of 5).

Table 2: Areas for Improvement of Collaboration in the SCIG project

Collaborative Assessment Indicator	Average	Current Assessment
History	3.08	Satisfactory
Leadership	3.08	Satisfactory
Distribution of Power	3.04	Satisfactory
Connectedness	2.96	Poor
Communication	2.88	Poor
Sustainability	2.88	Poor
Political Polarization	2.88	Poor
Procedural Arrangements	2.84	Poor

One systemic issue related to the environment of the SCIG project is lack of history of working cooperatively and solving problems in the area of criminal justice in the state of Nevada (3.08 out of 5). Therefore, some interim program interventions such as training courses on collaboration and conflict resolution can be recommended to compensate for this systemic factor at the process level of the project.

Five aspects of collaborations described below need attention of the State Re-entry Task Force and the NDOC staff managing the SCIG project. First, connectedness is one of the areas of improvement of collaboration the project members do not feel really connected or equally enjoy both informal and formal communication networks at all levels (2.96 out of 5). Second, surveyed project participants expressed concern about barriers in communicating with each other in the project (2.88 out of 5). Third, sustainability of the current initiate is questioned (2.88 out of 5),

since a plan for sustaining the project membership and resources is not currently developed or perhaps adequately communicated to the project members. Fourth, there is a high level of political polarization,⁵ or level of competing commitments, among the stakeholders involved in the process of collaboration (2.88 out of 5 on the Likert scale). Finally, appropriate procedural arrangements have not been made by developing the ground rules, operating protocols, decision making rules or other rules to facilitate collaboration (2.84 out of 5). Namely, work groups of the SCIG project operate ONLY on the basis of the letter from David Tristan, the NDOC Deputy Director to the team leaders describing the tasks of the team leaders. At this point of the project, more prescriptive protocols for collaboration are required for second year project implementation.

The Social Network Analysis Findings

Social Network Analysis explores the pattern of social interaction between persons and involves the mapping and measuring of relationships and interactions between people and organizations. People are identified as nodes in the network, and the lines between the nodes represent the connections between people. This section of report analyzes the formal and informal relationships between the NDOC, Parole and Probation, state agencies, and community justice partners using visual and statistical analysis. Formal relations include information sharing, advice exchange, negotiations, operations and planning. Informal relations include trust, social capital (degree of friendship and kinship) and personal knowledge (years of knowing the person). **Please see Appendix I for all Figures related to the social network analysis findings.**

The visual analysis of the SCIG network describes day-to-day operations of the SCIG in Figure 1 (see Appendix I), showing the central position of the NDOC staff and one representative of Parole and Probation. This is a positive sign of collaboration since several project members from the NDOC and Parole and Probation hold central positions in the operations of the SCIG and share managing authority. The analysis of the network periphery shows that the Research Team, state agencies and community justice representatives are not well integrated into the operations of the SCIG at the end of Year 1 grant operation since they are located on the periphery of the network. In addition, members of the Planning Team (shown as diamonds) tend to have stronger working relations among each other than with non-members of the Planning Team. This is not a good sign of collaboration, since it creates a more preferential treatment of a singular respected group (Planning Team). The presence of an isolate (node 16 in Figure 1 in Appendix I) represents a staff member of the NDOC, again indicating a problem of integration for all project members into the operations of the SGIC.

The visual analysis of information exchange among the NDOC staff members, Parole and Probation staff, representatives of state agencies, and community justice partners in Figure 2 (Appendix I) shows more diversity of leaders regarding the exchange of information within the SCIG. The information exchange network is characterized by a few leaders equally representing the NDOC and Research Partners who tend to be the hub of communication in the SCIG. This is a

⁵ Political polarization is often identified as ideologies defined by an individual's political party affiliation. However, within collaborative social networks—both inside and outside of government—partisan polarization often transcends ideological and differing viewpoints to address and solve problems. When political polarization remains high, collaborative performance is less effective. (Emerson and Nabatchi, 2015).

good sign of effective process of collaboration which actively involves researchers in the provision of timely information. The presence of one isolate (node 16) again points at the problem of managing the project membership during the first year of the implementation of the SCIG. The analysis of the network periphery shows that, majority of state agencies and community justice providers involved in the SCIG are poorly integrated into the information exchange at the end of Year 1 of grant implementation since they are located on the periphery of the information exchange network. The visual analysis showing the ties or connections among NDOC staff members, Parole and Probation staff, representatives of state agencies, and community justice partners suggest that members of the Planning Team have stronger connections than non-members. Similar to the operations relation network, members of the Planning Team prefer to exchange information more with other members of this team than with non-members.

The visual analysis of social relations in Figure 3 (see Appendix I) shows that a majority of relations among NDOC staff members, Parole and Probation staff, representatives of state agencies, and community justice partners tend to be more formal than informal (based on various levels of friendship). This is very typical for the initial stages of collaboration where the network players begin to know each other on the personal basis. It appears that only the Research Team has the strongest and tightest social relations within their respected group. About forty percent of the NDOC staff have strong friendship-based relations with other members of the NDOC involved in the SCIG or the Research Partners. A majority of representatives from state agencies, and all representatives of Parole and Probation and community justice appear to have developed formal relations at the end of Year 1 of grant implementation.

The statistical analysis of different social network analysis measures in Table 6-10, Appendix I confirm the results of the visual analysis, and suggests that the power of decision making is more or less distributed throughout the network. All formal and informal relationship networks, including information sharing, advice exchange, negotiations, operations, planning, trust, social capital, and personal knowledge are currently decentralized, allowing every opinion to be heard without restrictions. In addition, decentralization of all networks also suggests the effective use of available resources by providing the existing members with important resources for collaboration without any difficulties.

The decentralization of decision-making authority is also accompanied by equality in formal and informal communications among the member of the SCIG, since several communication leaders are present in all types of network relations (see Table 6 in Appendix I). This is confirmed by the low scores of betweenness centrality in all networks of formal and informal relations. The presence of various communication leaders is also a good indicator of stability and sustainability within the SCIG network. Even in the event of future unexpected loss of one or two communication leaders, the SCIG network would still function effectively in a new configuration because of existing bypassed connections within the current network.

The level of engagement in collaborative activities needs to be addressed. Currently, the number of connections among project members is quite sparse, which leads to the low density of the network (Table 7 in Appendix I). The majority of existing connections are based on previous

social or work relations. The NDOC staff on the Planning Team, representatives of Parole and Probation and Research Partners tend to have more connections than the representatives of the state agencies and community justice partners (courts and legislators). It is recommended to increase the number of connections between state representatives and community justice partners by encouraging them to attend various workgroup meetings. In addition, it is recommended to use “the snowball approach” by inviting new project members necessary for the programming activities, based on the professional connections of existing project members of the SCIG.

Despite the democratic nature of the SCIG network in making decisions based on equalitarian principles, moderate to mid-strong hierarchy is observed in all SCIG networks of both formal and informal relations (based on the high counts of transitive triads). On one hand, one can see a clear command originating from the Planning Team and hierarchal structure that efficiently manages different activities of the SCIG grant. On another hand, the SGIC is characterized by its governance structure that uses principles of democratic decision making and efficiently mobilizes the stakeholders. It is important to maintain this balance between the managerial hierarchy and democratic governance in the phase of the grant implementation by providing opportunities for voicing opinions, both formally and informally.

The SCIG network performed well in terms of the sociopsychological aspects of trust, social capital, and informal relationships. For example, the SCIG network exhibits a high level of trust among its members (the highest level of degree centrality among all relations). High levels of trust can be inferred from the high scores of reciprocity in networks depicting informal relations (trust, personal knowledge and social relations). Table 7 provides information about reciprocity in all formal and informal relations among the SCIG project members. Reciprocity serves as an indicator to the development of trust, mutual support, and exchange of resources among the network participants (Contractor, Wasserman, & Faust, 2006). Each of these network measures suggest some development of informal relationships, which are essential for the effective performance of public management networks like the SCIG network.

From an equity perspective, the SCIG network provides a truly democratic experience for its members. For example, neither male or female respondents exhibited preferential treatment of their gender group, and established social and work relations equally with male and females in the GCIG (see Table 8 in Appendix I). Previous experience with a collaborative project was, however, a dividing factor in planning activities of the SCIG. Specifically, those who had previous experience with collaborative projects were more likely to engage in planning with each other rather than with the SCIG members without previous collaborative experience with regard to collaborative projects (see Table 9 in Appendix I). Similarly, members of the Planning Team were more likely to exchange advice, information, and engage in the SCIG operations with other members of the Planning Team rather than with non-members (see Table 10 in Appendix I).

Recommendations

Based on the results of the collaborative performance survey, and the result of social network analysis, the following recommendations are proposed to improve the collaboration processes in the next phase of grant implementation:

- 1) Take a more proactive approach of engagement with community providers to ensure their active participation in the next phase of SCIG implementation by inviting them to all SCIG meetings, and an annual meeting of all SCIG members and stakeholders;
- 2) Apply “the snowball approach” by inviting new project members necessary for the programming activities, based on professional connections with the existing project members of the SCIG.
- 3) Invite the members of the SCIG working groups to participate in the meetings of other SCIG working groups as observers to facilitate coordination within the project;
- 4) Increase the use of informal communication networks at all levels to improve information exchanges between SCIG participants by including elements of social events into the formal meetings of the various working groups of the SCIG;
- 5) Develop a plan for sustaining SCIG membership and list resources that include membership guidelines and procedures related to terms of office and replacement of the SCIG members;
- 6) Reduce the level of competing priorities in views and opinions among the stakeholders involved in the process of collaboration by using group decision techniques such as expert groups, brainstorming and “devil’s advocate” techniques;
- 7) Develop the ground rules, operating protocols, decision making rules, or other rules to facilitate and improve collaboration (at the discretion of the team leaders of the working groups);
- 8) Organize more face-to-face meetings and conduct quarterly or semi-annual meetings of the SCIG, members and stakeholders to explore the untapped connections in the existing SCIG networks

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Appendix B: Strategic Plan



NEVADA STATEWIDE ADULT RECIDIVISM REDUCTION STRATEGIC PLAN: 2016-2021

INTRODUCTION

The State of Nevada Department of Corrections (NDOC) was awarded funding by the United States Department of Justice (DOJ), Office of Justice Programs, Second Chance Act Statewide Adult Recidivism Reduction Strategic Planning Program Grant to support efforts in developing a comprehensive, data-driven strategic plan with measurable benchmarks. Nevada's planning and capacity building began with Governor Sandoval's Executive Order (E.O.) 2011-25 to establish the Statewide Re-Entry Task Force. This task force included key stakeholders and policy makers statewide whom have a direct impact on the reentry process. The E.O. developed a collaborative decision-making body with a detailed planning process and structure ensuring clear expectations from all team members. Through the Re-Entry Task Force and the Steering Committee developed from the Task Force, Nevada worked to develop a data-driven approach for recidivism reduction through goal-setting; identifying valid and reliable data; target populations; and programming initiatives. By assessing current recidivism reduction policies and providing a gap assessment on current programs, Nevada is better positioned to develop a checklist driven policy, with quality reviews, assessments, and plans for corrective action programming. These efforts combined have worked to develop the five-year strategic plan proposal that includes efforts for a comprehensive sustainability plan.

Nevada utilized the technical assistance provided by the Second Chance Grant and the National Governor's Association Center for Best Practices, to adopt best practices and philosophies into Nevada's Statewide Five Year Reentry Strategic Plan. This plan has support from the Governor, the Legislature, Executive Departments, and community organizations that have a role in reentry. The strategic plan works to improve the process by which individuals are prepared for release; develops reentry initiatives that focus on building social relationship and improving access to community-based services and supports; raises the profile of reentry programs to focus on public safety and not solely a correction issues; and provided support mechanisms for employment, housing, as well as mental and physical health.

Nevada's strategic plan provides a road map for opportunities; education and wrap-around support to the individual reducing the chances of returning to prison. The NDOC will be the lead working with social service and justice partners to annually review and update the strategic plan. Partners will include state, local, and direct service providers from across the state to focus on resources for individuals released from prison to: *1) provide a continuum of care for individuals as they transition from prison-based treatment programs to community-based programs; 2) assist the individuals in obtaining gainful employment; 3) develop a state-wide, cross-discipline, evidence-based model to target individuals who are at the highest risk of recidivating; and 4) provide regular review of performance measures and evaluation to allow for corrective actions.*

NDOC incorporated data sets and information from intake, to post release, and will evaluate the location of offenders by region, socio-economic status, and need for services. Data sets will include ethnic, geographical, socio-economic, offenses, substance abuse history, and other key

data traits to ensure that longitudinal data is maintained and is consistent to identify which populations and sub-populations respond to specific strategies. The additional data sets include evaluating the Bureau Justice Studies (BJS) data collection results. This will ensure continued data-driven evaluations to support evidence-based practices and to make adjustments as required.

MISSION

The mission of the Nevada Statewide Adult Recidivism Reduction Strategic Plan is to provide strategic guidance to measure the benchmarks of public programming working to empower transitioning citizens to the community, through re-entry, self-sufficiency and public safety strategies.

NEVADA’S REENTRY VISION

Nevada’s Reentry Vision is dedicated to reducing the rate of offenders returning to incarceration by utilizing collaborative interagency partnerships and national best practices for reentry programming. Success for an offender is defined as: *having stable housing and employment, effective treatment, positive personal relationships, family support and appropriate supervision that will enable productive and law-abiding lives.* Nevada believes it has an economic and moral imperative to support offenders recently released from custody to regain entry into the community. The returning citizen is will:

- Maintain a crime free life style;
- Obtain employment or educational/vocational opportunities in the community;
- Reconnect with the family members or children;
- Access to behavioral health and physical health services.

VALUES:

Nevada has established core values to serve as a guide to actions and decision-making. Nevada will ensure accountability to these values as we work to achieve Nevada’s Vision.

VALUES	
Collaboration	Nevada will engage public, private, non-profit, faith-based and community partners, as well as the citizens in Nevada of opportunities for input on decision-making, planning, and integrate cross-agency efforts.
Effective	Nevada will make timely decisions that are cost-effective and efficient. Nevada will work to produce the best result to the public safety and greatest community benefit.
Evidence-based	Nevada will use evidence-based practices with current, accurate, valid and reliable data to guide priorities and enhance the value of actions.
Innovation	Nevada will work with research institutions, other states, and national organizations to foster creativity to meet challenges and identify opportunities for improvements.
Integrity	Nevada will exhibit the characteristics of honest and straightforward values with all citizens, state partners, agencies and national organizations. Nevada

	adheres to high standards of ethical conduct, responsiveness and quality performance. Nevada will ensure data integrity for the opportunity to replicate programs with other jurisdictions and agencies.
Respect	Nevada will respect the rule of law, and each individual, at every step of the process.
Service	Nevada works to provide comprehensive reentry programs to benefit Nevada communities. Nevada will be responsive to all inquiries, issues, or comments and ensure quality customer service responses.
Transparency	Nevada will operate with complete transparency by ensuring that communication regarding changes in policies and processes is done with regular and active community engagement.
Trustworthy	Nevada will ensure public confidence through the value system so that actions and decisions affecting public funds are open and clear.

PUBLIC BENEFITS

Nevada’s Strategic Plan will provide benefits directly to the community:

- Public safety will increase as criminal incentive decreases;
- Saving the taxpayers money from Fees caused by recidivism for police, county jail, public defenders, district attorney, courts and transportation with guards to these areas;
- Reduced cost through a reduction in recidivism rates (example: average of \$24,000 per year for the cost of incarceration pre inmate – 29% current recidivism rate); and
- Growing state and federal resources by increasing the tax-paying potential of the community.

GUIDING PRINCIPLES

- A structured reentry program with appropriate services is a legitimate community safety strategy;
- People can change if given the opportunity and resources;
- People must be held accountable;
- Change and innovation are positive and necessary;
- Targeting highest risk offenders will have the most impact;
- Targeting multiple criminogenic risk/need areas will lead to the best outcome;
- Case management is the heart of the work - it must be targeted and individualized;
- Reentry is a community issue- germane to local government;
- Neighborhood and victim representatives will have a voice in the Reentry process;
- Systems integration and collaboration is necessary for sustained success in connecting transitioning offenders to necessary support and services;
- Programs and practices must adhere to evidence-based-practices;
- Information systems must support the work through shared data between agencies and organizations; and
- Everybody matters and deserves the opportunity to succeed.

NEVADA DEPARTMENT OF CORRECTIONS POLICY AND PROGRAMS¹

The NDOC currently houses approximately 13,000 persons in its 18 operating correctional institutions, camps, and centers. The NDOC, which is overseen by the Board of State Prison Commissioners, is responsible for the housing and treatment of offenders sentenced to State prison.

Population Trends - State Prison Population		
	National	Nevada
Total Inmates 2011	1,382,418	12,778
1-year change (2010-2011)	-1.5%	0.1%
10-year change (2001-2011)	10.9%	23.4%
Average Annual Change (2000-2010)	1.1%	2.4%
Incarcerate Rate (per 100,000 residents)	443.7	469.8

Prisoners are classified by NDOC based on risk assessment and are assigned to an appropriate risk-defined facility. A prisoner may not be assigned by NDOC to a minimum-security facility if the prisoner is not eligible for parole or release within a specified period; has recently committed a serious infraction of NDOC rules; has not performed assigned duties in a faithful and orderly manner; has ever been convicted of a felony sexual offense; has been convicted within the last year of a felony involving the use or threat of force or violence; or has escaped or attempted to escape. NDOC requires each prisoner to spend 40 hours per week in vocational training or employment, unless the prisoner's behavior precludes participation or the prisoner is excused to attend class or for medical reasons. Offenders receive hourly wages for their work, and NDOC may deduct amounts from those wages to support the Fund for the Compensation of Victims of Crime; to provide support for the offender's family; for construction of new facilities for prison industry; to offset the cost of keeping the prisoner in prison; to pay the unpaid balance of fees and administrative assessments imposed on the offender; and other purposes.

STATE FUNDING

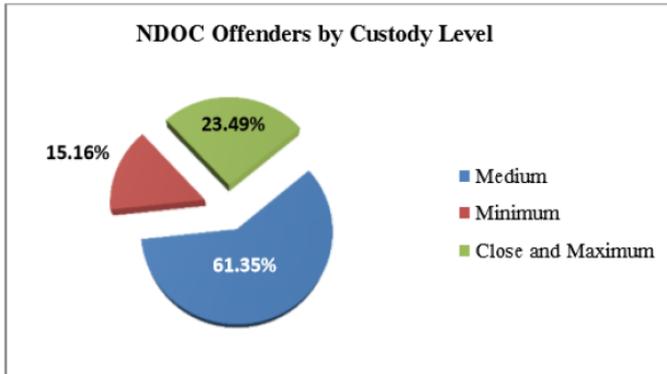
The 2015 Legislature appropriated \$521.5 million from the General Fund to NDOC for the 2015-2017 Biennium, an increase of approximately \$34.2 million, or seven (7) percent, over the \$487.3 million approved by the 2013 Legislature. The NDOC's budget is primarily driven by the projected number of inmates to be housed. The 2015-2017 Biennium budgets, as approved by the Legislature, provide for housing an average of 12,890 inmates in Fiscal Year (FY) 2016 and 12,948 in FY 2017.

DEMOGRAPHICS

The following demographics provide information on NDOC inmates, as of December 29, 2015.

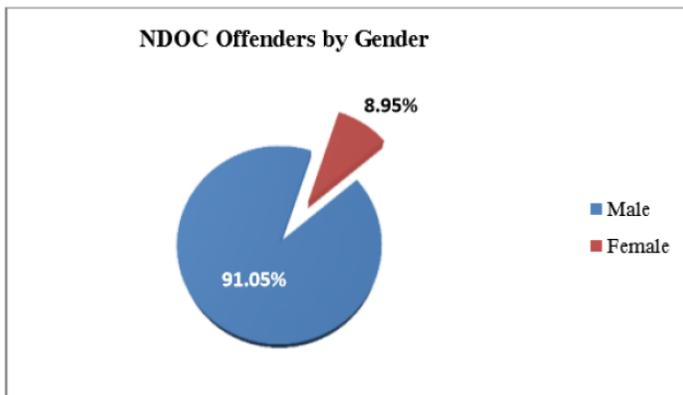
¹ <https://www.leg.state.nv.us/Division/Research/Publications/PandPReport/29-C.pdf>

- Offenders by Custody Level (minimum, medium, close and maximum):



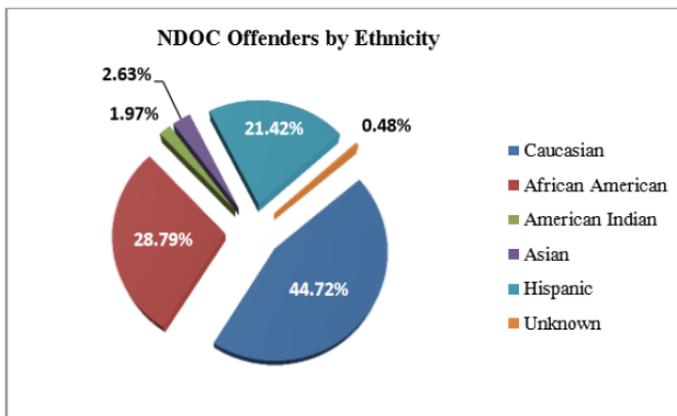
Source: NDOC, *Stat Facts*, December 29, 2015.

- Gender of Offenders:



Source: NDOC, *Stat Facts*, December 29, 2015.

- Ethnicity of Offenders:



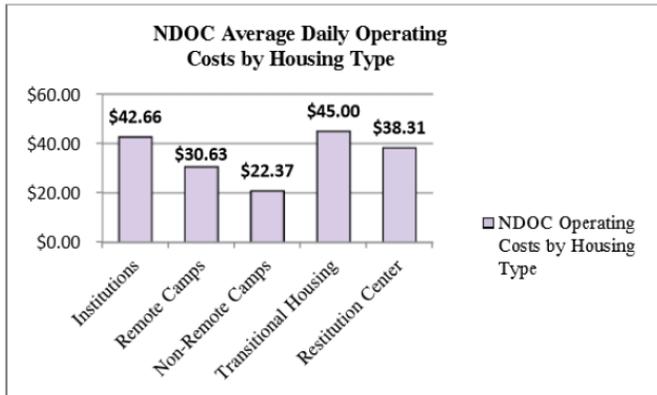
Source: NDOC, *Stat Facts*, December 29, 2015.

- Age of Offenders:

Gender	Median Age at Intake	Median Current Age
Male	32 years	37 years
Female	33 years	35 years

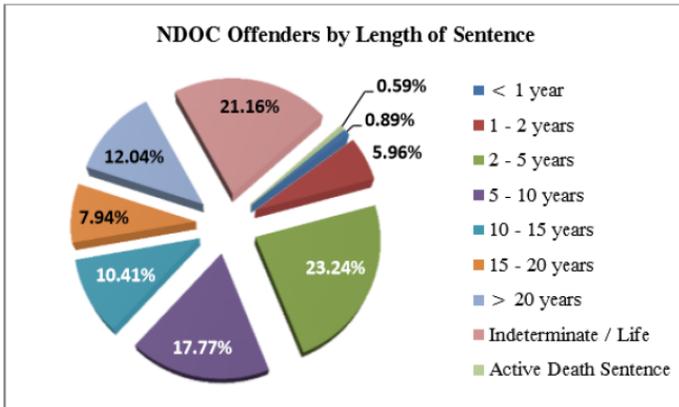
Source: NDOC, *Stat Facts*, December 29, 2015.

- Average Daily Operating Costs by Housing Type:



Source: NDOC, *Stat Facts*, December 29, 2015.

- Longest Sentence Length:



*Based on longest sentence an offender is serving.
Source: NDOC, *Stat Facts*, December 29, 2015.

RECIDIVISM RATE

The NDOC faces significant challenges in the return of adult offenders. NDOC releases approximately 5,000 offenders a year. A recent review has revealed that 83.5% of NDOC's offenders claim Nevada as their home. Of those offenders released annually, approximately 70%

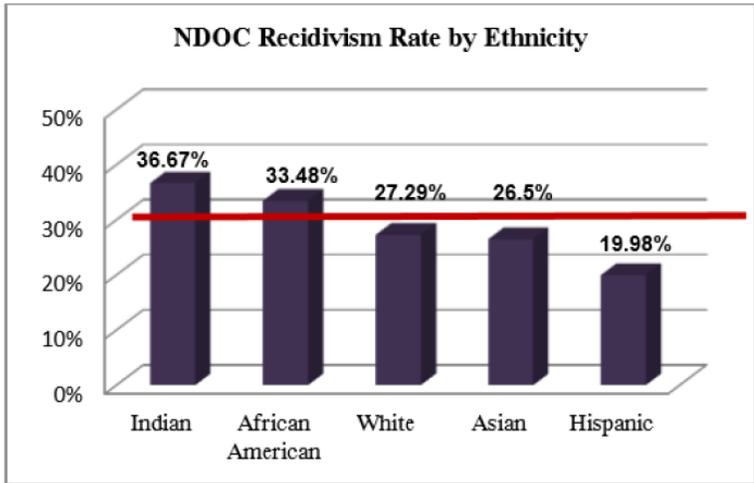
return to the Las Vegas area through parole or completion of their sentences and 30% of those released return to other parts of the state.

Nationally, approximately 600,000 inmates are released from state prisons each year. Of these, 67 percent will be rearrested and 52 percent will be re-incarcerated within three (3) years. The cost of prisoner reentry is difficult to estimate but given that a prison-bed costs an average of \$22,650 per year and that the average time served is 19 months for technical violators and 31 months for releases convicted with new sentences, the fiscal impacts are clear.

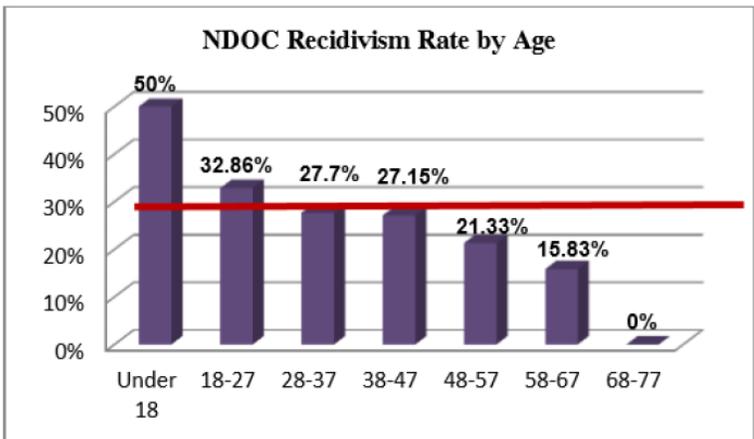
Research shows that providing services in addition to post-release supervision, such as substance abuse treatment, mental health services, job placement, vocational training, and educational programming, can lower recidivism rates and improve outcomes for returning citizens. Improved prisoner reentry strategies need to involve corrections, public safety, workforce, health, mental health, welfare, child welfare, and education systems at state and local levels. They also need to include community and faith-based organizations. Coordinating services across these agencies and in conjunction with post-release supervision requires state leadership and holistic approach that balances public safety with the needs of former inmates.

The recidivism rate is the proportion of offenders who return at least once to a correctional facility within NDOC within 36 months of parole or discharge. It is important to note that felons who re-offend in other jurisdictions are not captured in the recidivism rate. The most recently published data is included in the April 2013 NDOC report titled, Recidivism Rates for the 2009 Release Cohort. During calendar year 2009, a total of 5,692 prisoners were released from NDOC. During the following 36-month period, a total of 1,590 (28 percent) were re-admitted to NDOC. To compare this rate nationally, the most recent study by the Bureau of Justice Statistics concluded that 52 percent of offenders are re-arrested within a 36-month period. When looking at the effect of release type on recidivism, data indicate that offenders who are paroled (30 percent recidivism rate) are more likely to be re-admitted than those who are discharged (25 percent recidivism rate).

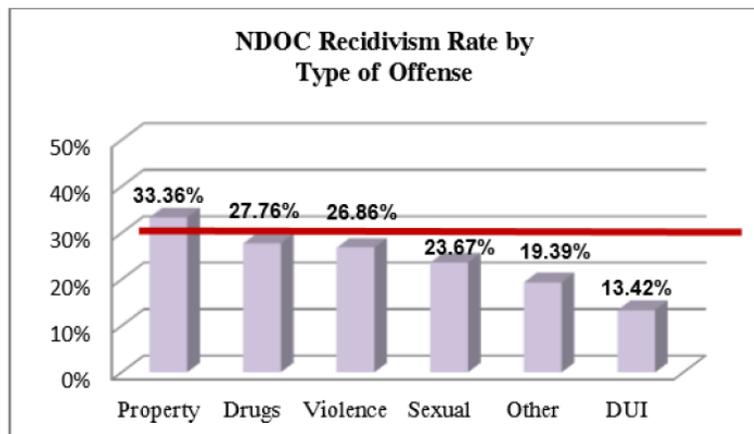
Other indicators of a higher recidivism rate include ethnicity, age, and type of offense. The following charts highlight Nevada's incarcerated population by demographic:



← Average Recidivism Rate
27.93 percent



← Average Recidivism Rate
27.93 percent



← Average Recidivism Rate
27.93 percent

IMPORTANCE OF STRATEGIC POLICY INNOVATIONS

The Nevada Governor's Association (NGA) Center for Best Practices 2005 Issue Brief, focuses on improving prisoner reentry through strategic policy innovations. The focus of a strategic policy framework for reentry works to redirect the investment states are making from incarcerating individuals, to providing services required for successful reentry into society protecting both public safety and improving financial reforms. The idea of reentry investment is to make a stronger return on investment in terms of public safety, but also working to reduce the costs to the overall state budgets. While some funds would be redirected from incarceration to reentry programs, there is an expected return on investment to state budgets to allow executive and legislative policy makers to redirect funding for critical state needs.

According to the National Association of State Budget Officers (NASBO), State Spending for Corrections, September 2013, "state spending for corrections has risen steadily over the last three decades, outpacing the overall growth in state budgets. State spending for corrections has risen steadily over the last three decades, outpacing the overall growth in state budgets. The state inmate population has grown as well, leading many states to direct more resources for prisons and incarceration, sometimes at the expense of other priorities. Corrections now comprises a larger share of general fund budgets than it did in prior decades, but policy makers have taken notice and are finding ways to reduce costs and improve outcomes while seeking to avoid jeopardizing public safety. For example, state policy makers have begun to invest in programs that reduce recidivism and expand alternatives to incarceration by instituting community supervision and/or drug treatment programs. These data driven tools are helping improve criminal justice polices, but state spending for corrections has yet to exhibit any meaningful slowdown and incarceration costs continue to rise. State spending for corrections reached \$52.4 billion in fiscal 2012 and has been higher than 7.0 percent of overall general fund expenditures every year since fiscal 2008. This suggests that criminal justice reforms have yet to reverse the persistent growth in public safety spending, and that many states still have a potential for greater savings from policy reforms."

The churning or cycle of individuals, in and out of the prison system impacts public service systems, community, families, and children. It is estimated that over 80% have some form of substance abuse issue or mental illness. Many are confronted with a lack of resources; they may find themselves homeless and unemployed struggling with lower levels of education and being unskilled in the workforce. Understanding and addressing the challenges to improve prisoner reentry requires comprehensive services as well as intensive case management. Because of their multiple needs, many returning prisoners receive services through a number of public agencies simultaneously without appropriate coordination.

TOP TWENTY (20) IDENTIFIED REENTRY CHALLENGES IN NEVADA

1. Poor basic education and marketable skills among people who are incarcerated.
2. Insufficient opportunities for people in prison to participate in vocational or educational programs.
3. Work assignments or training provided during incarceration does not always correspond to jobs available in the community.

4. Inadequate job opportunities, especially for people with few skills, in the communities to which prisoners return.
5. Statutory and regulatory barriers, in addition to employer concerns generally, regarding the employment of people with criminal records.
6. Lack of coordination between otherwise effective workforce systems and the NDOC
7. Inconsistent philosophy, over time, of how treatment and rehabilitation fits into the mission of the NDOC for managing its inmate population.
8. The lack of a comprehensive, standardized, objective and validated intake procedure that upon admission to a correctional facility assesses the strengths, risks and needs that the individual presents.
9. The inability of the NDOC and of the Department of Health and Human Services to share identified and pertinent database information from individual databases.
10. Inconsistent communication between community mental health and substance abuse treatment providers and the NDOC institutional mental health staff.
11. Inadequate pre-release planning specifically around issues of mental health and substance abuse for all offenders particularly misdemeanants.
12. A continuum of on-going case management and aftercare support (minimal to intensive) for offenders is limited to non-existent.
13. Disconnect between the mental health and substance abuse treatment provided within the NDOC and rural/frontier communities.
14. The state grant funded behavioral health programs are required to serve “priority populations” that may exclude some individuals who are reentering the community from getting treatment services.
15. Timely access to initial community mental health and substance abuse treatment is difficult and inadequate.
16. Lack of co-occurring treatment capacity in communities.
17. Community providers vary in willingness to accept clients being released and referred from the NDOC.
18. Community providers vary in skill and in capacity to address the unique needs of offenders.
19. Shortage in the behavioral health workforce; specifically, those trained to recognize and address criminal thinking errors or to simultaneously address co-occurring disorders.
20. Lack of safe, sober, and appropriate housing capacity in Nevada.

FIVE-YEAR STRATEGIC PLAN RECOMMENDATIONS

Below is Nevada’s Five-Year Strategic Plan Recommendations on Performance Goals. The Strategic Plan will create a system of best practices and administrative supports aimed at reducing the number of adult offenders who return to custody. Through the task force and partnerships, Nevada has identified ten (10) key strategies for achieving this result.

<i><u>Performance Goal 1 – Organizational/Cultural Change</u></i>		
<i>Nevada will continue to create an organizational and cultural environment that supports risk reduction and reentry work with offenders. This will include federal, state, and local restrictions and limitations on laws, regulations, ordinances and funding. This will also work to provide training and public outreach at all levels for the importance of reentry programs.</i>		
Strategies	Deliverable	Timeframe
Develop a list of programming limitations embedded in the NDOC Administrative Regulations (A/R)	Inventory of A/R policies to determine what limitations make be embedded in the NDOC organization guidelines prohibiting or limiting reentry strategies and programs	Quarterly, until complete by 2018
Develop a priority list based on gap analysis of limitations with Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC)	Inventory of policies related to criminal histories impacting employment; licenses; certifications; the number of jobs in the economy with state-created restrictions; number of people potentially impacted; and proposed impact of relief mechanisms.	Quarterly, until complete by 2020
Evaluate federal regulations to ensure Nevada is in compliance in all areas of reentry programs and eligible for funding opportunities.	Inventory of federal regulations related to criminal histories impacting employment; licenses; certifications; the number of jobs in the economy with state-created restrictions; number of people potentially impacted; and proposed impact of relief mechanisms. Produce white paper to Director of any limitations of federal funding opportunities with discrepancies between Nevada and federal requirement, programs, or regulations.	Quarterly, until complete by 2020
Develop partnerships at the city, county, and state level to provide the much needed wrap around services including: mental health, substance abuse treatment, employment, housing, healthcare, faith-based services, parenting, anger-management courses, relationship courses and victim impact panels.	Develop and engage community partners to improve communication and engage in grant funding opportunities; programming efforts; and legislative proposals. Deliverable is an annual report of additional partners and organizations working with the re-entry program. Increase partners 20% each year annually.	Annual Report to Task Force, Starting 1Q 2017
Identify training opportunities.	Develop training program for staff to improve communications and information of the importance of reentry programs; and the	Human Resource Director to

	<p>areas of assessment; quality assurance; data collection; skill building; and effective use of service in community.</p> <p>Develop training program for all NDOC employees, discussing the importance of Re-Entry programs. Schedule training and have all training completed in five years; and annually each year.</p>	<p>provide training plan by 2Q 2017; Training evaluation bi-annually</p>
<p>Develop partnerships for review and support from other departments and organizations for collaborative grant submittals; program evaluations; and program reviews.</p>	<p>Manage grant program with list of potential partners, engage community organizations for future teaming opportunities; work with public agencies around the state (local, regional, and state), on current funding and future opportunities</p>	<p>Annual funding report; and on-going grant information quarterly</p>
<p>Review Parole Policies to determine what modifications should be made to support the goals of recidivism-reduction efforts.</p>	<p>Inventory of P/P policies to determine what limitations are embedded in the Nevada Public Safety organization guidelines that restrict successful transitions to reentry programs.</p>	<p>Quarterly, until complete by 2018</p>
<p>Health and Human Services programming, policies, and funding opportunities for joint programming</p>	<p>Inventory of policies related to limitations or restrictions of collaborating on re-entry supportive programs, including mental and behavioral health, entitlement programs, and other DHHS programs and supportive programs.</p>	<p>Quarterly, until complete by 2018</p>
<p>Support and/or recommend proposed legislation, policies and practices that will facilitate the successful reintegration of formerly incarcerated persons.</p>	<p>Develop report based on all regulatory reviews to determine what Bill Draft Reports need revising; created; or deleted.</p>	<p>Bi-Annually</p>

Performance Goal 2– Community Corrections

Nevada will continue the collaborative process by engaging partners across the State, and National best practice efforts, to improve the evidence-based programming; collecting appropriate valid and reliable data to direct decisions; for a collaborative and comprehensive approach to Re-Entry programming.

Strategies	Deliverable	Timeframe
<p>Develop comprehensive partnerships at the city, county, and state level to provide the much needed wrap around services including: mental health, substance abuse treatment, employment, housing, healthcare, faith-based services, parenting, anger-management courses, relationship courses and victim impact panels</p>	<p>Re-Entry Coordinator to develop a statewide (county by county) resource book of organizations, community service programs, peer-to-peer, faith-based, and public agencies available to support re-entry programs from counseling, medical to employment, including contact information, funding</p>	<p>3Q 2017</p>

	mechanisms, and types of support services. Ensure program supports in every county.	
Coordinate with community restorative justice programs to ensure victim concerns are addressed and considered part of the offender's re-entry	Ensure active participation and appointment to serve on Task Force and Steering Committee to include comments on all decision making process. Annual public meeting for victim services on Re-Entry, provide report to Prison Commission (By July, annually)	Appointment verification by 4Q 2016
Provide education to the community about re-entry and why it is important to Nevada; the community; and to taxpayers	Provide fact sheet on benefits of re-entry programs Survey link for comments on reentry fact sheet, review and address comments annually; Fact sheet to be accessible via the NDOC website	2Q 2018
Identify training opportunities with community partners	Training opportunities for parole and probation; health and human services; and community partners to highlight the collaborative relationships and programs required for successful reentry programs and the benefits to each program. Identify number of individuals trained by each agency at the end of each year, for the annual report	4Q Annually
Develop changes in supervision policies	Community supervision officers can administratively modify conditions of supervision in response to changes in the behavior of the individual being supervised Aftercare plans are developed with the input of community-service providers prior to discharge from supervision	4Q 2017

Performance Goal 3– Workforce Partnerships

Expand workforce partnerships to support employment of released offenders. Increase the ability of the reentry programs to support the ability of new citizens to obtain and sustain employment, and promote and facilitate the creation of job opportunities that will benefit the community.

Strategies	Deliverable	Timeframe
Better educate employers about financial incentives for hiring felons such as the	Develop a fact sheet to provide to employers.	4Q 2017

Federal Bonding Program and Work Opportunity Tax Credit program.	Attend workforce industry specific meetings (at least once annually), to provide information to labor market specific leaders on financial incentives and discuss opportunities for re-entry partnerships. Report of industry specific organizational meetings; provide list of all LMI specific organizations; attend annually and provide information to Deputy Director of Programs Quarterly	
Determine which industries and employers are willing to hire people with criminal records and encourage job development and placement in those sectors.	Provide at least twenty direct employment agencies in the resource guide, and increase each year by 20%, over the next five-years. Provide a report annually of the number of hires by each organization, and the success of each individual maintaining employment, or moving to another position	4Q 2016
Use probation and parole officer or third-party intermediaries to assist employers with the supervision and management of employees.	Probation and Parole to develop policies and procedures; checklists; and opportunities to engage with employers to support reentry programs	2Q 2017 to the State Prison Board
Examine existing partners and develop metrics to determine if the reentry programming and funds are being utilized appropriately and their success rate with placement and services of released offenders	Identify current funding partners for re-entry and develop standard metrics Provide evaluation report of offenders	4Q 2018
Provide details of organizations to support offenders with job interview techniques and the development of resumes, work clothes, and necessary transportation and job employment resources	Identify at least two organizations in each rural county; and ten in Clark County to be included in the initial resource manual. Increase organizations by 10% each year annually.	4Q Annually
Re-entry program success	Increase the ability of offenders to sustain employment, with 50% of the offenders who are high risk in education/employment becoming employed within 30 days of release and remaining employed at least 6 months with the same employer.	4Q Annually
Ensure institutional educational and training programs are consistent with those offered by state Job Centers	Provide a list of programming educational and training programs; and link with job centers	2Q 2017

Identification of Apprenticeship programs within and outside of NDOC	Provide a list of programming educational and training programs; and link with job centers	2Q 2017
Organize job fairs inside and outside of appropriate institutions	Develop job fair program; and list of potential participatory organizations; develop the first job fair bi-annually	1Q 2018

<i>Performance Goal 4– Educational and Vocational Training</i>		
<i>Working collaboratively to identify educational, vocational, and apprenticeship programs at intake and for re-entry programs that are in line with Nevada’s labor market information (LMI) demands.</i>		
Strategies	Deliverable	Timeframe
Utilize effect intake tool to determine educational function level, literacy assessment; and make determination if related to learning challenges; lack of education; drug or alcohol abuse; and/or language or ethnic understandings	<p>Identification of intake tool</p> <p>Document information for programming improvements</p> <p>Provide gap analysis of education needs</p>	1Q 2017
Implementation of intake tool, with procedures on planning program	<p>Provide intake process with a list of potential education or training programs available while incarcerated.</p> <p>Provide checklist to each inmate of interest in any of the programs during initial screening.</p> <p>Identify percentage of inmates interested in programs; and annually provide documentation as to what programs inmates took advantage of - provide a report annually of the gaps with those who are entering prison.</p> <p>Re-entry staff to assign inmates to adult basic education; vocational or other programming</p>	4Q 2017
Implement computer literacy evaluation and High School Equivalency (HSE)	<p>Develop computer literacy classes for reentry programs</p> <p>Support the HSE or high school graduation prior to release. Develop program for 75% completion by all participants in Reentry program.</p>	2Q 2018
Vocational training is difficult to arrange during incarceration due to the lack of available funding to reimburse the vendors for transportation costs of staff, equipment	Provide outtake processing of all prisoners on the level of education and work experience of vocational training completed while incarcerated; provide	4Q 2018

and material. Develop opportunities for vocational training.	recommendations for expanding vocational programming	
Add program officers or Re-entry staff to all institutions to facilitate classes in vocational training, life style changes, vocational training and educational possibilities.	Training program to be developed and scheduled	4Q 2017

<i>Performance Goal 5– Affordable and Accessible Housing</i>		
<i>Identify and expand affordable, safe and accessible transitional and permanent housing for returning citizens in the reentry programs.</i>		
Strategies	Deliverable	Timeframe
Work through the Housing Authorities and partners to identify housing for low-income individuals as part of the reentry program.	Identify all housing partners available for low-income individuals as part of the reentry program and include in the resource manual	3Q 2017
Develop partnerships with additional organizations to engage in providing housing of offenders.	Increase number of housing options by 10% each year, for each five years	
Metric development of housing providers	Examine existing partners and develop metrics to determine if the reentry programming and funds are being utilized appropriately and their success rate with placement and services of released offenders	2Q 2017
Increase the use of subsidized housing.	Identify current subsidized programs, to include in the resource guide. Increase access to housing by 10% each year	4Q and annually
Work with Veterans; Salvation Army; and other non-profit organizations for the identification of supportive mechanisms for housing of transitioning citizens	Providing training to reentry participants on filling out rental applications; requirements; and budgeting.	Quarterly
Review the policies for housing to be determined prior to release, and what proposals should be examined to facilitate a streamlined process.	Develop tracking mechanism to determine the amount of time a reentry individual is in transitional housing to a permanent housing.	2Q 2017

electronically share appropriate health information		
Ensure all offenders who are high risk for substance abuse are assessed, have timely access to treatment in the facilities and in the community, so revocations due to drug use, treatment failure, positive drug tests, or absconding due to substance use	Reduce by 50% by year 3	Annually
Ensure that all offenders with mental health needs have adequate transitional planning and connection to ongoing, timely and targeted services upon return to their communities, so recidivism due to lack of treatment/medication	Reduce by 50% by year 3	Annually
Ensure transition plans are provided for all those prior to release.	100% Transition plans by year 2; Corrective Action Plan for any missed transition plans	Monthly Evaluation
Community supervision officers are trained to understand and respond effectively to the special needs of individuals with mental illnesses, substance use disorders, or co-occurring disorders	Developing training program	4Q 2017

<i>Performance Goal 7– Increase the utilization of faith and community based programs for peer support, volunteers and community integration.</i>		
Strategies	Deliverable	Timeframe
Identify community and faith-based programs to provide peer support and volunteers	Include community and faith based organizations in the resource manual; and expand by 10% annually	2Q 2017
Increase the number of peer support volunteers	Identify protocols, policies, procedures and limitations so that peer support volunteers can be expended in custody, while in the reentry program, and in community programming and transitioning	3Q 2017 and Quarterly
Expand community based services	Identify protocols, policies, procedures and limitations so that community programs can be expended in custody, while in the reentry program, and in community programming and transitioning	3Q 2017 and Quarterly
Work with family organizations in the community to encourage inmates to apply for classes and training while incarcerated; provide training and support	Number of family organizations working with NDOC and increased by 10% annually	2Q 2017

Performance Goal 8– Improve the State’s ability to collect, analyze and disseminate criminal justice data.

Continue the collaborative process and continue to improve the evidence-based programming; collecting appropriate valid and reliable data to direct decisions; and engage partners across the state for a comprehensive approach to Reentry programming.

Strategies	Deliverable	Timeframe
Develop a comprehensive system for the collection and evaluation of Nevada criminal justice data that will permit ongoing monitoring and evaluation of the risk reduction and reentry initiatives.	Develop baseline of historical trend data; Engage computer tracking system; Develop training program.	4Q 2017
Quality Control on data collection, validation and information	Identify and fill data gaps, better supervise and train those entering the data, (3) better insure the integrity, consistency and reliability of the data, and (4) develop a mechanism that aggregates criminal justice data across agency lines	4Q 2017
Evaluation standards	Objective Evaluation of goals and progress towards the integration of an effective re-entry policy; Evaluate program metrics on demographic data and provide recommendation of changes; what data and evidence based practices have achieved the desired results; or recommend changes	4Q 2017
Standardized Manual	Develop data control manual with procedures of data collection; definition of data metrics;	4Q 2017

**Performance Goal 9:
Improve system of care for mental, medical and dental health needs**

Strategies	Deliverable	Timeframe
Develop resources for medical care including physicians, dental care, counseling, and hospitals available to assist with medical costs for ex-offenders	Comprehensive resource manual with providers	2Q 2017
Develop streamlined process for prescription drug prescriptions; and coordination of care	Re-entry staff working with grants and local volunteers in the community could assist in gaining these needed funds. Inside the prisons, re-entry staff could start the paperwork process to obtain this assistance – such as the Medicine Cabinet	2Q 2017
Ensure medical transition plans are provided prior to release	Ensure 100% medical transition plans	2Q 2017

Performance Goal 10– Promote Self Sufficiency

Promote self-sufficiency of the inmates during incarceration to assist with adaptation to community life.

Strategies	Deliverable	Timeframe
P&P to work with NDOC on the identification of prior offenses	Identification of warrants or other crimes and providing offender steps to quash or resolve; prior to release Upon release 85% of returning citizens will transition to the community without warrants or outstanding offenses	3Q 2017
Obtaining State Identification	Many prisoners are released without state-issued identification or without the documentation (e.g., birth certificate, social security card) that would allow them to obtain state-issued identification. 100% offenders have some form of legal identification	4Q 2017
Examine limitations of maintaining official identification while incarcerated	Evaluate laws that revoke driver’s license for other than driving under the influence of controlled substance	4Q 2017
Intensive case management both pre- and post-release to assist with overcoming the barriers to successful re-entry Provide support system	Develop and implement an individualized transition planning process for each released inmate, including a transition plan; type and level of pre- and post-release resources; coordination with local law enforcement and/or a community supervision agency; and other local service and faith or community organizations.	4Q 2017
Develop training and programs to support the successful re-entry	Develop programs related to health classes; group counseling (incarcerated and upon release); life skills; computer training; transportation; how to complete applications; and access services	4Q 2017

HISTORICAL REFERENCE

DATA	BASELINE	2021
New offenses (not under supervision)	<i>515 (9.77% return rate, 33.57% of all returns)</i>	
Parole revocation - new offense	<i>78 (1.48% return rate, 5.08% of all returns)</i>	
Parole revocation - technical	<i>869 (16.49%, 56.65% of all returns)</i>	
Probation revocation - new offense	<i>11 (.21%, .72% of all returns)</i>	
Probation revocation - technical	<i>56 (1.06%, 3.65% of all returns)</i>	
Recidivism risk levels	<i>Not available for the 2011 release cohort. The Nevada Risk Assessment System (NRAS), which is the risk and needs assessment NDOC currently uses, was not implemented until 2013</i>	
Mental health status	<i>Not available at this time for this specific 2011 release cohort. In NDOC's total population, as of June 30, 2015, approximately 16% were identified with either a mild, moderate, or severe mental impairment. NDOC is in the process of automating the data collection system using a standardized instrument to capture this type of information and will have a system in place by the time the grant is awarded.</i>	
Substance use status	<i>Approximately 70% of all NDOC inmates between 2012-2015 were convicted of crimes that also involved some type of substance use. Specific data are not available for the 2011 release cohort. However, NDOC is in the process of automating the data collection system to capture this type of information and will have a system in place by the time the grant is</i>	

	<i>awarded. More recent data from 2013 show 77% of property offenders who returned to NDOC with a new commitment were considered to moderate to very high risk, and substance abuse was either a factor in the crime, or the individual had some history of substance abuse, or both.</i>	
Age (define groupings)	<i>16-25 (21.71%), 26-35 (35.33%), 36-45 (24.84%), 46-55 (14.73%), 56-65 (3.06%), 66-75 (.33%).</i>	
Gender	<i>180 female (12% of returns, 25.10% recidivism rate); 1,354 males (88% of returns, 29.73% recidivism rate)</i>	
Geographic Regions	<i>Major metropolitan areas; top three counties; Clark County (67.31%) Washoe County (18.35%), Carson City (2.30%).</i>	
What is the state's short-term (2-year) recidivism reduction goal for the target population?	<i>The short-term goal is to reduce the recidivism rate of the target population by 15%, over a two-year period.</i>	
What is the state's long-term (5-year) recidivism reduction goal for the target population?	<i>The long-term goal is to reduce the recidivism rate of the target population by 50%, over a 5-year period.</i>	
What is the state's short-term (2-year) recidivism reduction goal for the statewide population?	<i>The statewide short-term goal is to reduce the recidivism rate of the state's NDOC population by 4%, over a two-year period.</i>	
What is the state's long-term (5-year) recidivism reduction goal for the statewide population?	<i>The statewide long-term goal is to reduce the recidivism rate of the state's NDOC population by 11%, over a five-year period.</i>	

Appendix C: Principles of Effective Intervention



Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention



Project Vision: To build learning organizations that reduce recidivism through systemic integration of evidence-based principles in collaboration with community and justice partners.

Introduction and Background

Until recently, community corrections has suffered from a lack of research that identified proven methods of reducing offender recidivism. Recent research efforts based on meta-analysis (the syntheses of data from many research studies) (McGuire, 2002; Sherman et al, 1998), cost-benefit analysis (Aos, 1998) and specific clinical trials (Henggeler et al, 1997; Meyers et al, 2002) have broken through this barrier and are now providing the field with indications of how to better reduce recidivism.

This research indicates that certain programs and intervention

strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism. This same research literature suggests that few community supervision agencies (probation, parole, residential community corrections) in the U.S. are using these effective interventions and their related concepts/principles.

The conventional approach to supervision in this country emphasizes individual accountability from offenders and their supervising officers without consistently providing either with the skills, tools, and resources that science

indicates are necessary to accomplish risk and recidivism reduction. Despite the evidence that indicates otherwise, officers continue to be trained and expected to meet minimal contact standards which stress rates of contacts and largely ignore the opportunities these contacts have for effectively reinforcing behavioral change. Officers and offenders are not so much clearly directed what to do, as what not to do.

An integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and evidence supported practice in community corrections. This model must incorporate both existing research findings and operational methods of implementation. The biggest challenge in adopting better interventions isn't identifying the interventions with the best evidence, so much as it is changing our existing systems to appropriately support the new innovations. Identifying interventions with good research support and realigning the necessary organizational infrastructure are both fundamental to evidence-based practice.

Specificity regarding the desired outcomes is essential to achieving system improvement. -Harris, 1986; O'Leary & Clear, 1997

An Integrated Model



Scientific learning is impossible without evidence.

Evidence-Based Practice (EBP)

Evidence-based practice is a significant trend throughout all human service fields that emphasize outcomes. Interventions within corrections are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety.

This document presents a model or framework based on a set of principles for effective offender interventions within federal, state, local, or private community corrections systems. Models provide us with tangible reference points as we face unfamiliar tasks and experiences. Some models are very abstract, for example entailing only a set of testable propositions or principles. Other models, conversely, may

be quite concrete and detail oriented.

The field of community corrections is beginning to recognize its need, not only for more effective interventions, but for models that integrate seemingly disparate *best practices* (Bogue 2002; Carey 2002; Corbett et al. 1999; Gornik 2001; Lipton et al. 2000; Taxman and Byrne 2001).

As a part of their strategy for facilitating the implementation of effective interventions, the National Institute of Correction (NIC), Community Corrections Division has entered into a collaborative effort with the Crime and Justice Institute to

Evidence-Based Practice (EBP) (con't.)

(Continued from pg 1)

develop a model for implementing evidence-based practice in criminal justice systems. This *Integrated Model* emphasizes the importance of focusing equally on evidence-based practices, organizational change, and collaboration to achieve successful and lasting change. The scope of the model is broad enough that it can be applied to all components of the criminal justice system (pretrial, jail, probation, parole, private/public, etc.) and across varying jurisdictions (local, county, state, etc.).

Community corrections will only develop into a "science" as it increases its commitment to measurable outcomes.

This model recognizes that simply expounding on scientific principles is not sufficient to guide the ongoing political and organizational change necessary to support implementation of evidence-based principles in a complex system. While this paper focuses on the evidence-based principles, there are two additional papers that focus on the other model components (organizational development and collaboration).

The evidence-based principles component of the integrated model highlights eight principles for effective offender interventions. The organization or system that is most successful in initiating and maintaining offender interventions and supervision practices consistent with these principles will likely realize the greatest recidivism reductions.

Clarifying Terms:

The terms *best practices*, *what works*, and *evidence-based practice* (EBP) are often used interchangeably. While these *buzz words* refer to similar notions, pointing out the subtle distinctions between them helps to clarify the distinct meaning of *evidence-based practices*.

For example, *best practices* do not necessarily imply attention to outcomes, evidence, or measurable standards. Best practices are often based on the collective experience and wisdom of the field rather scientifically tested knowledge.

What works implies linkage to general outcomes, but does not specify the kind of outcomes desired (e.g. just desserts, deterrence, organizational efficiency, rehabilitation, etc.). Specificity regarding the desired outcomes is essential to achieving system improvement (Harris 1986; O'Leary and Clear 1997).

In contrast, *evidence-based practice* implies that **1)** there is a definable outcome(s); **2)** it is measurable; and **3)** it is defined according to practical realities (recidivism, victim satisfaction, etc.). Thus, while these three terms are often used interchangeably, EBP is more appropriate for outcome focused human service disciplines (Ratcliffe et al, 2000; Tilley & Laycock, 2001; AMA, 1992; Springer et al, 2003; McDonald, 2003).

Any agency interested in understanding and improving outcomes, must reckon with managing the operation as a set of highly interdependent systems.

(See Appendix A.)

Two fundamentally different approaches are necessary for such an alteration in priorities.

(See Appendix B.)

The current research on offender rehabilitation and behavioral change is now sufficient to enable corrections to make meaningful inferences regarding what works in our field to reduce recidivism and improve public safety. Based upon previous compilations of research findings and recommendations (Burrell, 2000; Carey, 2002; Currie, 1998; Corbett et al, 1999; Elliott et al, 2001; McGuire, 2002; Latessa et al, 2002; Sherman et al, 1998; Taxman & Byrne, 2001), there now exists a coherent framework of guiding principles. These principles are interdependent and each is supported by existing research. (see Appendix A)

Page 2

Evidence-Based Practice (EBP) (con't.)

The following framework of principles is listed in developmental order and they are all highly interdependent. For example, offender assessments must consider both risk to reoffend and criminogenic needs, in that order. Research indicates that resources are used more effectively when they are focused on higher-risk rather than lower-risk offenders, therefore considering offenders' risk to reoffend prior to addressing criminogenic needs allows agencies to target resources on higher-risk offenders (*see Appendix B*).

Eight Evidence-Based Principles for Effective Interventions

1. Assess Actuarial Risk/Needs.
2. Enhance Intrinsic Motivation.
3. Target Interventions.
 - a. *Risk Principle*: Prioritize supervision and treatment resources for higher risk offenders.
 - b. *Need Principle*: Target interventions to criminogenic needs.
 - c. *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
 - d. *Dosage*: Structure 40-70% of high-risk offenders' time for 3-9 months.
 - e. *Treatment*: Integrate treatment into the full sentence/sanction requirements.
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).
5. Increase Positive Reinforcement.
6. Engage Ongoing Support in Natural Communities.
7. Measure Relevant Processes/Practices.
8. Provide Measurement Feedback.

1) Assess Actuarial Risk/Needs.

Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e.: supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsivity). Offender assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the jurisdiction of supervision.

(Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)

Questions to Ask:

- *Does the assessment tool we're using measure for criminogenic risk and need?*
- *How are officers trained to conduct the assessment interview?*
- *What quality assurance is in place to ensure that assessments are conducted appropriately?*
- *How is the assessment information captured and used in the development of case plans?*

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

2) Enhance Intrinsic Motivation.

Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an *inside job*; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution staff. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.

(Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)

Questions to Ask:

- *Are officers and program staff trained in motivational interviewing techniques?*
- *What quality assurance is in place?*
- *Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with offenders?*

3) Target Interventions.

- A. **RISK PRINCIPLE:** Prioritize supervision and treatment resources for higher risk offenders.
- B. **NEED PRINCIPLE:** Target interventions to criminogenic needs.
- C. **RESPONSIVITY PRINCIPLE:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.
- D. **DOSAGE:** Structure 40-70% of high-risk offenders' time for 3-9 months.
- E. **TREATMENT PRINCIPLE:** Integrate treatment into the full sentence/sanction requirements.

a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. Reducing the recidivism rates of these higher risk offenders reaps a much larger *bang-for-the-buck*.

Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and placement of offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.

(Gendreau, 1997; Andrews & Bonta, 1998; Harland, 1996; Sherman, et al, 1998; McGuire, 2001, 2002)

b) Criminogenic Need Principle

Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.

(Andrews & Bonta, 1998; Lipton, et al, 2000; Elliott, 2001; Harland, 1996)

(Continued on pg 5)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

(Continued from pg 4)

c) Responsivity Principle

Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment.

The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions.

Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including:

- a) Matching treatment type to offender; and
- b) Matching style and methods of communication with offender's stage of change readiness.

(Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)

d) Dosage

Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. During the initial three to nine months post-release, 40%-70% of their free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.) Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.

(Palmer, 1995; Gendreau & Goggin, 1995; Steadman, 1995; Silverman, et al, 2000)

e) Treatment Principle

Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process.

Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.

(Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)

Questions to Ask:

- *How do we manage offenders assessed as low risk to reoffend?*
- *Does our assessment tool assess for criminogenic need?*
- *How are criminogenic risk and need information incorporated into offender case plans?*
- *How are offenders matched to treatment resources?*
- *How structured are our caseplans for offenders, especially during the three to nine month period in the community after leaving an institution?*
- *How are staff held accountable for using assessment information to develop a case plan and then subsequently using that caseplan to manage an offender?*

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

4) Skill Train with Directed Practice (using cognitive-behavioral treatment methods).

Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism.

(Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002)

Questions to Ask:

- *How are social learning techniques incorporated into the programs we deliver?*
- *How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?*
- *Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?*

5) Increase Positive Reinforcement.

When learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time, when approached with *carrots* rather than *sticks*. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments.

This type of extrinsic motivation can often be useful for beginning the process of behavior change.

(Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al, 1963; Bandura, 1996)

Questions to Ask:

- *Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?*
- *Do our staff understand and use the four-to-one theory in their interactions with offenders?*

6) Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members.

(Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O'Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter, 2003; Meyers et al, 2002)

Questions to Ask:

- *Do we engage community supports for offenders as a regular part of case planning?*
- *How do we measure our community network contacts as they relate to an offender?*

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

7) Measure Relevant Processes/Practices.

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess offender change in cognitive and skill development, and evaluate offender recidivism, if services are to remain effective.

In addition to routinely measuring and documenting offender change, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

(Henggeler et al, 1997; Milhalic & Irwin, 2003; Miller, 1988; Meyers et al, 1995; Azrin, 1982; Meyers, 2002; Hanson & Harris, 1998; Waltz et al, 1993; Hogue et al, 1998; Miller & Mount, 2001; Gendreau et al, 1996; Dilulio, 1993)

Questions to Ask:

- *What data do we collect regarding offender assessment and case management?*
- *How do we measure incremental offender change while they are under supervision?*
- *What are our outcome measures and how do we track them?*
- *How do we measure staff performance? What data do we use? How is that data collected?*

8) Provide Measurement Feedback.

Once a method for measuring relevant processes / practices is in place (principle seven), the information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days; treatment engagement; goal achievement).

The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission. Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.

(Miller, 1988; Project Match Research Group, 1997; Agostinelli et al, 1995; Alvero et al, 2001; Baer et al, 1992; Decker, 1983; Luderman, 1991; Miller, 1995; Zemke, 2001; Elliott, 1980)

Questions to Ask:

- *How is information regarding offender change and outcomes shared with officers? With offenders?*
- *With whom do we share information regarding outcome measures?*
- *How is staff performance data used in the performance evaluation process?*

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

Conclusion

Aligning these evidence-based principles with the core components of an agency is a consummate challenge and will largely determine the impact the agency has on sustained reductions in recidivism. In order to accomplish this shift to an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. The scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission by themselves. Leadership in organizational change and collaboration for systemic change are also necessary.

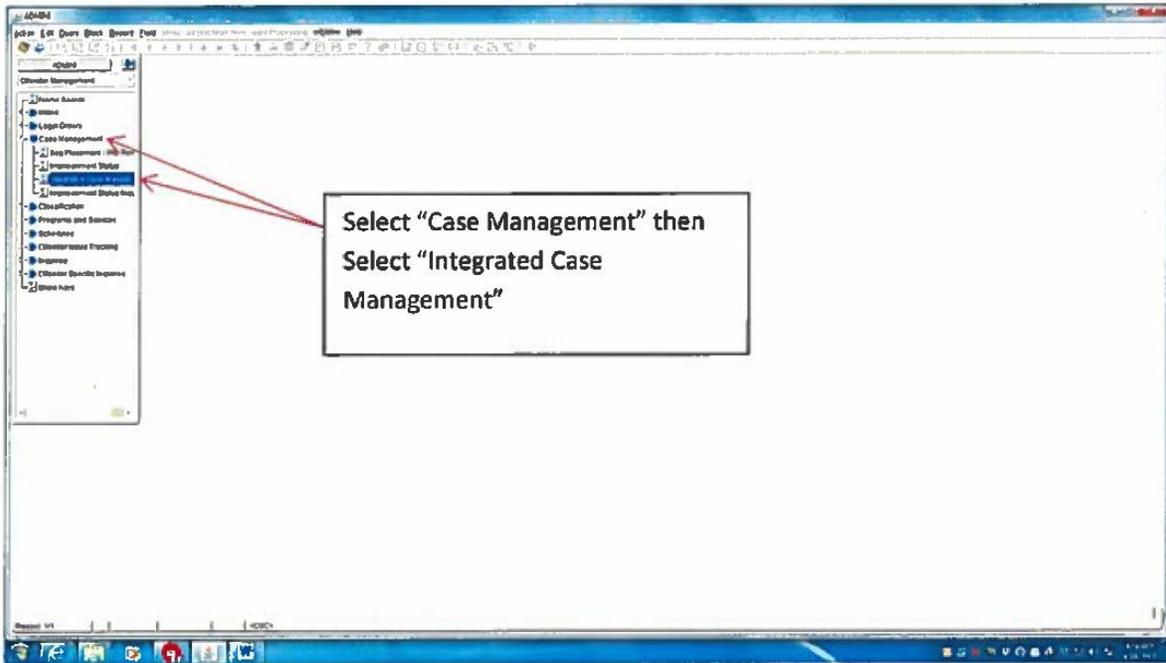
The framework of principles and the developmental model they comprise can and should be operationalized at three critical levels: 1) the individual case; 2) the agency; and 3) the system. At each of these levels thorough, comprehensive, and strategic planning will be necessary in order to succeed. Identifying, prioritizing, and formulating well-timed plans for addressing such particular issues are tasks requiring system collaboration and a focus on organizational development.

A final caveat here is a caution about implementation; the devil's in the details. Though the track record for program implementation in corrections may not be especially stellar, there is helpful literature regarding implementation principles. Prior to embarking on any implementation or strategic planning project, a succinct review of this literature is recommended (Mihalic & Irwin, 2003; Ellickson et al, 1983; Durlak, 1998; Gendreau et al, 1999; Gottfredson et al, 2000; Henggeler et al, 1997; Harris & Smith, 1996).

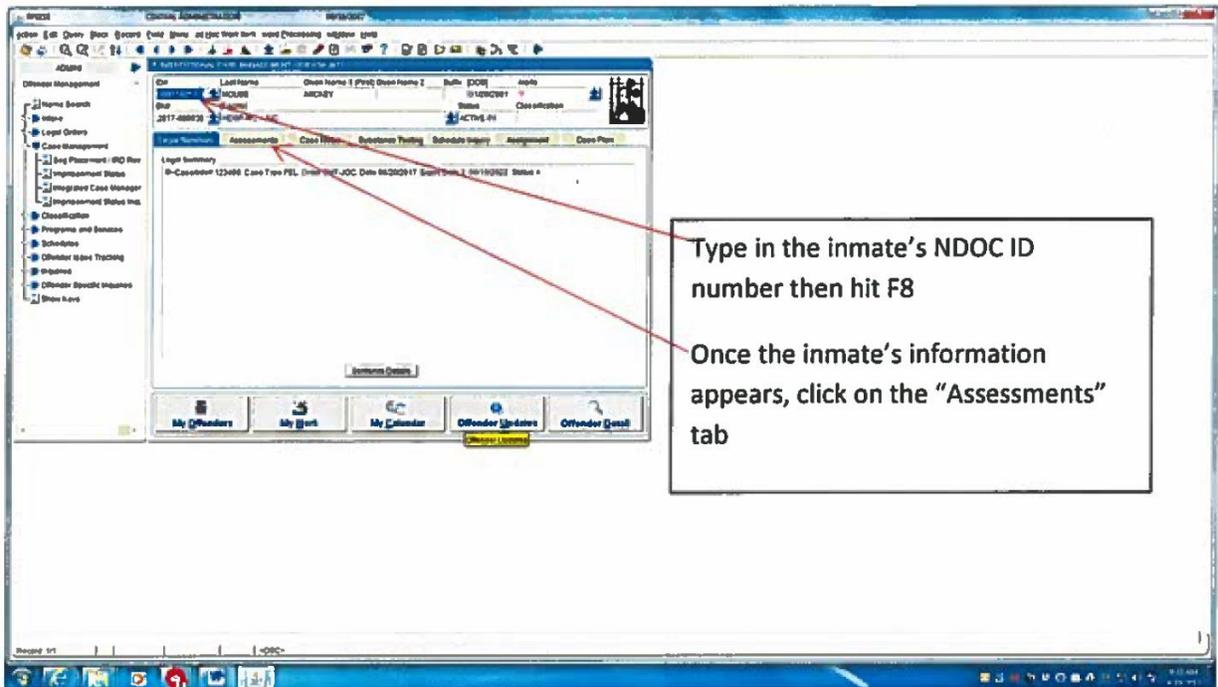
*Initial assessment followed by
motivational enhancement will help
staff to prepare for the significant
changes ahead.
(See Appendix C.)*

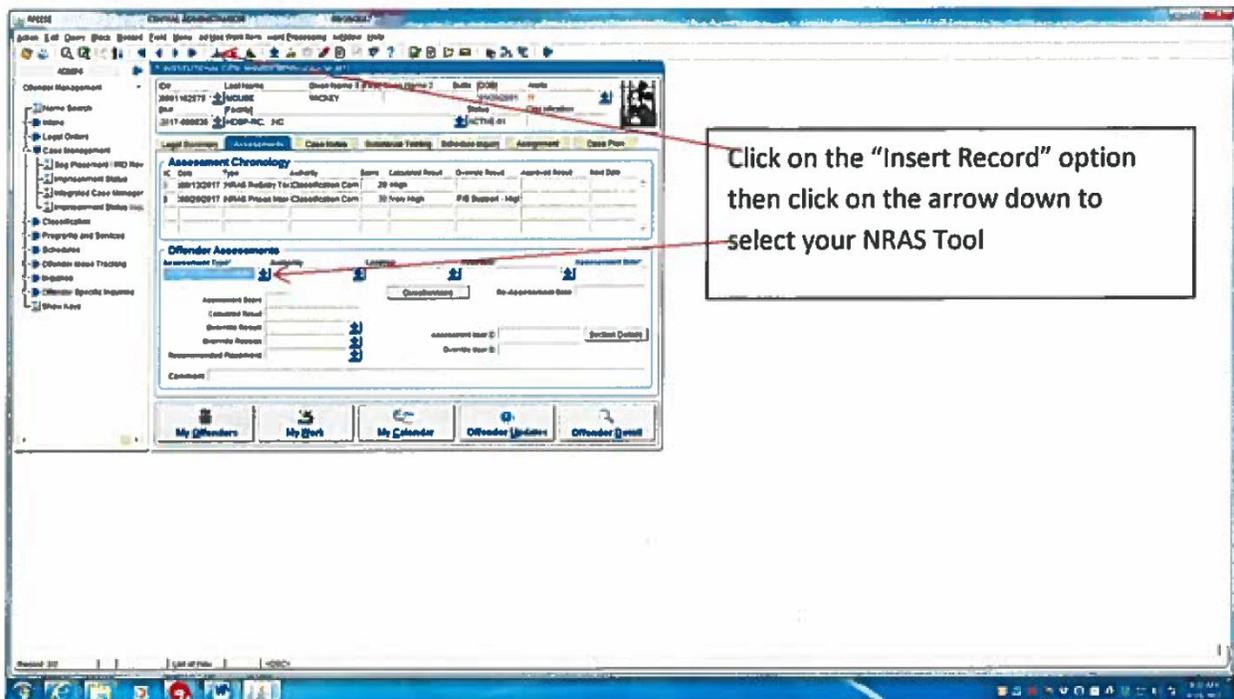
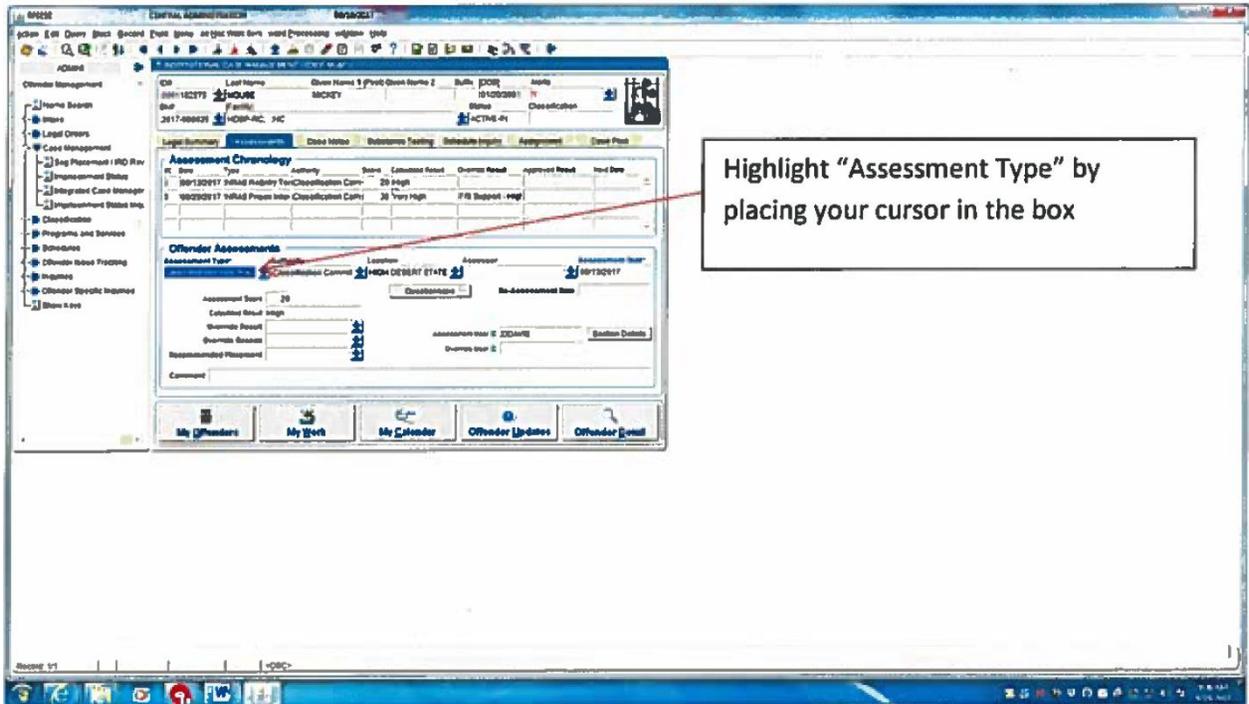
*At an organizational level, gaining
appreciation for outcome
measurement begins with establishing
relevant performance measurement
(See Appendix D.)*

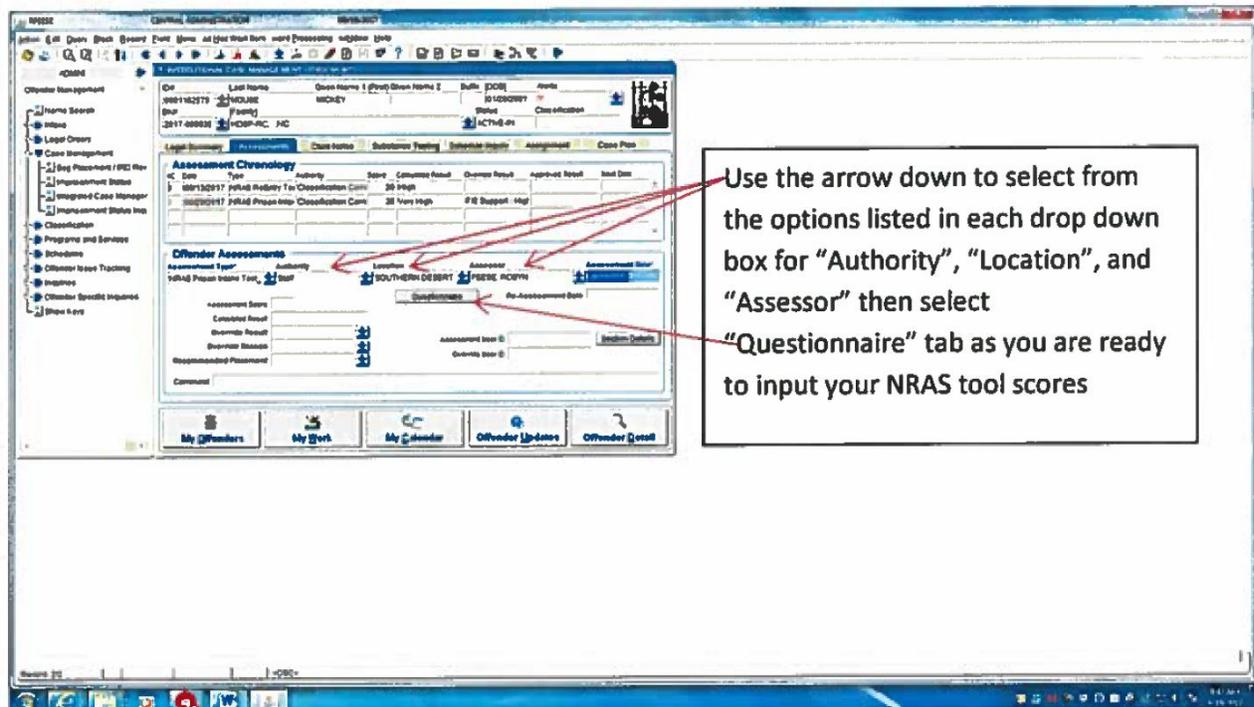
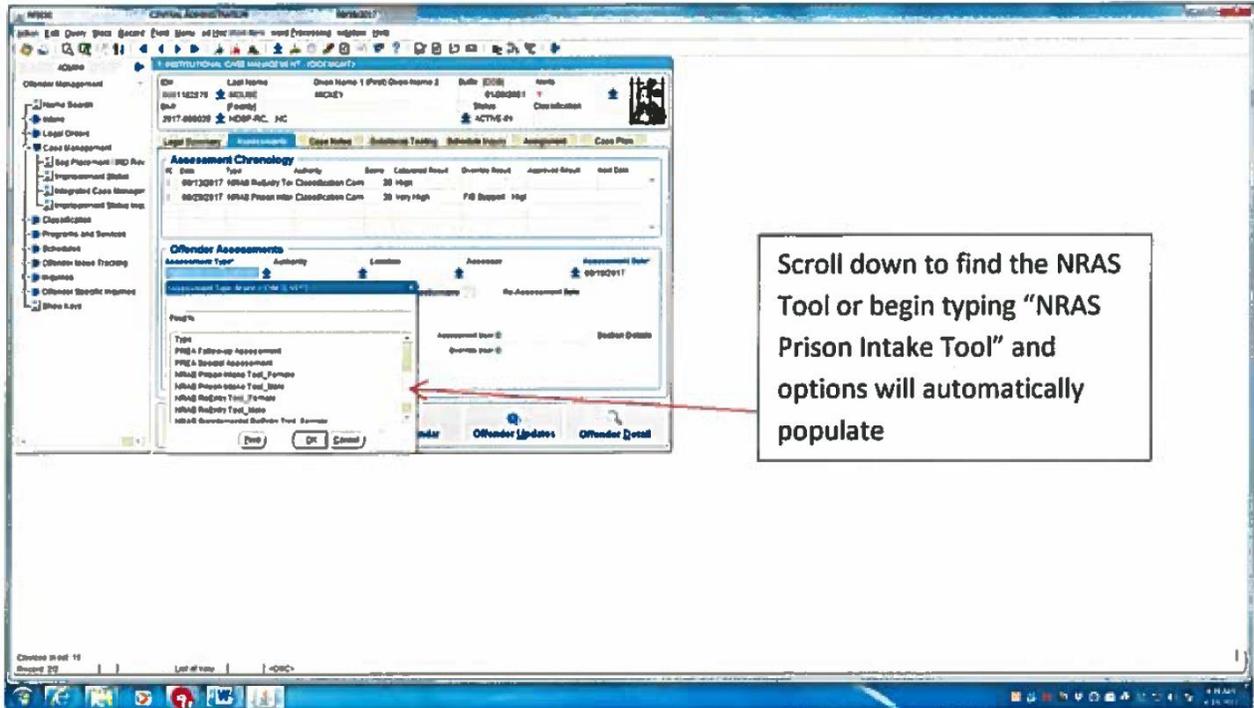
*Too often programs or practices are promoted as having
research support without any regard for either the quality
or the research methods that were employed.
(See Appendix E.)*



9OCT2017 Revised 1







This screenshot shows the NRAS Tool Automation Screen. The interface includes a sidebar with navigation options like 'Home Search', 'Home', 'Legal Orders', 'Case Management', 'Classification', and 'Programs and Services'. The main area is titled 'Questionnaire Sections' and contains a 'Running Comment' field, a 'Questions' list, and an 'Answers' section. A blue button labeled 'Next Question' is highlighted with a red arrow. Another red arrow points to the 'Save' button at the bottom of the questionnaire section.

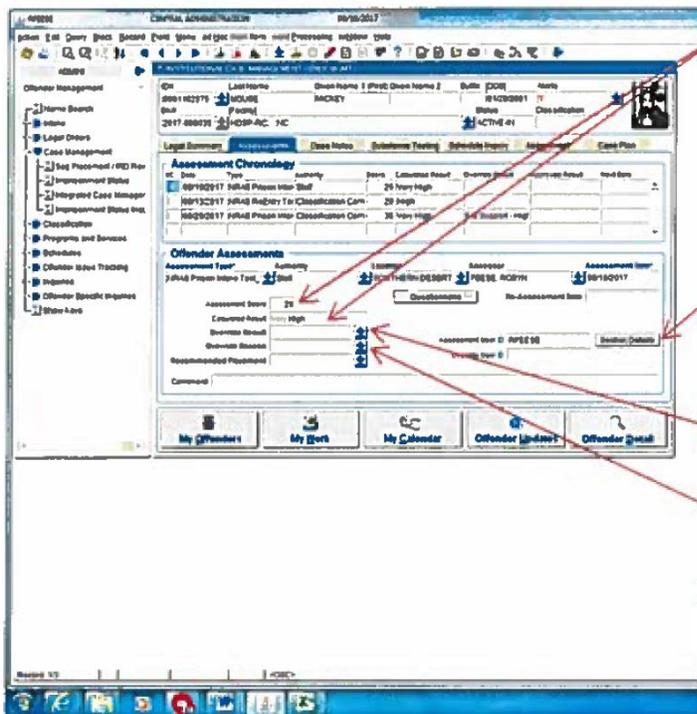
You now have entered the NRAS Tool Automation Screen which allows you to select one answer per question and type additional notes for each answer as needed

You will select "Next Question" when you are ready to move on or you can select "Save" and return to the tool at a later date

Once you select one answer for every question on the NRAS tool, select "Save" and you will be automatically taken back to the main screen (seen on next page)

This screenshot shows the NRAS Tool Automation Screen, similar to the first one but with a different question selected. The 'Answers' section contains a text input field with the text: 'This item should be strongly recommended and further assessment be conducted to determine need'. The 'Save' and 'Exit' buttons at the bottom are highlighted with red arrows.

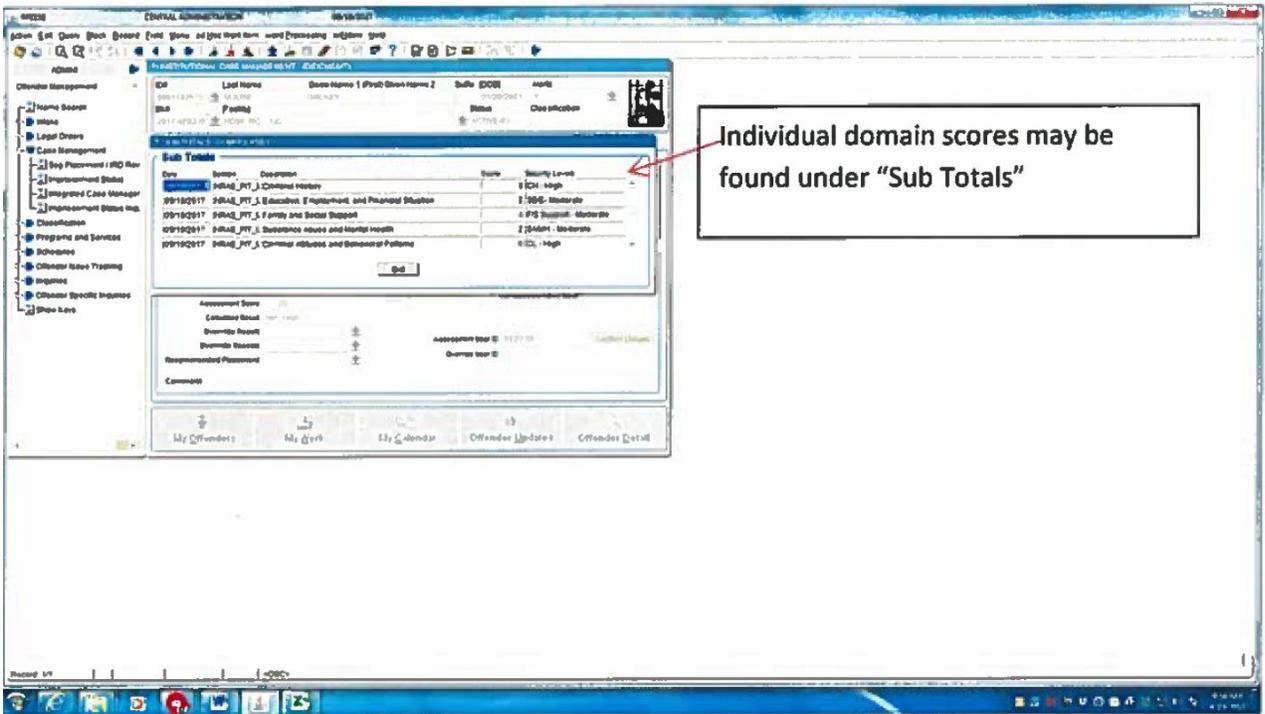
Notice there is no break between the NRAS PIT questions that impact scoring and the "Other Areas of Concern" questions that do not impact scoring but should be answered to aid with case management. Once you have answered all questions in the "Other Areas of Concern" section, click SAVE then EXIT



This screen will show you the overall NRAS risk score

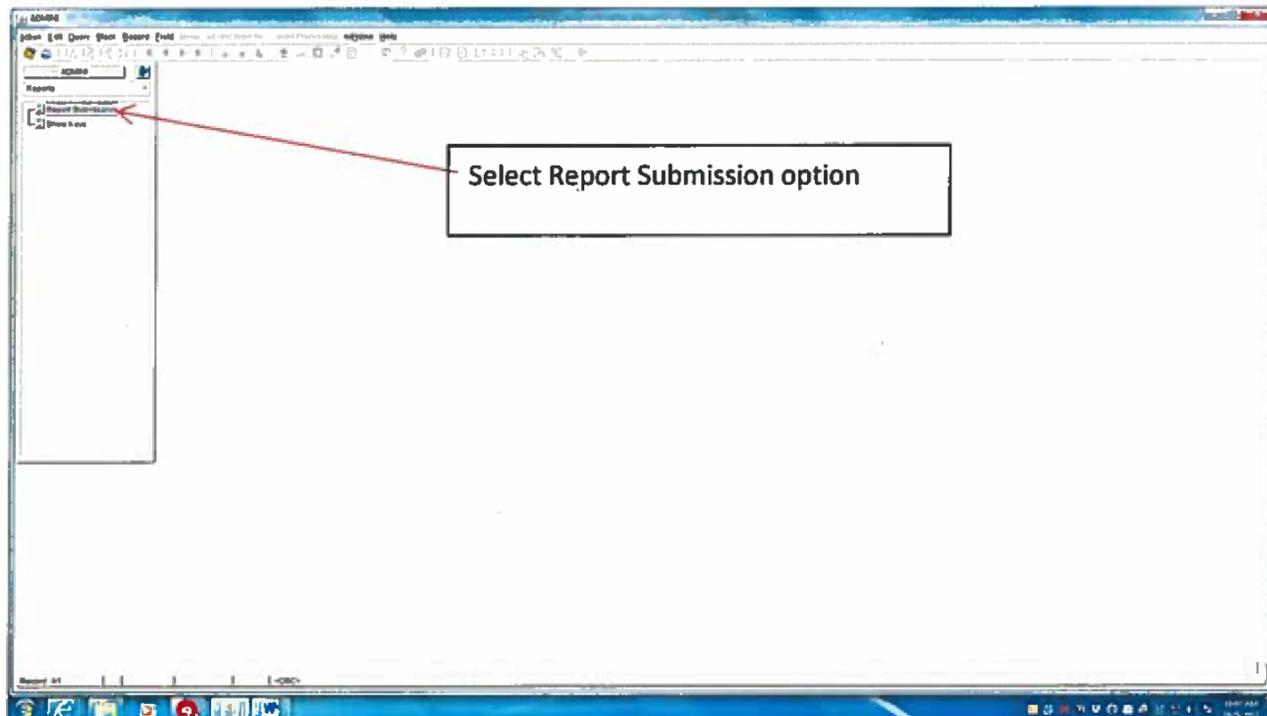
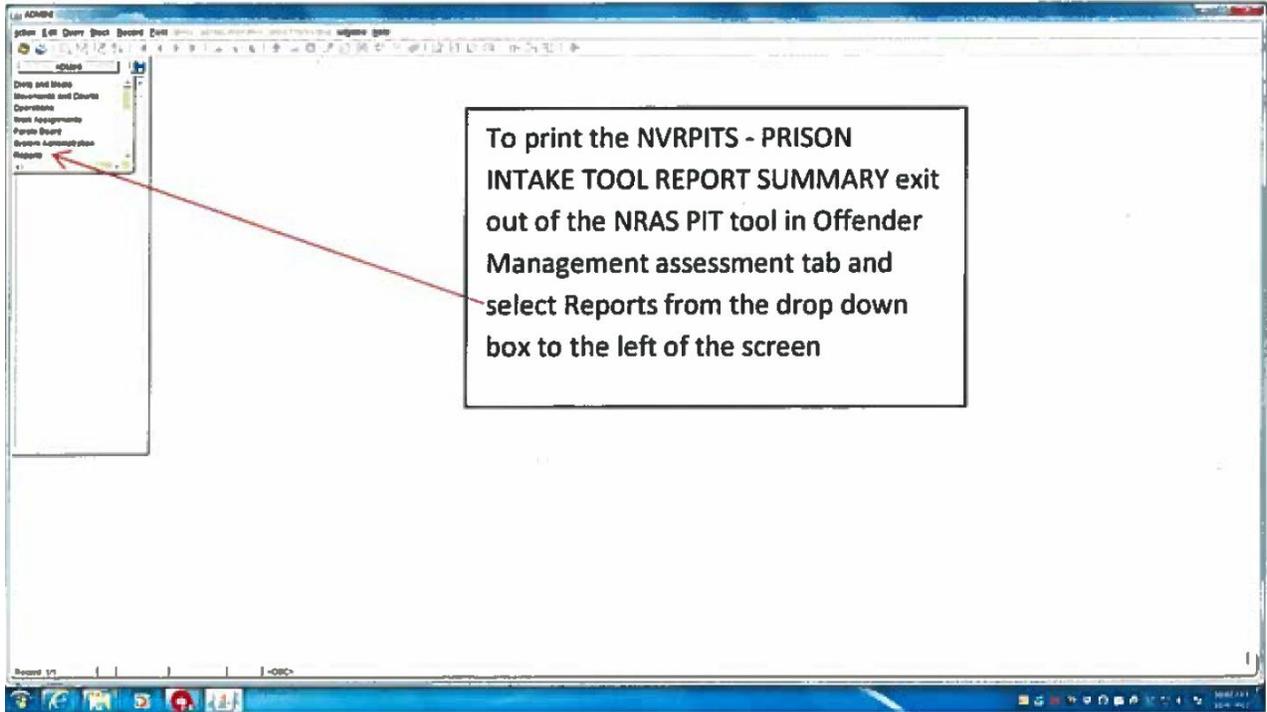
To see the individual domain scores, click on "Section Details"

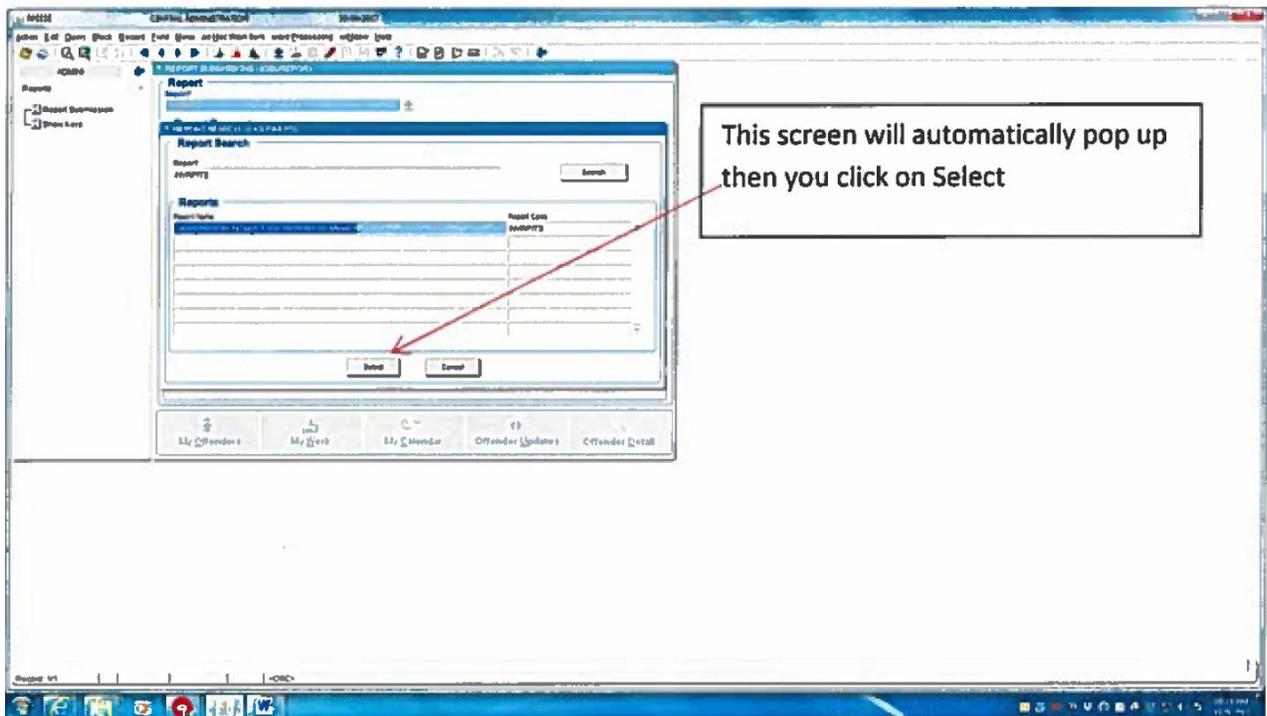
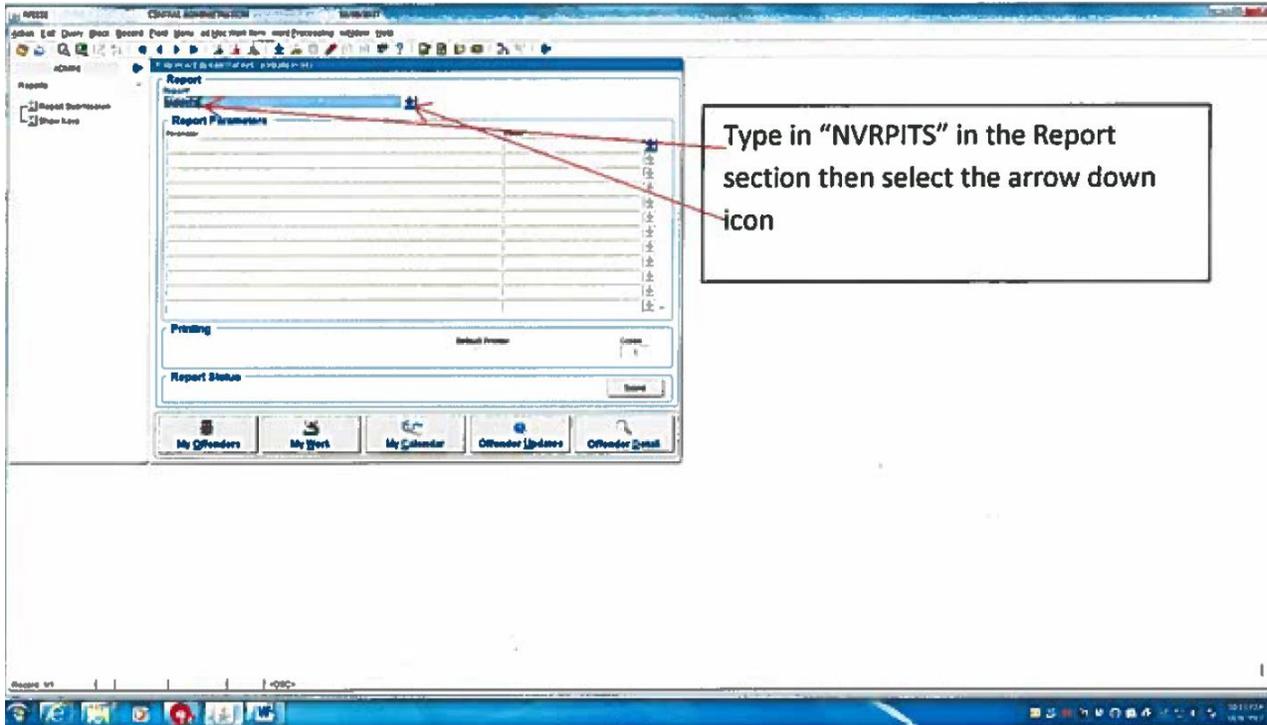
If you need to override the results, click on arrow next to "Override Results" for the drop down menu of options then click on the arrow next to "Override Reason" for the drop menu of options. Remember that you may only override the overall risk score. You cannot override individual domains

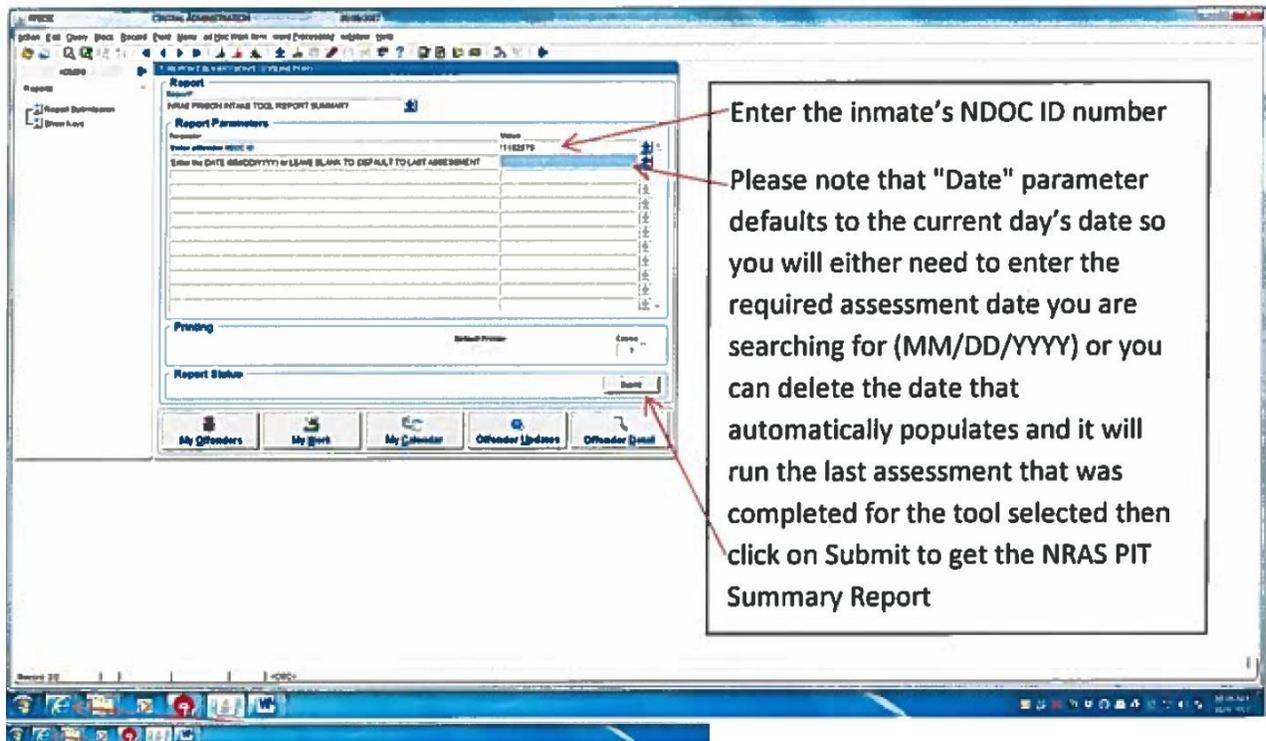


Individual domain scores may be found under "Sub Totals"

Now it is time to print the NRAS PIT Assessment:







Once you select "submit" move your cursor to hover over the E (internet) icon and you will see a new screen open. Select that new screen and you will see the two page NRAS PIT Summary Report. Print one copy for the I-file and a second copy (if applicable) for your Program file

Staff will still be required to input a NOTIS CHRONO that follows the policy format after completion of each NRAS Tool:

NRAS Completed on September 19, 2017

Prison Intake Tool (PIT)

Final Risk Level: 26 Very High

- **Criminal History: 9 High**
- **Education, Employment, and Financial Situation: 5 Moderate**
- **Family and Social Support: 4 Moderate**
- **Substance Abuse and Mental Health: 2 Moderate**
- **Criminal Attitudes and Behavioral Patterns: 6 High**

Section 2: NRAS Prison Intake Tool



State of Nevada Department of Corrections

NEVADA RISK ASSESSMENT SYSTEM (NRAS) - PRISON INTAKE TOOL REPORT SUMMARY

INMATE NAME: ██████████

NDOC ID#: ██████████

DATE OF ASSESSMENT: 11/15/2017

0. Age			
Item #	Question	Answer	Score
0.1	Age at Time of Assessment	18-23	1
Total Score:			0. Age 1
1. Criminal History			
Item #	Question	Answer	Score
1.1	Most Serious Arrest Under Age 18	Yes, Felony	2
1.2	Prior Commitment as a Juvenile to Department of Youth Services	Yes	1
1.3	Number of Prior Adult Felony Convictions	One or Two	1
1.4	Arrests for Violent Offense as an Adult	Yes	1
1.5	Number of Prior Commitments to Prison	None	0
1.6	Ever Received Official Misconduct while Incarcerated as an Adult	Yes	1
1.7	Ever Had Escape Attempts as an Adult	No	0
Total Score:			1. Criminal History 6
2. Education, Employment, and Financial Situation			
Item #	Question	Answer	Score
2.1	Ever Expelled or Suspended from School	Yes	1
2.2	Employed at the Time of Arrest	Yes	0
2.3	Employed Full-time Just Prior to Incarceration	Not Employed Or Employed Part-time	1
2.4	Attitudes toward Boss/Employer	OK to Poor Relationship	1
2.5	Longest Length of Employment Past Two Years	1 - 17 Months	1
2.6	Better Use of Time	Yes, Lots of Free Time	1
Total Score:			2. Education, Employment, and Financial Situation 5
3. Family and Social Support			
Item #	Question	Answer	Score
3.1	Current Marital status	Single (Married but Separated), Divorced, Widowed	1
3.2	Living Situation Prior to Incarceration	Parents, Friends, or Other	1
3.3	Stability of Residence Prior to Incarceration	Stable	0
3.4	Emotional and Personal Support Available from Family or Others	Very Strong Support	0
3.5	Level of Satisfaction with Current Level of Support from Family or Others	Satisfied to Not Satisfied	1
Total Score:			3. Family and Social Support 3
4. Substance Abuse and Mental Health			
Item #	Question	Answer	Score
4.1	Most Recent Period of Abstinence from Alcohol	6 Months or Longer	0
4.2	Age at First Illegal Drug Use	Under 16	1
4.3	Problems with Employment due to Drug Use	No	0
4.4	Problems with Health due to Drug Use	Yes	1
4.5	Ever Diagnosed with Mental Illness/Disorder	Yes	1
Total Score:			4. Substance Abuse and Mental Health 3

Report Name: NVRPITS
Reference Name: NOTIS-RPT-OR-0309
Run Date: NOV-15-17 11:54 AM



**State of Nevada
Department of Corrections**

**NEVADA RISK ASSESSMENT SYSTEM (NRAS) - PRISON INTAKE TOOL
REPORT SUMMARY**

INMATE NAME: ██████████

NDOC ID#: ██████████

DATE OF ASSESSMENT: 11/15/2017

5. Criminal Attitudes and Behavioral Patterns			
Item #	Question	Answer	Score
5.1	Criminal Activities	Criminal Activities	2
5.2	Gang Membership	No, Never	0
5.3	Ability to Control Anger	Poor Control	1
5.4	Uses Anger to Intimidate Others	Yes	1
5.5	Acts Impulsively	Yes	1
5.6	Feels Lack of Control Over Events	Controls Events	0
5.7	Walks Away from a Fight	Yes	0
Total Score:		5. Criminal Attitudes and Behavioral Patterns	5
			TOTAL ASSESSMENT SCORE: 23

RISK CATEGORIES FOR MALES:	
SCORES	RATING
0-8	LOW
9-16	MODERATE
17-24	HIGH
25-40	VERY HIGH

RISK CATEGORIES FOR FEMALES:	
SCORES	RATING
0-12	LOW
13-18	MODERATE
19-40	HIGH

PROFESSIONAL OVERRIDE?	NO
REASON FOR OVERRIDE:	
CALCULATED RESULT:	HIGH
VERRIDE RESULT:	

DOMAIN:	RANGES:	LEVEL OF NEED:
1. Criminal History	LOW (0-3); MED (4-6); HIGH (7-10)	6 - MEDIUM
2. Education, Employment, and Financial Situation	LOW (0-3); MED (4-5); HIGH (6-7)	5 - MEDIUM
3. Family and Social Support	LOW (0-2); MED (3-4); HIGH (5-6)	3 - MEDIUM
4. Substance Abuse and Mental Health	LOW (0-1); MED (2-3); HIGH (4-5)	3 - MEDIUM
5. Criminal Attitudes and Behavioral Patterns	LOW (0-2); MED (3-5); HIGH (6-11)	5 - MEDIUM

OTHER AREAS OF CONCERN:
 6.3 - Reading and Writing Limitations* - Yes, If this item is checked it is Strongly recommended that further assessment be conducted to determine level or severity.
 6.4 - Mental Health Issues* - Yes, If this item is checked it is Strongly recommended that further assessment be conducted to determine level or severity.

ADDITIONAL COMMENTS:

Section 3: NDOC NRAS Policies and Procedures

Policies and Procedures

SECTION:	Policy Number:
POLICY: Nevada Risk Assessment System (NRAS) Tools	Page: 1 of 1
Approved by:	Date of Implementation: Reviewed Dates (R): Revised Dates (r):

PURPOSE:

To ensure that all Nevada Department of Corrections (NDOC) staff who utilize NRAS tools maintain fidelity to the administration, scoring, and interpretation of results.

POLICY:

NDOC uses various NRAS tools at different times in an inmate's incarceration to determine criminogenic risk levels and needs that require coordination of services through the Inmate's Individualized Case Plan (ICP) per AR801 Correctional Programs/Classes/Activities.

METHODS:

Certification Training (or "End-User Training")

- Training duration will be two days
- Training hosted by University of Cincinnati (UC) certified NRAS Trainer
- End-User Training will be offered twice per year for new staff in the Southern areas of the state and twice per year for new staff in the Northern areas
- Once certified, End-Users must assess a minimum of five inmates using the Interview Guide and Scoring Sheet and submit the documents to the Trainer for review and approval. Once approved, the End-User may be granted authorization to complete assessments using the Scoring Sheet only

Re-certification Training

- Training duration will be four hours maximum
- Training hosted by UC certified NRAS Trainer
- End-Users who do not pass the video scoring test will be given an opportunity to re-test with the Trainer one additional time. End-Users who do not pass the second video scoring test will be required to complete the Certification End-User Training before they can continue administering the NRAS tools.
- Re-certification is required every year for End-Users

Inter-rater Reliability

- A Trainer will observe End-Users who administer the tools on a regular basis to ensure accurate administration, scoring, and interpretation of results once per year
- Trainers will also verify End-Users are documenting scores in NOTIS in keeping with fidelity to the training process

Use of NRAS Tools

- Prison Intake Tool (PIT) is administered at intake into prison

- Re-Entry Tool (RT) or Supplemental Re-Entry Tool (SRT) is used for reassessment purposes every 12 months and as needed when an inmate has a serious offense or significant life event
 - RT = administered for inmates incarcerated 4 years or longer
 - SRT = administered for inmates incarcerated less than 4 years

Logistics of NRAS Tools

- Trainers have access to all videos and training materials via USB Flash Drive with NDOC approval per AR141 Information Technology Standards, Controls and Security; Acceptable Uses of Information Technology
- The most recent editions of relevant tools will be available in Stewart Shared drive folder titled "NRAS Assessment Tools" for all End-Users to access
- All inmates entering NDOC facilities will require an assessment including inmates who violated parole as well as Safe Keeper inmates
 - Should an NDOC staff observe, during the course of their job duties, that an inmate was not administered the PIT upon Intake into NDOC Custody, the staff member should complete the tool if within 6 months of the inmate's intake date. If it has been longer than 6 months from the inmate's intake date, the SRT should be administered
- The original scored tools will be filed in the inmate I-file. Should any program staff need regular access to the scored tool(s), copies may also be filed in medical and program files
- End-Users must add a case note in NOTIS that includes the following:
 1. Date the tool was completed
 2. Name of the tool used
 3. Final risk level of the completed tool
 4. Individual domain names as stated in the body of the tool, scores, and risk levels

For Example:

NRAS Completed September 12, 2016
Reentry Tool (RT) Final Risk Level: 10 MODERATE
- Criminal History: 4 MODERATE
- Education, Employment, and Financial Situation: 2 MODERATE
- Criminal Attitudes and Behavioral Patterns: 5 MODERATE

- End-Users will use the following method when correcting mistakes on the written tool:
 1. Draw one line through the written mistake
 2. Write "error" above the written mistake
 3. Include the End-User's initials and date correction was made
 4. Document the correct information
- Trainers will notify all End-Users about revisions to the tools and re-certification training dates via email within one week of receiving notification from UC
- End-Users will follow the approved "NRAS NOTIS AUTOMATION MANUAL" to ensure all NRAS tools are entered into NOTIS with fidelity

Training and Travel Authorization

- The Substance Abuse Program Director will coordinate the travel budget with the Employee Development Manager for Trainers

Appendix E: Programs Not Offered / Approved Merit Credit Core / Operational Progress

PROGRAMS NOT BEING OFFERED:

- | | |
|---|--|
| 1. Healing and Empowerment Rights of Every Survivor (HEROES) | 23. Business |
| 2. Health-Related Recovery | 24. Certified Screen Printer |
| 3. Houses of Healing | 25. Collision Repair |
| 4. Maternal Health and Child Care | 26. Commercial <u>Drivers</u> License |
| 5. One World | 27. Floral Design (UNR Coop. Ext.) |
| 6. Peaceful Solutions | 28. Communications |
| 7. Relationship Skills | 29. Conflict Resolution |
| 8. S.M.A.R.T. Choices | 30. Domestic Violence |
| 9. Stress/Anxiety Management | 31. Family |
| 10. The Path to Success | 32. Family Reunification |
| 11. Unbearable Stress | 33. Fitness and Wellness |
| 12. Women's Health | 34. Gang Aftercare |
| 13. Addiction Prevention Education Core Program | 35. Gang Awareness |
| 14. ANCHOR Program I | 36. Entrepreneurship |
| 15. ANCHOR Program II | 37. RESPECT |
| 16. ANCHOR Program III | 38. Anger & Aggression |
| 17. STEPPS - Sys Train for <u>Emot</u> & Predict & <u>Prob</u> Solv | 39. Anger: Creating New Choices |
| 18. Horticulture (UNR Coop. Ext.) | 40. Challenge |
| 19. Job Readiness Skills - Building Your Future | 41. Employment Skills |
| 20. Job Survival Skills | 42. Forward Thinking |
| 21. Master Gardener (UNR Coop. Ext.) | 43. Getting Motivated to Change |
| 22. Photovoltaic | 44. Transition Skills |
| | 45. Way Safe: Mapping Your Way to a Healthy Future |
| | 46. Matrix-Modified |
| | 47. Stepping Stones |

Second Chance Grant Re-Entry and Substance Abuse Program
-RENAMED to **RISE**

Core Correctional Programs—Section 3 DOC-3077 form

**NRS 209.446.4 &
NRS 209.4465.5
Crime committed
on or after 7/1/85**

**Program enrollment
prior to 01/19/17**

Turning Point Phase I	30
Victim Impact: Listen and Learn	30
Way Safe: Mapping Your Way to a Healthy Future	5

Programs in Core Correctional section count towards the annual 90 merit credit limit.

**Optional Correctional
Programs—Section 3 DOC-3077 form**

**NRS 209.446.4 &
NRS 209.4465.5
Crime committed
on or after 7/1/85**

Healing and Empowerment Rights of Every Survivor (HEROES)	15
Senior Structured Living Program Jan-June Adjustable merit credits 5 per full month in program	30
Senior Structured Living Program July-December Adjustable merit credits 5 per full month in program	30
SOS Help for Emotions	15
Structured Living Basic Training ALPHA	30
Structured Living Basic Training BRAVO	30
Structured Living Basic Training CHARLIE	30
Survivors Overcoming Abuse and Rape (S.O.A.R)	15

Programs in Optional Correctional section count towards the annual 90 merit credit limit.

**Substance Abuse Treatment
Programs—Section 4 DOC-3077 form**

**NRS 209.448
Sentenced on
or after 10/1/91**

Matrix-Modified	15
New Light	60
Second Chance Grant Re-entry and Substance Abuse Program	60
Stepping Stones	30
Therapeutic Community Phase I	60
Therapeutic Community Phase II	60
Therapeutic Community Phase III	60
Therapeutic Community Aftercare	60

1. For sentence credits for offender sentenced on or before June 30, 1969, see NRS 209.433.
2. For sentence credits for offenders sentenced after Jun 30, 1969 and before July 1, 1985 for crime committed before July 1, 1985, see NRS 209.443.
3. For sentence credits for offenders sentenced on or after July 1, 1985 and before July 17, 1997, see NRS 209.446.
4. For sentence credits for offenders sentenced on or after July 17, 1997, see NRS 209.4465.
5. Credits for completion of program of treatment for abuse of alcohol and drugs, see NRS 209.448.
6. Credits for completion of vocational education and training or other program, see NRS 209.449.
7. Programs can be taken more than once but inmate may only earn merit credits once per Booking Number.

Approved by: [Signature] Deputy Director Program Date: 2/3/17
Name/Title



NEVADA DEPARTMENT OF CORRECTIONS

Approved Merit Credit Educational/Vocational Programs

Educational Programs—Section 2 DOC-3077 form

	<u>(i)Crime committed after 6/ 30/85 and before 1/17/97 Merit Credits</u>	<u>(ii)Crime on or after 7/17/97 Merit Credits</u>
High School Equivalency (HSE) - once per offender	30	60
High School Diploma (HSD) - once per offender	60	90
Associate's (AA or AS) Degree - first Associate's Degree	90	120
Additional Associate's Degree - per degree		90
Bachelor's (BA or BS) Degree - per degree	0	90
Master's (MA or MS) Degree - per degree		90
CSN 306 (both courses)		60

Vocational/Education Programs—Section 3 DOC-3077 form

	<u>(iii)</u>
Advanced Computers	60
Air Conditioning and Heating	60
Auto Mechanics/Auto Shop	60
Automotive Technology	60
Braille I	30
Braille II	30
Braille III	30
Braille IV	30
College Vocational Certificate	60
Computers	60
Construction	60
Culinary	60
Financial Literacy	30
MC3 (Heavy Equipment Simulator)-per module	60
Janitorial/OSHA	60
New Path (cosmetology)	60
Plant Science and Horticulture	60
Small Engine Repair	60
Small Engine Repair Technology	60
Welding	60

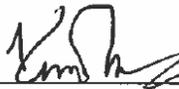
Job Skills Programs—Section 3 DOC-3077 form

	<u>(iv)Crime committed on or after 7/1/85</u>
Forklift Operator Training	15
OSHA 10-Construction Safety and Health Outreach Course	5
ServeSafe	30
ServeSafe Manager	30

NDF Programs— Section 3 DOC-3077 form

	<u>(iv)Crime committed on or after 7/1/85</u>
Firefighting Basic Training S130 and S190 (NDF) Requires completion of both segments, passing tests, getting and keeping NDF job for 6 months or until release—whichever comes first.	30

-
- A. For sentence credits for offender sentenced on or before June 30, 1969, see NRS 209.433.
 - B. For sentence credits for offenders sentenced after Jun 30, 1969 and before July 1, 1985 for crime committed before July 1, 1985, see NRS 209.443.
 - C. For sentence credits for offenders sentenced on or after July 1, 1985 and before July 17, 1997, see NRS 209.446.
 - D. For sentence credits for offenders sentenced on or after July 17, 1997, see NRS 209.4465.
 - E. Credits for completion of vocational education and training or other program, see NRS 209.449.
 - F. Programs can be taken more than once, but inmate may only earn merit credits once per Booking Number.
 - G. Inmates receiving programming while in Out of State Custody (OSC) will be reviewed on a case-by-case basis for credit.

Approved by:  Dep. Director Programs
Name/Title

Date: 11-22-17

Footnotes:

- i. NRS 209.446
- ii. NRS 209.4465
- iii. NRS 209.449
- iv. NRS 209.446.4 & 209.4465.5



NEVADA DEPARTMENT OF CORRECTIONS

Approved Merit Credit Core/Optional Programs

Core Correctional Programs—Section 3 DOC-3077 form

	<u>(i)Crime committed on or after 7/1/85 Merit Credits</u>	<u>Program enrollment prior to 01/19/17 Merit Credits</u>
<u>Mental Health Facilitates:</u>		
1. Anger Management for Substance Abuse and Mental Health Clients (SAMHSA)	15	
2. <u>Commitment to Change:</u>		
• Phase I	15	
• Phase II	15	
• Phase III	15	
3. Good Intentions, Bad Choices	30	15
4. InsideOut Dad	30	
5. Juvenile MRT (entire program)	60	
6. Seeking Safety I	30	
7. Seeking Safety II	30	
8. <u>**Sexual Treatment of Offenders in Prison (STOP):</u>		
• Phase I	30	15
• Phase II	30	15
• Phase III	30	15
• Phase IV	30	15
• Relapse Prevention (Sex Offender)	30	15
9. Thinking for a Change	30	
10. Victim Impact: Listen and Learn	30	
<u>Mental Health & Re-Entry Facilitate:</u>		
1. <u>Moral Reconciliation Therapy (MRT):</u>		
• Phase I (Steps 1-4)	15	
• Phase II (Steps 5-8)	15	
• Phase III (Steps 9-12)	15	
• Phase IV (Steps 13-16)	15	
<u>Re-Entry Facilitates:</u>		
1. Getting It Right: Contributing to the Community	30	
2. Turning Point: Phase I	30	
<u>Outside Partner:</u>		
1. Clark County Parenting Program (all 3 sections)	30	
• Nurturing Parents & Families		
• Teen Positive Parenting Program		
• ABCs of Parenting		
Straight Ahead: Transition Skills for Recovery	30	

Appendix F: Chapter 2 RISE Program Additional Information and Analyses

Section 1: RISE Continuing-Care Discharge Plan

The Second Chance Act Statewide Adult Recidivism Reduction Grant:
R.I.S.E. Substance Abuse Re-Entry Program
CONTINUING-CARE DISCHARGE PLAN

Name: _____ **Identification Number:** _____

Admission Date: _____ **Termination Date:** _____

Services Provided by Nevada Department of Corrections Substance Abuse Program:

Program Completed:	Description of Program/ Level of Care:
<input type="checkbox"/> Therapeutic Community Program	(9-12 month Substance Abuse Program/Residential III.3)
<input type="checkbox"/> New Light	(5-6 month Substance Abuse Program/Residential III.3)
<input type="checkbox"/> Stepping Stones Outpatient II.1)	(6-12 month Substance Abuse Program/Intensive
<input type="checkbox"/> R.I.S.E. Outpatient I)	(5-6 month Substance Abuse Re-Entry Program/

Substance Use Disorder Diagnosis:

- 1) _____
- 2) _____
- 3) _____

Medication Assisted Treatment (M.A.T.) through use of Vivitrol

M.A.T. Eligible YES/NO (circle one)

M.A.T. Enrolled YES/NO (circle one)

First injection of Vivitrol administered during NDOC custody YES/NO (circle one)

Nevada Risk Assessment System (NRAS) Scores:

The NRAS was developed by University of Ohio as a statewide system to assess the risk and needs of inmates in order to improve consistency and facilitate communication across criminal justice agencies. The goal of NRAS is to develop assessment tools that are predictive of recidivism. In addition, effective inmate classification systems will identify dynamic risk factors (also called criminogenic needs) associated with recidivism so they can be used to target programmatic needs. Criminogenic needs are listed in the individual domain scores below and scores of moderate or high indicate a clinical need to intervene in order to reduce recidivism

Admission NRAS Tool:
Score: _____

Overall Risk

- Prison Intake Tool (PIT)
- Supplemental Re-Entry Tool (SRT)
- Re-Entry Tool (RT)
- Individual Domain Scores:**
- Criminal History: _____
- Education, Employment, and Financial Situation: _____
- Family and Social Support: _____
- Substance Abuse and Mental Health: _____
- Criminal Attitudes and Behavioral Patterns: _____

Discharge NRAS Tool: **Overall Risk Score:** _____

- Prison Intake Tool (PIT)
- Supplemental Re-Entry Tool (SRT)
- Re-Entry Tool (RT)

Individual Domain Scores:

- Criminal History: _____
- Education, Employment, and Financial Situation: _____
- Family and Social Support: _____
- Substance Abuse and Mental Health: _____
- Criminal Attitudes and Behavioral Patterns: _____

TCU Responsivity Scales:

The program also provides pre- and post-screenings for participants enrolled in the Substance Abuse Program in order to depict changes in criminal thinking and social functioning thought processes. The scores seen in the graph below are the average scores of a person involved in the criminal justice system which means if the participant scores higher than the norm, it would indicate an area to be addressed during treatment in order to reduce recidivism while promoting sobriety. Texas Christian University tools called CTSform and SOCform are used to gather these scores.

Criminal Thinking includes the following domains: Social Functioning includes:

- | | |
|-------------------------------|--------------------|
| (a) Entitlement | (a) Hostility |
| (b) Justification | (b) Risk Taking |
| (c) Power Orientation | (c) Social Support |
| (d) Cold Heartedness | |
| (e) Criminal Rationalization | |
| (f) Personal Irresponsibility | |

Level of Care Index-3 (LOCI3)

Date of Assessment: _____ Level of Care Indicated: _____

1. Intoxication/Withdrawal Potential : _____
2. Biomedical Conditions/Complications: _____
3. Emotional/Behavioral/Cognitive: _____
4. Readiness to Change: _____
5. Relapse/Cont. Use/Problem Potential: _____
6. Recovery/Living Environment: _____

This level of care is recommended as _____ transitions from a controlled environment (prison) back into society in order to maintain the pro-social attitudes, beliefs, and skills acquired during the course of this treatment episode. Due to his incarceration, his risk of intoxication/withdrawal potential is expected to be heightened. Also, any medical conditions or co-occurring conditions including criminogenic risk, need and responsivity factors would have been stabilized during his incarceration and therefor may require attention post release. (ASAM, p.355)

Summary of Progress during Treatment

Stage of Change Assessment at Admission: _____

Stage of Change Assessment at Termination: _____

_____ has completed the _____ Substance Abuse Program which focuses on recovery from addiction as well as addressing criminal thinking through skill development in the areas of cognition, emotional regulation, social skills, problem-solving skills, and success planning (formerly called relapse prevention planning). The program philosophy promotes personal responsibility, accountability, integrity, and mutual respect. Additionally, all clinical staff members are Certified or Licensed Alcohol and Drug Counselors through the State of Nevada Board of examiners for Alcohol, Drug, and Gambling Counselors.

Discharge Plan: First 30 Day Needs

Community Transition Resources Identified as a Need:	<input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Food, Personal Hygiene <input type="checkbox"/> Education <input type="checkbox"/> Medical <input type="checkbox"/> Medication Assisted Treatment	<input type="checkbox"/> Family Services <input type="checkbox"/> Drug/Alcohol Counseling <input type="checkbox"/> Primary Support <input type="checkbox"/> Mental Health <input type="checkbox"/> Parole/Probation Office <input type="checkbox"/> Other: _____
--	--	---

Specific Information related to each resource need checked in the box above:

Counselor Signature: _____

Date: _____

Section 2: Statistical results of comparisons between RISE and TC clients

Between-subjects comparisons: RISE vs. TC at intake

Criminal Thinking Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Entitlement (EN)	19.84	17.12	-1.883	92	.063
Justification (JU)	22.10	18.84	-2.439	84.03	.017
Power Orientation (PO)	27.78	24.50	-1.718	92	.089
Cold Heartedness (CH)	22.99	22.55	-0.307	92	.759
Criminal Rationalization (CR)	31.78	28.54	-1.873	92	.064
Personal Irresponsibility	22.50	21.19	-0.798	92	.427

Note: RISE *N* = 61; TC *N* = 33

Treatment Needs and Motivation Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Problem Recognition (PR)	38.01	39.90	1.204	92	.232
Desire for Help (DH)	41.91	43.48	1.325	92	.188
Treatment Readiness (TR)	42.53	43.71	0.999	92	.320
Pressures for Treatment (PT)	29.09	30.73	1.280	92	.204
Treatment Needs(TN)	33.93	32.73	-0.945	92	.347

Note: RISE *N* = 61; TC *N* = 33

Social Functioning Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Hostility (HS)	24.66	27.84	-1.687	92	.095
Risk Taking (RT)	35.76	32.81	-1.814	92	.073
Social Support (SS)	38.01	39.12	0.741	92	.460
Social Desirability (SD)	4.60	5.78	2.127	49.31	.038

Note: RISE $N = 61$; TC $N = 33$

Psychological Functioning Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Self-esteem (SE)	34.10	35.51	0.911	92	.365
Depression (DP)	23.89	25.71	-1.093	92	.277
Anxiety (AX)	27.94	25.71	-1.317	92	.191
Decision Making (DM)	35.71	36.22	0.448	92	.655
Expectancy (EX)	38.24	39.24	0.688	92	.493

Note: RISE $N = 61$; TC $N = 33$

Between-subjects comparisons: RISE vs. TC at discharge

Criminal Thinking Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Entitlement (EN)	13.44	14.67	0.963	26.18	.344
Justification (JU)	14.67	16.33	1.071	28	.293
Power Orientation (PO)	19.33	16.57	-1.769	27.15	.088
Cold Heartedness (CH)	20.40	23.20	1.810	21.19	.084
Criminal Rationalization (CR)	22.11	34.33	5.043	28	<.001
Personal Irresponsibility	15.44	20.00	2.531	28	.017

Note: RISE $N = 15$; TC $N = 15$

Treatment Needs and Motivation Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Problem Recognition (PR)	32.30	36.00	1.247	20.13	.227
Desire for Help (DH)	38.16	36.67	-0.582	24.25	.566
Treatment Readiness (TR)	38.33	38.75	0.229	24.80	.820
Pressures for Treatment (PT)	23.33	27.14	1.743	28	.092

Treatment Needs(TN)	30.00	31.20	0.528	22.59	.603
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Note: RISE *N* = 15; TC *N* = 15

Social Functioning Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Hostility (HS)	19.64	19.75	0.078	19.48	.939
Risk Taking (RT)	31.24	32.86	0.716	17.68	.483
Social Support (SS)	43.78	38.89	-2.214	28	.035
Social Desirability (SD)	5.87	6.60	1.262	28	.217

Note: RISE *N* = 15; TC *N* = 15

Psychological Functioning Scales

Scale	<i>M</i> RISE	<i>M</i> TC	<i>t</i>	<i>df</i>	<i>p</i>
Self-esteem (SE)	42.12	--	--	--	--
abDepression (DP)	15.76	--	--	--	--
Anxiety (AX)	20.13	--	--	--	--
Decision Making (DM)	41.31	--	--	--	--
Expectancy (EX)	45.68	--	--	--	--

Note: RISE *N* = 15; TC *N* = 0. No data for TC at discharge on Psychological Functioning scales, therefore no comparisons were performed.

Within-subjects comparisons: RISE at intake vs. RISE at discharge

Criminal Thinking Scales

Scale	<i>M</i>		<i>t</i>	<i>df</i>	<i>p</i>
	Intake	Discharge			
Entitlement (EN)	17.78	13.44	2.455	14	.028
Justification (JU)	19.00	14.67	3.417	14	.004
Power Orientation (PO)	24.85	19.33	2.527	14	.024
Cold Heartedness (CH)	21.87	20.40	1.114	14	.284

Criminal Rationalization (CR)	29.78	22.11	7.122	14	<.001
Personal Irresponsibility	18.78	15.44	1.954	14	.071

Note: RISE *N* = 15; TC *N* = 15

Treatment Needs and Motivation Scales

Scale	<i>M</i>	<i>M</i>	<i>t</i>	<i>df</i>	<i>p</i>
	Intake	Discharge			
Problem Recognition (PR)	41.04	32.30	2.913	14	.011
Desire for Help (DH)	44.56	38.16	3.152	14	.007
Treatment Readiness (TR)	43.92	38.33	4.580	14	<.001
Pressures for Treatment (PT)	28.48	23.33	2.428	14	.029
Treatment Needs(TN)	32.93	30.00	1.475	14	.162

Note: RISE *N* = 15; TC *N* = 15

Social Functioning Scales

Scale	<i>M</i>	<i>M</i>	<i>t</i>	<i>df</i>	<i>p</i>
	Intake	Discharge			
Hostility (HS)	25.75	19.64	3.799	14	.002
Risk Taking (RT)	38.29	31.24	2.883	14	.012
Social Support (SS)	37.19	43.78	-3.531	14	.003
Social Desirability (SD)	4.27	5.87	-3.511	14	.003

Note: RISE *N* = 15; TC *N* = 15

Psychological Functioning Scales

Scale	<i>M</i>	<i>M</i>	<i>t</i>	<i>df</i>	<i>p</i>
	Intake	Discharge			
Self-esteem (SE)	31.81	42.12	-5.651	10	<.001
Depression (DP)	25.45	15.76	4.255	10	.002
Anxiety (AX)	24.81	20.13	1.586	10	.144
Decision Making (DM)	35.96	41.31	-4.917	10	.001
Expectancy (EX)	37.50	45.68	-3.500	10	.006

Note: RISE *N* = 11; TC *N* = 11

Appendix G: Chapter 3 NRAS Additional Analyses

Section 1: Psychometrics

Complete item-level data was available for a subset of our overall sample ($n = 297$). Using these data, we performed factor analyses and reliability analyses to evaluate how well these scales measured the constructs they're intended to measure, split by gender. An initial factor analysis was conducted using all PIT items. It was expected that given the PIT has 5 domains, 5 factors should strongly emerge. This was not the case. A total of ten (10) factors emerged, indicating that there were many more factors within the PIT than the 5 domains it is supposed to have. The most dominant factor only accounted for a total of 13.257% of the total variability in the data. Furthermore, most items did not have strong loadings on any one factor, but rather, cross loaded on many factors. This indicates that the PIT is not measuring an overlapping construct, but rather, many different constructs. For females, this analysis could not be properly run due to small sample size.

To examine if any one domain was specifically problematic, factor analyses were conducted on each domain individually, split by gender. For Age/Criminal History for males, three major factors emerged. With only 7 items in the domain, this is an issue. Item 1.4 is particularly problematic, as it cross loads across multiple factors. This is problematic because it suggests these items are measuring multiple different constructs. For females, this analysis could not be run due to sample size. For School Behavior and Employment for males, two major factors emerged. Item 2.4 cross loads, whereas Item 2.1 drives its own factor while the remaining items load into one factor. This makes some sense, as Item 2.1 pertains to school while the other items pertain to employment, and the factor loadings are indicating these are separate. This same domain for females shows a similar pattern, except that Item 2.4 does load onto a single factor more clearly. Again, we still see the same 2 factors emerging as it did with males. For Family and Social Support for males, two major factors emerged. The factor loadings show Items 3.1 and 3.2 loading in one factor, Item 3.3 cross loading across both factors, and 3.4 and 3.5 load on a second factor. The last two items pertain to support, so it is not surprising that they loaded into a similar factor. This same domain for females behaves similarly. Again, the same 2 factors emerged. For Substance Abuse and Mental Health for males, one clear major factor emerged, accounting for 35.592% of the total variability in the data. This domain for females however shows 2 factors, with items 4.1 and 4.2 loading on one factor, 4.3 and 4.4 loading on another factor, while 4.5 is mostly cross loading, but could be considered loading on the same factor as 4.3 and 4.4. This would imply that this particular domain behaves differently for men and women. For Criminal Lifestyle for males, two major factors emerged. Item 5.2 loaded on its own factor, and 5.6 cross loaded, while the remaining items load into the second factor. This same domain for females finds three factors, with Items 5.1 and 5.6 loading on one factor, 5.2 and 5.7 on another factor, and the remaining loading onto a third factor. From these factor analyses, we can infer that the domains contain more factors than are being accounted for, with the exception of the Substance Abuse and Mental Health domain for males. A reworking of which items belong in which domains, the addition and/or

removal of items, and a general reorganizing of the PIT may improve the usefulness of the PIT to measure risk factors.

Reliability analyses were also conducted on the overall instrument, as well as each domain, split by gender. For males, the internal reliability of the overall instrument was acceptable, although slightly lower than what is generally recommended. The School Behavior and Employment had low reliability, but nevertheless might be marginally acceptable. Conversely, the Age/Criminal History, Family and Social Support, Substance Abuse and Mental Health, and Criminal Lifestyle domains all had reliabilities too low to be acceptable. For females, internal reliabilities for the overall score as well as the domain scores were too low to be acceptable. From these internal reliability measures, one can see that the instrument as a whole has acceptable internal reliability for males, but each contributing domain on its own has low reliability. For females, the internal reliability statistics are generally worse than those for males.

Overall, the psychometric properties of the PIT are generally poor. There is much room for improvement and modification to this tool in regards to scale construction and factor reduction, and in regards to internal reliability as well.

As an example of how reorganization can impact psychometric properties as discussed within Chapter 4 Limitations and Recommendations, a principal components analysis was run again on the PIT items. Using the factor loadings as a guide, reducing the number of items in the scale to those with strong loadings on the first factor (8 items: 1.1, 1.2, 2.2, 2.3, 2.5, 2.6, 4.3, 5.1), results in a new scale with a single factor which explains 35.593% of the variability in the data, with an acceptable internal reliability. Entering this “new scale” into an ROC model predicting recidivist or non-recidivist membership resulted in an AUC for males that was still not better than chance, but nevertheless represented an improvement over the PIT overall score as a predictor of recidivism outcome. This quick and simplistic reorganization and reanalysis changes the predictive validity of the PIT in such a way that males are approaching significant findings, whereas females moved completely away from significant findings. This alone implies that the gender differences are greater than accounted for, and also demonstrates that a simple reorganization can have drastic changes on the validity of the instrument for both genders within Nevada’s offender population.

Section 2: Tables

Table 1. Logistic regression analysis with overall risk categories as predictor variable and recidivism as outcome variable (males only).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk ^a			2.425	3	.489	
Medium risk	0.620	0.445	1.943	1	.163	1.859
High risk	0.502	0.442	1.289	1	.256	1.652
Very high risk	0.865	0.644	1.802	1	.179	2.375
Constant	0.472	0.403	1.359	1	.244	1.600

^a Reference category: Low risk

Table 2. Logistic regression analysis with overall risk categories as predictor variable and recidivism as outcome variable (females only).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk ^a			5.205	2	.074	
Medium risk	1.031	0.622	2.752	1	.097	2.805
High risk	1.814	0.877	4.282	1	.039	6.136
Constant	0.201	0.449	0.199	1	.655	1.222

^a Reference category: Low risk

Table 3. Logistic regression analysis with domain risk categories as predictor variables and recidivism as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk ^a			1.028	2	.598	
Moderate risk	0.112	0.281	0.160	1	.689	1.119
High risk	0.370	0.365	1.028	1	.311	1.448
School/employment behavior risk ^a			1.942	2	.379	
Moderate risk	0.021	0.307	0.005	1	.946	1.021
High risk	-0.371	0.332	1.250	1	.264	0.690
Family and social support risk ^a			2.953	2	.228	
Moderate risk	-0.251	0.281	0.803	1	.370	0.778
High risk	-0.601	0.356	2.859	1	.091	0.548
Substance abuse/mental health risk ^a			1.218	2	.544	
Moderate risk	0.165	0.271	0.370	1	.543	1.179
High risk	0.488	0.460	1.124	1	.289	1.629
Criminal lifestyle risk ^a			4.657	2	.097	
Moderate risk	0.586	0.278	4.461	1	.035	1.797
High risk	0.494	0.381	1.681	1	.195	1.640
Constant	0.715	0.291	6.023	1	.014	2.045

^a Reference category: Low risk

Table 4. Logistic regression analysis with domain risk categories as predictor variables and recidivism as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk ^a			2.201	2	.333	
Moderate risk	1.279	0.862	2.201	1	.138	3.594
High risk	-19.149	14994.314	<0.001	1	.999	<0.001

School/employment behavior risk ^a				2	.346	
Moderate risk	0.715	0.799	2.121	1	.371	2.045
High risk	1.300	0.900	0.802	1	.149	3.669
Family and social support risk ^a			2.086	2	.875	
Moderate risk	-0.306	0.716	0.268	1	.668	0.736
High risk	0.183	1.244	0.183	1	.883	1.201
Substance abuse/mental health risk ^a			0.022	2	.802	
Moderate risk	-0.076	0.687	0.441	1	.912	0.927
High risk	-0.752	1.153	0.012	1	.514	0.472
Criminal lifestyle risk ^a			0.425	2	.994	
Moderate risk	0.074	0.646	0.013	1	.909	1.076
High risk	37.199	21205.162	0.013	1	.999	1.43E17
Constant	0.187	0.693	<.001	1	.787	1.206

^a Reference category: Low risk

Table 5. Logistic regression analysis with overall risk score as predictor variable and recidivism as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk score	0.030	0.021	2.050	1	.152	1.030
Constant	0.521	0.353	2.188	1	.139	1.685

Table 6. Logistic regression analysis with overall risk score as predictor variable and recidivism as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk score	0.129	0.060	4.650	1	.031	1.137
Constant	-0.799	0.856	0.871	1	.351	0.450

Table 7. Logistic regression analysis with domain risk scores as predictor variables and recidivism as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk ^a	0.051	0.067	0.568	1	.451	1.052
School/employment behavior risk ^a	0.105	0.086	1.511	1	.219	1.111
Family and social support risk ^a	-0.075	0.095	0.624	1	.430	0.928
Substance abuse/mental health risk ^a	-0.149	0.125	1.419	1	.234	0.862
Criminal lifestyle risk ^a	0.007	0.077	0.007	1	.933	1.007
Constant	0.973	0.457	4.528	1	.033	2.645

Table 8. Logistic regression analysis with domain risk scores as predictor variables and recidivism as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk ^a	0.151	0.260	0.336	1	.562	1.162
School/employment behavior risk ^a	0.283	0.271	1.090	1	.296	1.327
Family and social support risk ^a	-0.412	0.302	1.860	1	.173	0.663
Substance abuse/mental health risk ^a	-0.444	0.343	1.667	1	.197	0.642
Criminal lifestyle risk ^a	-0.061	0.317	0.037	1	.848	0.941
Constant	1.887	1.637	1.329	1	.249	6.596

Table 9. Logistic regression analysis with overall risk categories as predictor variable and recidivism excluding technical violators as outcome variable (males only).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk ^a			3.744	3	.291	
Medium risk	.693	.594	1.362	1	.243	2.000
High risk	.740	.589	1.579	1	.209	2.095
Very high risk	1.482	.769	3.715	1	.054	4.400
Constant	-.693	.548	1.602	1	.206	.500

^a Reference category: Low risk

Table 10. Logistic regression analysis with overall risk categories as predictor variable and recidivism excluding technical violators as outcome variable (females only).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk ^a			2.262	2	.323	
Medium risk	-.154	1.043	.022	1	.882	.857
High risk	1.504	1.130	1.770	1	.183	4.500
Constant	-1.099	.667	2.716	1	.099	.333

^a Reference category: Low risk

Table 11. Logistic regression analysis with domain risk categories as predictor variables and recidivism excluding technical violators as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk ^a			.904	2	.636	
Moderate risk	.031	.351	.008	1	.929	1.032
High risk	.399	.442	.814	1	.367	1.490
School/employment behavior risk ^a			1.324	2	.516	
Moderate risk	-.018	.393	.002	1	.963	.982
High risk	-.405	.420	.930	1	.335	.667
Family and social support risk ^a			1.510	2	.470	
Moderate risk	-.199	.351	.319	1	.572	.820
High risk	-.556	.454	1.502	1	.220	.573
Substance abuse/mental health risk ^a			3.124	2	.210	
Moderate risk	.417	.333	1.564	1	.211	1.517
High risk	.842	.536	2.470	1	.116	2.320
Criminal lifestyle risk ^a			8.272	2	.016	
Moderate risk	1.005	.359	7.853	1	.005	2.731
High risk	.888	.463	3.679	1	.055	2.431
Constant	-.681	.379	3.220	1	.073	.506

^a Reference category: Low risk

Table 12. Logistic regression analysis with domain risk categories as predictor variables and recidivism excluding technical violators as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk ^a			3.721	2	.156	
Moderate risk	3.213	1.666	3.721	1	.054	24.851
High risk	-16.531	40192.970	.000	1	1.000	.000

School/employment behavior risk ^a			2.472	2	.291	
Moderate risk	1.202	1.594	.568	1	.451	3.325
High risk	2.853	1.816	2.469	1	.116	17.339
Family and social support risk ^a			2.216	2	.330	
Moderate risk	-2.639	1.773	2.216	1	.137	.071
High risk	-24.034	40192.970	.000	1	1.000	.000
Substance abuse/mental health risk ^a			.726	2	.696	
Moderate risk	-1.278	1.573	.660	1	.416	.279
High risk	-2.017	3.554	.322	1	.570	.133
Criminal lifestyle risk ^a	-.189	1.280	.022	1	.882	.828
Moderate risk	-1.028	1.037	.984	1	.321	.358
High risk			3.721	2	.156	
Constant	3.213	1.666	3.721	1	.054	24.851

^a Reference category: Low risk

Table 13. Logistic regression analysis with overall risk score as predictor variable and recidivism excluding technical violators as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk score	.061	.026	5.637	1	.018	1.063
Constant	-.986	.452	4.758	1	.029	.373

Table 14. Logistic regression analysis with overall risk score as predictor variable and recidivism excluding technical violators as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Overall risk score	.061	.079	.592	1	.442	1.063
Constant	-1.633	1.176	1.928	1	.165	.195

Table 15. Logistic regression analysis with domain risk scores as predictor variables and recidivism excluding technical violators as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk	.025	.085	.090	1	.764	1.026
School/employment behavior risk	.177	.112	2.488	1	.115	1.193
Family and social support risk	-.067	.122	.296	1	.586	.936
Substance abuse/mental health risk	-.053	.153	.122	1	.727	.948
Criminal lifestyle risk	.085	.092	.854	1	.355	1.089
Constant	-.797	.588	1.838	1	.175	.451

Table 16. Logistic regression analysis with domain risk scores as predictor variables and recidivism excluding technical violators as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
Criminal history risk	.556	.503	1.221	1	.269	1.744
School/employment behavior risk	.531	.514	1.066	1	.302	1.700
Family and social support risk	-1.181	.742	2.530	1	.112	.307
Substance abuse/mental health risk	.286	.789	.131	1	.717	1.331
Criminal lifestyle risk	-.097	.594	.027	1	.870	.907

Constant	-2.044	2.808	.530	1	.467	.130
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Table 17. Factor analyses of all NRAS items: Total variance explained (males).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	4.110	13.257	13.257	4.110	13.257	13.257	2.863	9.235	9.235
2	2.830	9.130	22.387	2.830	9.130	22.387	2.323	7.494	16.729
3	2.437	7.863	30.250	2.437	7.863	30.250	2.290	7.387	24.116
4	1.943	6.269	36.519	1.943	6.269	36.519	2.207	7.119	31.234
5	1.749	5.643	42.161	1.749	5.643	42.161	1.939	6.256	37.490
6	1.702	5.490	47.651	1.702	5.490	47.651	1.801	5.811	43.302
7	1.511	4.873	52.524	1.511	4.873	52.524	1.736	5.599	48.901
8	1.144	3.689	56.213	1.144	3.689	56.213	1.555	5.016	53.916
9	1.068	3.445	59.658	1.068	3.445	59.658	1.485	4.790	58.707
10	1.042	3.362	63.020	1.042	3.362	63.020	1.337	4.313	63.020

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 18. Factor analyses of all NRAS items: Factor loadings using Varimax rotation (all cases)

Item	Factor				
	1	2	3	4	5
1.0: Age at Time of Assessment	.050	.323	-.568	.008	-.049
1.1: Most Serious Arrest Under Age 18	.074	.830	.003	-.009	.019
1.2: Prior Commitment as a Juvenile to Department of Youth Services	.076	.800	-.012	.054	.059
1.3: Number of Prior Adult Felony Convictions	.055	-.041	.887	-.007	.002
1.4: Arrests for Violent Offense as an Adult	-.053	-.053	.175	.088	.003
1.5: Number of Prior Commitments to Prison	.116	.083	.890	.043	.047
1.6: Ever Received Official Misconduct while Incarcerated as an Adult	.014	.147	.383	.036	.003
1.7: Ever Had Escape Attempts as an Adult	.059	-.018	.026	.113	.034
2.1: Ever Expelled or Suspended from School	-.010	.452	-.224	.107	.087
2.2: Employed at the Time of Arrest	.839	.092	.080	.033	.016
2.3: Employed Full-Time Just Prior to Incarceration	.841	.024	.018	-.002	.042
2.4: Attitudes toward Boss/Employer	.201	.078	.048	.124	.114
2.5: Longest Length of Employment Past Two Years	.813	.012	.034	.054	.102
2.6: Better Use of Time	.692	.029	-.010	.171	.097
3.1: Current Marital Status	.122	.048	-.012	.005	.004
3.2: Living Situation Prior to Incarceration	.048	-.001	.083	-.042	-.011
3.3: Stability of Residence Prior to Incarceration	.125	.086	.084	.278	.214
3.4: Emotional and Personal Support Available from Family or Others.	.124	.013	.036	.036	.924
3.5: Level .373of Satisfaction with Current Level of Support from Family or Others	.094	.035	.039	-.041	.918
4.1: Most Recent Period of Abstinence from Alcohol	-.050	.054	-.064	.025	-.224
4.2: Age at First Illegal Drug Use	.098	.373	.081	.258	.070
4.3: Problems with Employment due to Drug Use	.166	-.068	.131	.499	.007
4.4: Problems with Health due to Drug Use	-.111	.060	.155	.077	-.064
4.5: Ever Diagnosed with Mental Illness/Disorder	.012	.184	-.123	.208	.022
5.1: Criminal Activities	.297	.074	.183	.579	-.045

5.2: Gang Membership	.004	.544	-.007	.034	-.163
5.3: Ability to Control Anger	-.101	.131	-.031	.625	-.083
5.4: Uses Anger to Intimidate Others	.089	-.012	.036	.195	.090
5.5: Acts Impulsively	.074	.088	-.093	.623	-.039
5.6: Feels Lack of Control Over Events	.081	-.161	-.105	.487	.202
5.7: Walks Away from a Fight	-.087	.298	.102	.531	.018

Rotation method: Varimax rotation with Kaiser Normalization.

Item	Factor				
	6	7	8	9	10
1.0: Age at Time of Assessment	-.019	.002	.160	-.039	-.019
1.1: Most Serious Arrest Under Age 18	.103	.009	.132	.088	.009
1.2: Prior Commitment as a Juvenile to Department of Youth Services	.084	-.094	.124	-.055	.069
1.3: Number of Prior Adult Felony Convictions	.090	.053	.052	.024	<.001
1.4: Arrests for Violent Offense as an Adult	.123	.761	.138	.138	.102
1.5: Number of Prior Commitments to Prison	.013	.109	.069	.003	.030
1.6: Ever Received Official Misconduct while Incarcerated as an Adult	-.205	.036	.408	.010	.389
1.7: Ever Had Escape Attempts as an Adult	-.067	.042	.066	.028	.785
2.1: Ever Expelled or Suspended from School	.003	-.037	.148	.185	.081
2.2: Employed at the Time of Arrest	-.007	-.018	-.071	.131	.007
2.3: Employed Full-Time Just Prior to Incarceration	-.028	-.059	.032	-.008	-.015
2.4: Attitudes toward Boss/Employer	-.004	.037	-.069	.683	-.057
2.5: Longest Length of Employment Past Two Years	.134	.039	-.071	.048	-.035
2.6: Better Use of Time	.123	.133	.111	-.018	.075
3.1: Current Marital Status	.760	.116	-.025	-.201	-.136
3.2: Living Situation Prior to Incarceration	.869	.039	.103	.089	.064
3.3: Stability of Residence Prior to Incarceration	.423	-.128	-.023	.423	-.180
3.4: Emotional and Personal Support Available from Family or Others	<.001	.066	-.041	.027	.004
3.5: Level of Satisfaction with Current Level of Support from Family or Others	.022	.018	.045	-.039	.026
4.1: Most Recent Period of Abstinence from Alcohol	-.146	.090	.239	.622	.125
4.2: Age at First Illegal Drug Use	-.136	.068	.376	.113	-.393
4.3: Problems with Employment due to Drug Use	.095	-.376	.335	.115	-.184
4.4: Problems with Health due to Drug Use	.098	-.113	.540	.430	.118
4.5: Ever Diagnosed with Mental Illness/Disorder	.080	.144	.660	-.011	-.017
5.1: Criminal Activities	.074	-.101	.114	.132	-.056
5.2: Gang Membership	-.189	.101	-.262	.024	-.189
5.3: Ability to Control Anger	-.199	.333	-.003	.050	.209
5.4: Uses Anger to Intimidate Others	.033	.824	-.031	-.067	-.067
5.5: Acts Impulsively	-.028	.198	.149	.177	.005
5.6: Feels Lack of Control Over Events	.133	.131	.145	-.193	.076
5.7: Walks Away from a Fight	-.041	.088	-.265	.101	.411

Rotation method: Varimax rotation with Kaiser Normalization

Note: Due to data issues, we were unable to run a full-item factor analysis for the female sample.

Table 19. Factor analyses of age/criminal history domain items: Total variance explained (males).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.299	28.741	28.741	2.299	28.741	28.741	2.093	26.162	26.162
2	1.841	23.009	51.751	1.841	23.009	51.751	1.847	23.088	49.250
3	1.099	13.740	65.491	1.099	13.740	65.491	1.299	16.241	65.491

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 20. Factor analyses of age/criminal history domain items: Factor loadings using Varimax rotation (males)

Item	1	2	3
1.0: Age at Time of Assessment	-.561	.397	-.021
1.1: Most Serious Arrest Under Age 18	-.003	.908	-.016
1.2: Prior Commitment as a Juvenile to Department of Youth Services	-.049	.904	.046
1.3: Number of Prior Adult Felony Convictions	.905	-.014	.112
1.4: Arrests for Violent Offense as an Adult	.232	-.043	.369
1.5: Number of Prior Commitments to Prison	.900	.091	.191
1.6: Ever Received Official Misconduct while Incarcerated as an Adult	.270	.178	.636
1.7: Ever Had Escape Attempts as an Adult	-.147	-.071	.841

Rotation method: Varimax rotation with Kaiser Normalization.

Note: Due to data issues, we were unable to run a factor analysis of age/criminal history domain items for the female sample.

Table 21. Factor analyses of school/employment domain items: Total variance explained (males).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.732	45.535	45.535	2.732	45.535	45.535	2.662	44.365	44.365
2	1.021	17.022	62.557	1.021	17.022	62.557	1.091	18.192	62.557

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 22. Factor analyses of school/employment domain items: Factor loadings using Varimax rotation (males)

Item	1	2
2.1: Ever Expelled or Suspended from School	-.080	.887
2.2: Employed at the Time of Arrest	.850	.111
2.3: Employed Full-Time Just Prior to Incarceration	.830	.040
2.4: Attitudes toward Boss/Employer	.231	.506
2.5: Longest Length of Employment Past Two Years	.834	.047
2.6: Better Use of Time	.704	.180

Rotation method: Varimax rotation with Kaiser Normalization.

Table 23. Factor analyses of school/employment domain items: Total variance explained (females).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.421	40.343	40.343	2.421	40.343	40.343	2.232	37.201	37.201
2	1.137	18.944	.59.287	1.137	18.944	.59.287	1.325	22.086	59.287

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 24. Factor analyses of school/employment domain items: Factor loadings using Varimax rotation (females)

Item	1	2
2.1: Ever Expelled or Suspended from School	.108	.734
2.2: Employed at the Time of Arrest	.809	.113
2.3: Employed Full-Time Just Prior to Incarceration	.679	.106
2.4: Attitudes toward Boss/Employer	.779	-.133
2.5: Longest Length of Employment Past Two Years	.705	.433
2.6: Better Use of Time	.014	.747

Rotation method: Varimax rotation with Kaiser Normalization.

Table 25. Factor analyses of family/social support domain items: Total variance explained (males).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	1.931	38.626	38.626	1.931	38.626	38.626	1.824	36.482	36.482
2	1.581	31.611	70.237	1.581	31.611	70.237	1.688	33.755	70.237

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 26. Factor analyses of family/social support domain items: Factor loadings using Varimax rotation (males)

Item	1	2
3.1: Current Marital Status	-.034	.804
3.2: Living Situation Prior to Incarceration	-.040	.878
3.3: Stability of Residence Prior to Incarceration	.260	.516
3.4: Emotional and Personal Support Available from Family or Others	.938	.053
3.5: Level of Satisfaction with Current Level of Support from Family or Others	.934	.043

Rotation method: Varimax rotation with Kaiser Normalization.

Table 27. Factor analyses of family/social support domain items: Total variance explained (females).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.154	43.081	43.081	2.154	43.081	43.081	1.888	37.762	37.762
2	1.583	31.660	74.741	1.583	31.660	74.741	1.849	36.979	74.741

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 28. Factor analyses of family/social support domain items: Factor loadings using Varimax rotation (females)

Item	1	2
3.1: Current Marital Status	.245	.856
3.2: Living Situation Prior to Incarceration	.134	.883
3.3: Stability of Residence Prior to Incarceration	-.234	.571
3.4: Emotional and Personal Support Available from Family or Others	.939	.107
3.5: Level of Satisfaction with Current Level of Support from Family or Others	.935	-.011

Rotation method: Varimax rotation with Kaiser Normalization.

Table 29. Factor analyses of substance abuse/mental health domain items: Total variance explained (males).

Factor	Initial Eigenvalues			Extraction SSL		
	Total	% Var	Cum %	Total	% Var	Cum %
1	1.780	35.592	35.592	1.780	35.592	35.592

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 30. Factor analyses of substance abuse/mental health domain items: Component matrix (males)

Item	1
4.1: Most Recent Period of Abstinence from Alcohol	.488
4.2: Age at First Illegal Drug Use	.610
4.3: Problems with Employment due to Drug Use	.602
4.4: Problems with Health due to Drug Use	.664
4.5: Ever Diagnosed with Mental Illness/Disorder	.605

Because there was only one factor, no rotation was performed.

Table 31. Factor analyses of substance abuse/mental health domain items: Total variance explained (females).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	1.869	37.371	37.371	1.869	37.371	37.371	1.766	35.313	35.313
2	1.157	23.140	60.511	1.157	23.140	60.511	1.260	25.198	60.511

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 32. Factor analyses of substance abuse/mental health domain items: Component matrix (females)

Item	1	2
4.1: Most Recent Period of Abstinence from Alcohol	.349	-.631
4.2: Age at First Illegal Drug Use	.091	.844
4.3: Problems with Employment due to Drug Use	.816	-.247
4.4: Problems with Health due to Drug Use	.814	.238
4.5: Ever Diagnosed with Mental Illness/Disorder	.554	-.180

Rotation method: Varimax rotation with Kaiser Normalization.

Table 33. Factor analyses of criminal attitudes domain items: Total variance explained (males).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.151	30.733	30.733	2.151	30.733	30.733	2.150	30.715	30.715
2	1.092	15.596	46.329	1.092	15.596	46.329	1.093	15.613	46.329

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 34. Factor analyses of criminal attitudes domain items: Factor loadings using Varimax rotation (males)

Item	1	2
5.1: Criminal Activities	.516	-.041
5.2: Gang Membership	.177	.856
5.3: Ability to Control Anger	.748	-.002
5.4: Uses Anger to Intimidate Others	.486	-.180
5.5: Acts Impulsively	.693	.004
5.6: Feels Lack of Control Over Events	.441	-.518
5.7: Walks Away from a Fight	.619	.240

Rotation method: Varimax rotation with Kaiser Normalization.

Table 35. Factor analyses of criminal attitudes domain items: Total variance explained (females).

Factor	Initial Eigenvalues			Extraction SSL			Rotation SSL		
	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	1.791	25.585	25.585	1.791	25.585	25.585	1.777	25.387	25.387
2	1.286	18.366	43.951	1.286	18.366	43.951	1.271	18.157	43.544
3	1.164	16.630	60.581	1.164	16.630	60.581	1.193	17.037	60.581

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 36. Factor analyses of criminal attitudes domain items: Factor loadings using Varimax rotation (females)

Item	1	2	3
5.1: Criminal Activities	-.203	-.201	.811
5.2: Gang Membership	.025	.677	.041
5.3: Ability to Control Anger	.841	.022	-.021
5.4: Uses Anger to Intimidate Others	.752	-.420	.141
5.5: Acts Impulsively	.627	.312	-.042

5.6: Feels Lack of Control Over Events	.265	.258	.714
5.7: Walks Away from a Fight	.009	.657	-.019

Rotation method: Varimax rotation with Kaiser Normalization.

Table 37. Reliability statistics for the full NRAS scale and individual domain scales (males).

Scale	α	k
Full NRAS scale	.738	31
Age/Criminal History	.516	8
School/Employment	.705	6
Family/Social Support	.572	5
Substance Abuse/Mental Health	.536	5
Criminal Lifestyle	.514	7

Note: α = Cronbach's alpha. K = Number of items in scale.

Table 38. Reliability statistics for the full NRAS scale and individual domain scales (females).

Scale	α	k
Full NRAS scale	.571	31
Age/Criminal History	.227	8
School/Employment	.667	6
Family/Social Support	.644	5
Substance Abuse/Mental Health	.423	5
Criminal Lifestyle	.331	7

Note: α = Cronbach's alpha. K = Number of items in scale.

Table 39. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (males).

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.519	.035	.581	.451	.588

Table 40. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (females).

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.672	.074	.032	.526	.817

Table 41. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (males).

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.541	.034	.237	.474	.608

Table 42. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (females).

Area	<i>SE</i>	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.679	.075	.025	.533	.826

Table 43. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (males).

Domain	Area	<i>SE</i>	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.541	.034	.238	.473	.608
School/Employment	.472	.035	.418	.403	.541
Family/Social Support	.453	.035	.175	.385	.521
Substance Abuse/Mental Health	.540	.034	.254	.473	.607
Criminal Lifestyle	.563	.035	.070	.494	.631

Table 44. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (females).

Domain	Area	<i>SE</i>	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.617	.076	.144	.468	.765
School/Employment	.659	.075	.047	.512	.805
Family/Social Support	.488	.078	.878	.335	.640
Substance Abuse/Mental Health	.458	.081	.602	.299	.617
Criminal Lifestyle	.560	.076	.453	.411	.709

Table 45. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (males).

Domain	Area	<i>SE</i>	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.523	.042	.592	.441	.605
School/Employment	.531	.044	.464	.445	.617
Family/Social Support	.475	.043	.562	.390	.560
Substance Abuse/Mental Health	.472	.044	.517	.387	.558
Criminal Lifestyle	.509	.044	.826	.423	.595

Table 46. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (females).

Domain	Area	<i>SE</i>	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.547	.115	.685	.321	.773
School/Employment	.584	.097	.467	.393	.775
Family/Social Support	.348	.096	.187	.160	.535
Substance Abuse/Mental Health	.387	.113	.327	.166	.607
Criminal Lifestyle	.506	.101	.960	.309	.703

Table 47. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (males) excluding technical violators.

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.556	.041	.176	.476	.637

Table 48. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (females).

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.622	.128	.331	.370	.873

Table 49. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (males) excluding technical violators.

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.590	.041	.030	.510	.670

Table 50. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (females) excluding technical violators.

Area	SE	Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound
.587	.131	.487	.329	.844

Table 51. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (males) excluding technical violators.

Domain	Area	SE	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.553	.041	.203	.472	.634
School/Employment	.482	.042	.660	.400	.563
Family/Social Support	.473	.042	.524	.392	.555
Substance Abuse/Mental Health	.578	.041	.063	.497	.658
Criminal Lifestyle	.603	.041	.014	.522	.683

Table 52. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (females) excluding technical violators.

Domain	Area	SE	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.653	.122	.222	.413	.893
School/Employment	.653	.121	.222	.416	.890
Family/Social Support	.368	.116	.291	.141	.595
Substance Abuse/Mental Health	.521	.121	.868	.283	.758
Criminal Lifestyle	.472	.125	.824	.227	.717

Table 53. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (males) excluding technical violators.

Domain	Area	SE	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.537	.051	.467	.437	.638
School/Employment	.574	.051	.151	.474	.674
Family/Social Support	.500	.052	.992	.399	.602
Substance Abuse/Mental Health	.528	.052	.581	.427	.630
Criminal Lifestyle	.570	.051	.173	.470	.670

Table 54. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (females) excluding technical violators.

Domain	Area	SE	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Age/Criminal History	.656	.151	.333	.361	.952
School/Employment	.604	.161	.519	.289	.920
Family/Social Support	.260	.147	.138	.000	.548
Substance Abuse/Mental Health	.490	.163	.949	.170	.810
Criminal Lifestyle	.542	.169	.796	.211	.872

Table 55. Logistic regression analysis with offense type as predictor variable and recidivism as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
NDOC offense category ^a			40.039	5	<.001	
Drug offense	0.869	0.280	9.643	1	.002	2.383
DUI	-1.529	1.077	2.016	1	.156	0.217
Other offense	0.801	0.538	2.222	1	.136	2.229
Property offense	1.369	0.265	26.706	1	<.001	3.932
Sex offense	-1.465	0.776	3.566	1	.059	0.231
Constant	-0.550	0.187	8.634	1	.003	0.557

^a = Reference category: Violent offense

Table 56. Logistic regression analysis with offense type as predictor variable and recidivism as outcome variable.

Variable	<i>b</i>	<i>SE</i>	<i>W</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
NDOC offense category ^a			2.740	4	.602	
Drug offense	1.386	1.000	1.922	1	.166	4.000
DUI	-20.510	40192.970	<0.001	1	>.999	<.001
Other offense	-20.510	40192.970	<0.001	1	>.999	<.001
Property offense	1.540	0.932	2.731	1	.098	4.667
Constant	-0.693	0.866	0.641	1	.423	0.500

^a = Reference category: Violent offense

Table 57. OLS regression analysis with full NRAS score as predictor variable and time to recidivism as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
NRAS score	3.315	1.982	1.673	.097
Constant	180.846	33.761	5.357	<.001

Note: Model $R^2 = .019$, $F(141) = 2.798$, $p = .097$

Table 58. OLS regression analysis with full NRAS score as predictor variable and time to recidivism as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
NRAS score	-4.036	4.754	-0.849	.402
Constant	332.080	80.558	4.122	<.001

Note: Model $R^2 = .020$, $F(35) = 0.721$, $p = .402$

Table 59. OLS regression analysis with domain risk scores as predictor variables and time to recidivism as outcome variable (males).

Variable	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Age/Criminal History	-3.592	6.037	-0.595	.553
School/Employment	-3.106	7.297	-0.426	.671
Family/Social Support	10.491	8.032	1.306	.194
Substance Abuse/Mental Health	6.483	10.850	0.597	.551
Criminal Lifestyle	6.076	6.512	0.933	.353
Constant	193.385	38.112	5.704	<.001

Note: Model $R^2 = .034$, $F(111) = 0.793$, $p = .557$

Table 60. OLS regression analysis with domain risk scores as predictor variables and time to recidivism as outcome variable (females).

Variable	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Age/Criminal History	-17.659	19.829	-0.891	.385
School/Employment	26.091	25.732	1.014	.324
Family/Social Support	-24.397	16.726	-1.459	.162
Substance Abuse/Mental Health	11.801	22.248	0.530	.602
Criminal Lifestyle	-2.983	19.479	-0.153	.880
Constant	237.172	142.713	1.662	.114

Note: Model $R^2 = .161$, $F(18) = 0.689$, $p = .638$

Appendix H: Chapter 4 Course Evaluation Additional Information

Section 1: CPC Checklist

Highlights / Goals / Training / Dates / Attendance

Correctional Program Checklist (CPC)

**Evaluation of evidence based practices by a check-list. Description of CPC was sent Feb. 3rd*

*NDOC Program Assessments: Phoenix/Ridgehouse Programs (July 19 & 20)
SDCC Program Assessments: Commitment to Change/TRUST (October 18 & 19)
CPC Assessment Tool - End User: Las Vegas (October 3, 4, 5 & 6) Attendance: 7
Total CPC End User Sessions: 1*

The Evidence Based Correctional Program Checklist (CPC) is a tool developed for assessing correctional intervention programs, and is used to ascertain how closely correctional programs meet known principles of effective intervention.

A. Group Assessment

- Designed for use on a stand-alone treatment group or outpatient treatment group versus a larger treatment program.

B. Community Supervision

- A program evaluation created for the use with probation and parole departments. This program measures the ability to deliver evidence-based supervision and treatment services

C. Drug Court

- A program evaluation tool created for the use with drug courts and other specialty courts. The indicators are taken from the CPC as well as available meta-analyses on drug courts. It measures the ability to deliver evidence-based services.

Core Correctional Practices (CCP)

End User: Carson City (April 5 & 6) Attendance: 17

Las Vegas (April 11 & 12) Attendance: 15

Carson City (May 25 & 26) Attendance: 29

Las Vegas (June 8 & 9) Attendance: 31

Ely (October 9, 10, 11 & 12) Attendance: 55

Las Vegas (November 6, 7, 8 & 9) Attendance: 57

Total CCP End User Sessions: 8

Train the Trainer: Carson City (May 22, 23, 24, 25 & 26) Attendance: 5

Las Vegas (June 5, 6, 7, 8 & 9) Attendance: 8

Total CCP Trainer Sessions: 2

Core Correctional Practices is a training that instructs correctional workers on the core skills needed to support cognitive behavioral programming. The training is relevant to direct care, security staff, and treatment staff.

D. Focus

- Core Correctional Practices focuses in reducing recidivism and provides strong preliminary evidence regarding their effectiveness.

E. Benefits

- Officer’s display: Prosocial modeling, effective reinforcement, problem solving skills and the appropriate use of authority.

Effective Practices in Community Support (EPICS)

End User: Carson City (May 9, 10, & 11) Attendance: 25

End User: Las Vegas (July 25, 26 & 27) Attendance: 30

Total EPICS End User Sessions: 2

The EPICS model is designed to use a combination of monitoring, referrals, and face-to-face interactions to provide the offenders with a sufficient “dosage” of treatment interventions, and make the best possible use of time to develop a collaborative working relationship. The EPICS model helps translate the risk, needs and responsibility principles into practice.

F. Effective Practices in Community Supervision

- Officers or case managers are taught to increase dosage to higher risk offenders, stay focused on criminogenic needs, especially the thought-behavior link, and to use a social learning, cognitive behavioral approach to their interactions.

G. The EPICS Model

- Is not intended to replace other programming and services, but rather is an attempt to more fully utilize staff as agents of change.

Effective Practices in Community Support for Influencers (EPICS-I)

End User/Influencer: Carson City (June 20, 21 & 22) Attendance: 12

Las Vegas (June 27, 28 & 29) Attendance: 15

Total EPICS-I End User Sessions: 2

Train the Trainer/Influencer: Carson City (August 1, 2 & 3) Attendance: 15

Las Vegas (August 8, 9 & 10) Attendance: 26

Total EPICS-I Trainer Sessions: 2

Effective Practices in Community Support for Influencers was designed as an extension of the Effective Practices in Community Supervision (EPICS) Model, an approach that teaches community supervision staff how to apply the core principles of effective intervention to community supervision. EPICS for Influencers builds on this pre-existing knowledge base and incorporates the components of EPICS for use with support members (Influencers) of those involved in the criminal or juvenile justice system. The goal of EPICS-I is to identify prosocial support in an offender's life and teach those Influencers core skills used within the EPICS model. This allows Influencers to help offenders identify risky situations and practice skills to successfully manage these challenges.

H. Influencers Are Trained

- In core skills including identifying risky situations, identifying and restructuring risky thinking, using structured skill building, teaching problem solving, building relationships, and using effective reinforcement and effective disapproval.

I. An Advantage Of This Intervention

- Designed to be delivered during everyday interactions between the Influencer and the offender. Another important benefit of this approach is that it builds on the interventions being taught in structured treatment groups and/or during contact sessions between the offender and community supervision officers.

J. Benefits

- Research shows that relapse prevention programs that trained significant others and family members in cognitive-behavioral approaches were three times as effective as programs that did not.

Moral Reconciliation Therapy (MRT)

Trainer/Facilitator: Las Vegas (June 13, 14, 15 & 16) Attendance: 9

Trainer/Facilitator: Las Vegas (June 19, 20, 21 & 22) Attendance: 15

Co-Trainer/Facilitator: Las Vegas (September 18, 19, 20 & 21) Attendance: 13

Co-Trainer/Facilitator: Carson City (September 25, 26, 27 & 28) Attendance: 12

Final-Trainer/Facilitator: Las Vegas (October 10, 11, 12 & 13) Attendance: 12

Final-Trainer/Facilitator: Carson City (October 16, 17, 18 & 19) Attendance: 8

Total MRT Trainer/Facilitator Sessions: 6

Moral Reconciliation Therapy is the premiere cognitive-behavioral program for substance abuse treatment and for criminal justice offenders. MRT-treated offenders show significantly lower recidivism rates for periods as long as 20 years after treatment. Studies show MRT-treated offenders have re-arrested and

re-incarceration rates 25% to 75% lower than expected. MRT programs are used in 50 states, District of Columbia, Puerto Rico, and 7 countries. Correctional Counseling has developed MRT-based programming for individuals with chronic substance abuse problems, anger management and domestic violence issues.

K. Proven Concepts

- MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong.

L. Results

- MRT seeks to move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important. MRT systematically focuses on seven basic treatment issues: **(1)** Confrontation of beliefs, attitudes and behaviors. **(2)** Assessment of current relationships. **(3)** Reinforcement of positive behavior and habits. **(4)** Positive identity formation. **(5)** Enhancement of self-concept. **(6)** Decrease in hedonism and development of frustration tolerance. **(7)** Development of higher stages of moral reasoning.

Nevada Risk Assessment System-(NRAS) / Ohio Risk Assessment System-(ORAS)

End User: Carson City (April 5 & 6) Attendance: 17 (P&P only)

Las Vegas (April 20 & 21) Attendance: 21

Carson City (May 2 & 3) Attendance: 21

Las Vegas (September 27 & 28) Attendance: 8

Las Vegas (October 16 & 17) Attendance: 4

Refreshers: Carson City (May 4 & 5) Attendance: 13

Total NRAS End User Sessions: 6

Train the Trainer: Carson City (July 24, 25, 26, 27 & 28) Attendance: 29

Las Vegas (August 21, 22, 23, 24, & 25) Attendance: 33

Las Vegas (November 27, 28, 29 & 30) Anticipated Attendance: 36

Total NRAS Trainer Sessions: 3

ORAS/NRAS is a dynamic risk/needs assessment system to be used with adult offenders. It offers the ability to assess individuals at various decision points across the criminal justice system. ORAS/NRAS is comprised of nine tools, and while the assessment is free to use, agencies must be trained prior to implementation.

M. Training

- The training system provides an overview of the assessment tools with techniques for administering and scoring an individual. In addition, the trainer will review how to use the scores obtained from individuals' ORAS/NRAS assessments to develop case plans for reducing risk to re-offend. A training of agency trainers is also available, allowing agencies to build internal sustainability by certifying staff to conduct ORAS/NRAS trainings.

N. Description of Tools

- Pre-trial assessment (2) Community supervision Screening (3) Community screening (4) Misdemeanor screening (5) Misdemeanor assessment (6) Prison screening (7) Prison intake (8) Reentry tool (9) Supplemental reentry

Section 2: Sample Course Evaluation Form and Instruction (Web-based)

[Introduction]

Thank you in advance for completing this survey. You have been asked to participate because our records show that you completed Nevada Risk Assessment System (NRAS) training. Your answers will be confidential and will only be presented in combination with the responses of others. All efforts will be made to ensure your confidentiality.

This survey will take no more than 5-10 minutes of your time and will provide us with valuable feedback, which will help us to improve the training and/or refresher courses. The Grant Sawyer Center for Justice Studies located at the University of Nevada, Reno will perform the analyses and assessments as outside evaluators.

Your participation is voluntary and you may choose to answer or not answer any of the questions. You are not required to complete the survey in one sitting. If you choose to complete the survey over two or more sittings, the survey system will automatically save your place when you exit the survey, and direct you back to the same page when you return to complete it. Please use the navigation buttons *in the survey at the bottom of the page* if you wish to go backward or forward, ***not*** your internet browser's navigation buttons *at the top of the page*.

Thank you for your assistance and participation. If you have any questions about the results of this survey, you can contact us at ndocsurvey@unr.edu. If you encounter any technical difficulties while completing this survey, please call (775) 784-6272.

Nevada Risk Assessment System (NRAS) Training Satisfaction Survey

On the questions below, **PLEASE CHECK** the response that most clearly reflects your opinion regarding the NRAS training course.

	Excellent	Very Good	Good	Fair	Poor
Were teaching aids/media used effectively?	<input type="checkbox"/>				
Course objectives were clearly stated or reviewed	<input type="checkbox"/>				
Course content time was appropriate	<input type="checkbox"/>				
The course helped me develop new knowledge/skills or added to existing knowledge/skills.	<input type="checkbox"/>				
The instructor gave clear instructions.	<input type="checkbox"/>				
The instructor lectured at a level you could understand.	<input type="checkbox"/>				
The instructor made clear what was expected of the students.	<input type="checkbox"/>				
The instructor showed how the course is practically related to the job/field.	<input type="checkbox"/>				
The instructor provided a good mixture of presentation and participation.	<input type="checkbox"/>				
The instructor satisfactorily answered questions.	<input type="checkbox"/>				
The instructor was enthusiastic when presenting the material.	<input type="checkbox"/>				
Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:	<input type="checkbox"/>				

Please tell us how this course can be improved.

Section 3: Course Evaluation Form Open-Ended Responses ("Please tell us how this course can be improved")

NRAS Comments

A few more and longer breaks

As it was their first time teaching it, I felt it went well.

I HAVE NO IMPROVEMENT SUGGESTIONS

I look forward to further training in this field. Thank you

I think it was very informative and put together well. I learned A LOT more than I thought I was going to. The [trainers] are AWESOME at explaining things in a way that we were all able to understand. And they did not get frustrated when others were not understanding, which can make a big difference on such a difficult training.

I would like to understand the statistics/science behind the methodology of the NRAS. I want to know how it is known to be effective.

Improve the scoring guide as this is where we had the most questions and debate.

Maybe a few more mock interviews to really get to know the process and more class time.

Nothing - instructors were great

Nothing to add.

Put the scoring guide narratives into a powerpoint. Right now the instructors just read them, however I think the PowerPoint and visual of being on the screen, rather than looking at book would improve participation.

The class would have benefitted by being more organized. Having the students skip around to multiple various sections in the handouts instead of having them in order prior to distribution was very irritating and took away from the flow of the class/material.

The difference between a 4 and 5 rate boils down to the implementation of the program amid what is not known yet not the instruction. Some things are not figured out yet.

The instructors were awesome

There were a couple of area that I feel were subjective. The instructors stated to score a certain area there needed to be a conviction. In the example the offender was not convicted of an offense but they had us score for it.

This was a refresher course which took one day. Until there is more of a functional purpose for NRAS with an outline of what needs to happen after the NRAS is completed then it will remain just as an assessment. Also, the guidelines indicate that the assessment process should take 30 minutes to an hour to completed; however, I have yet to find this to be the case. It typically takes less than 15 minutes for each assessment.

CCP End User Comments

[Course can be improved with] Time -- time at facility will be difficult to spend this amount of effort to manage inmates.

[In relation to teaching aids]: Page numbers in the book need correction. Book should be edited for grammar, misnumbered questions, etc. [In relation to whether or not the instructor made clear about what was expected]: Instructions were not always clear. [How to improve course]: I would make the manual more "user friendly." There should not be two pages 38, make navigation difficult. Just a suggestion

[in relation to whether the course is practically related to job]: Actually role-play instead of just at your table. Relate these skills to security benefit for custody

Do not think the course needs to be improved

[trainers] were very engaging and knowledgeable. Tools were mentioned that students weren't familiar with maybe add as attachment i.e., NRAS. I had some issue with following the lesson with some instructors. Most gave great effort.

Great class! Appreciated!

Great course. Great [illegible] people making things happen for the better of our department.

Great to see the northern training team and their teaching styles. Great job, thank you. All instructors did well. Thanks for the training.

[Trainer] was awesome and should teach more classes to NDOC employees! [Trainer] has a wonderful teaching style, the material is interesting, and [trainer] adds life experience to make the training more relatable.

Many of these skills apply to our interactions with inmates and co-workers -- maybe include more examples in the teaching of both situations. Also, it would be good to offer this material to outside agencies (such as CCSD education dept) and NDOC volunteers

Maybe have class Mon/Tues

More breaks a lot of info all at once needs more explanation on how it need

Much of this material has been out for quite a while. Updated material. it is good the dept. is going in this direction.

Please be sure to let the students know when you are reading material to them that is not contained in the PowerPoint. Then they won't waste time searching for it and will pay attention to what is being said.

The amount of content felt a little rushed in the 2nd day because of how much we had to cover.

The course is a lot of information for 2 days. I think the course can be reduced to the point where staff/attendees take home more information they can use and remember.

The course is great as is we need to ensure we get this out to all staff

The instructor was exceptional and created an environment that invited participation. The only change I would like to see is less "chatter" and side-talking among participants. It made it hard to hear and/or concentrate at times. Perhaps..set up an "Agreement" at the beginning of our time together whereby participants all AGREE to conduct. e.g. "Focus" "Be respectful when others are talking" etc. This sort of "set up" provides buy-in and makes it easy to enforce conduct guidelines.

The instructors did an excellent job, since they just learned the material. While the information is good, it seems custody staff will not have ample time to implement a lot of the principals of the program.

The material was presented well.

The training was excellent?! No need to improve it.

There may be better ways of having more class participation activities. Too many people in class to evaluate if many of the participants learned most of the material.

These instructors were great

This is a new subject to Nevada. Instructors were vague in the initial delivery of the subject.

This is directly related to our daily duties.

Very detailed information that can open and expand correctional job tools, management & supervision. All instructors did an outstanding job. Was happy to see that experienced staff shared stories and were able to apply them. I feel this was very helpful and can be used positively. Great job.

EPICS-I Comments

Better control of the side-conversations between participants

EXCEPTIONAL!

Expand on PowerPoint key points. Page numbers when directed to a page

Great course! Only issue I had was the person I teamed up to role play each scenario with did not understand the influencer/client dialog that was supposed to be practiced even with the coaches trying to walk him through it. I didn't feel like I learned anything from the role playing.

Instructor to help guide trainers more when training the students.

Just us directions to the training location. Otherwise, this course was great!

Recognizing that this is a pilot project and the presentation had very recently finished their own training, it's important to add to the content of a power-point presenters in addition to reading it.

Since this is a new course, I'm sure it will improve as it advances

Some participants asked some very good questions or made some important observations that could have been addressed better

The practice presentation was a great opportunity to gain practical experience and confidence and to get a better sense of how it all fits together.

This was an excellent training. I would just suggest that perhaps the EPICS-I model be introduced before the tools and skills so that we have a high level overview of how it all fits together from the beginning.

EPICS End User Comments

have a small (1-2hr) introductory class first. no one knew what this class was for and no one understood the definitions, words and concepts before being "thrown" into a class that we weren't prepared for

I think that class overall was good, I learned a few things. Specific questions were asked about how to use the program on unique individuals that were not answered very well or if at all. And when I was instructed to start using the program I was not as comfortable as I would have like to actually implement the program.

Most of the video presentations of EPICS sessions were done with teens and were geared to juvenile intervention of thinking errors. As around 98% of our "clientele" are adults, this detracted from the credibility of the program. Those recorded EPICS sessions were our first exposure to how our sessions should be. Thus, the videos of EPICS sessions should be as authentic as possible

when trying to convince the skeptic officers to assimilate EPICS into our duties. The example videos of juveniles, used as training for officers working with adults, should be removed and replaced with adult offenders.

The requirements of the course have not been clear. Meeting dates/times have not been planned out well or made clear. Subject matter seems to be more appropriate for juvenile offenders than adults.

The video examples of EPICS sessions seemed to be mostly of not all juveniles. Obviously, when dealing with adults the conversation could be completely different. More adult examples would be good.

These instructors were knowledgeable. The class was important and very necessary for our line of work. Maybe it would be more helpful to have ORAS and EPICS taught around the same time since they go hand in hand. Once our employees received both trainings, everything started to fall into place.

Appendix I: Chapter 5 Collaborative Assessment

Additional Analyses

Section 1: Methodology of the study

Data for this study were collected by web based survey distributed to all the members of the SCIG involved in the various aspects of the project. The first part of collaborative assessment survey was designed to assess the collaborative performance of the SCIG operations using the opinions of project members regarding various aspects of the collaboration process, including communication, level of trust, distribution of power, leadership, use of resources, and many others. The collaborative performance questions were presented in the form of statements, and respondents of the collaborative assessment survey were asked to rate their agreement with a statement using 5-point Likert scale ranging from 5 -Strongly Agree, 4 -Agree, 3 -Neither Agree nor Disagree, 2 -Disagree, to 1 -Strongly Disagree or 0 -Not Applicable.

The second part of the collaborative assessment survey was designed to investigate the social and interorganizational relationships among the members of the SCIG using social network analysis. The social network data were also gathered by means of an online questionnaire, where a matrix of collaborator identity and key activity in the network was determined. Each respondent was asked to pick several individuals from the full list of the SCIG project members who are in the direction or indirect contact with the respondents and to describe the types of network activities / engagement respondents are involved in. Using a 6-point Likert scale ranging from Never (0) to Daily (5), respondents indicated the frequency with which they worked with the named individuals on the following activities: providing advice, receiving advice, providing information, receiving information, providing financial resources, receiving financial resources, joint planning, and involvement in project and policy negotiations. Questions related to informal relations such as trust, history of relations with an individual, and social relations were also asked and rated using different Likert scales. Additionally, participants were asked to identify their various types of involvement into the SCIG operations as well as previous experience with any collaboration projects and length of the service at the current position. At the end of questionnaire, respondents were also asked to provide basic demographic information, and information about education. A copy of the social network survey can be found in Appendix 2.

The online survey was sent to all members of the SCIG who had participated for at least six months, held valid email addresses in July of 2017, and had the opportunity to complete the survey prior to its close date in September of 2017. The original sample included 47 members of the various project workgroups, and included representatives from the NDOC, Parole and Probations, Nevada State agencies, Research Partners from the University of Nevada, Reno and the University of Nevada, Las Vegas, community partners providing various services the project participants and community justice and policy makers (representative courts, legislature and federal government). However, 44 stakeholders who had valid email addresses and were actively involved in the grant activities made up revised sample. After the data collection, the final sample total came to 26 persons who completed the survey and answered all questions related to the social network analysis. Therefore, the response rate for the collaborative assessment survey was approximately 67 percent.

The analysis of organizational characteristics of the survey respondents in Table 3 shows that the final sample represents the staff of the NDOC, Parole and Probations, Nevada State agencies,

Research Partners from UNR and UNLV but does not include any representatives from the community providers. This is one of the major limitations of the current study, the inability to include the opinions of community providers into the analysis.

Section 2: Additional Tables

Table 3: Basic Organizational Information about Survey Respondents

Organizational characteristic	N	%	Organizational characteristic	N	%
Collaborative project experience			Numbers of years served at the current position		
Yes	19	67.8	1 Year or Less	8	30.77
No	9	32.2	2-3 Years	4	15.38
Organizational Affiliation			4-5 Years	4	15.38
NDOC	13	50	6-10 Years	4	15.38
Parole & Probation	2	7.69	10-50 Years	4	23.08
State Agency	3	11.54	Average numbers of years served at the current position		7.45
Research Partners	5	19.23	Average numbers of collaborative projects		8.9
Community partners and policymakers	4	14.3			

Note: N- the number of respondents

Table 4 describes basic demographic information about the respondents of the collaborative assessment survey. In terms of gender distribution, women represent about 70% of the sample. About 68% of survey respondents identified themselves as Caucasian, followed by Hispanic or Latino (12%), the followed by Black or African American (8%), and concluding with one representative of Asian, Native American or Alaska Native, and Two or More Races ethnic groups. The educational background of the survey respondent is diverse as well. About 40 percent of survey respondents completed a Masters or professional degree; a quarter of survey responders have a Bachelor Degree and about 20 percent of the respondents have obtained an advanced academic degree or PhD.

The collected information was then coded and synthesized through the use of software programs UCINET, 6TM, NetDraw and STATA for statistical analysis. Collaborative performance was assessed by computing the descriptive statistics of the answers of the survey respondents rating different aspects of collaboration using 5-point Likert scale (0 = Not Applicable 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Strongly Agree.) in STATA.

A higher average value or the mean of a collaborative performance indicator suggests success in term of collaboration whereas the lower average values of the mean suggests a need for improvement. To separate the problematic areas of the collaboration from no-real need for improvement, the average value or the mean of a collaborative performance of responses was

ranged from high to low. Please note that the original 6-point Likert scale was transformed into a 5-point Likert scale by omitting the zero values (Not Applicable responses) for the analysis in this study. The summary the descriptive statistics of the answers of the survey respondents rating different aspects of collaboration can be found in Table 5.

Table 4: Basic Demographic Information about Survey Respondents

Demographic Characteristic of the Survey Respondents	N	%	Demographic Characteristic of the Survey Respondents	N	%
Gender			Education		
Men	8	30.77	Completed high school/GED	1	4
Women	18	69.23	Some college, but did not finish	1	4
Race			Four-year college degree	6	24
White	17	68.00	Some graduate work	2	8
Black or African American	2	8.00	Completed Masters or prof. degree	10	40
Asian	1	4	Advanced graduate work or Ph.D.	5	20
Hispanic or Latino	3	12.00	No answer	1	4
Two or More Races	1	4	Age		
Native American or Alaska Native	1	4	25 or Under	1	4.76
No answer	1	4	26-35	1	4.76
			36-40	7	33.33
			41-50	8	38.1
			51 or Above	4	19.05
			No answer	5	19.23

Note: N - the number of respondents

The social network data were then transformed into matrix form and synthesized through the use of software programs UCINET 6™ and NetDraw and Pajek to understand prevalent formal and informal interactions among the SCIG project members. NetDraw was used to visualize and map all twelve relations among the SCIG project members including providing advice, receiving advice, providing information, receiving information, providing financial resources, receiving financial resources, joint planning, and involvement in project and policy negotiations.

The commonly used measures of public management networks such as degree centrality, betweenness centrality, eigenvector centrality, density, reciprocity, transitivity and homophily (Wasserman & Faust, 1994) were computed using UCINET (Borgatti, Everett, & Freeman, 2002).

Table 5. Collaborative Performance Dimensions Assessment

#	Collaborative Performance Assessment Indicator	N	Mean	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1	Communication	26	2.88	7	4	3	9	3
2	Sustainability	26	2.88	7	3	5	8	3
3	Research and Evaluation	26	3.61	1	2	6	14	3
4	Political Climate	26	3.12	5	4	4	9	4
5	Resources	26	3.27	2	8	2	9	5
6	Catalysts	26	4.46	0	0	2	10	14
7	Polices/Laws/Regulations	25	3.28	3	5	4	8	5
8	History	24	3.08	2	5	9	5	3
9	Connectedness	26	2.96	4	6	6	7	3
10	Leadership	26	3.08	5	4	5	8	4
11	Political Support	26	3.31	2	3	9	9	3
12	Political Polarization	26	2.88	2	8	8	7	1
13	Distribution of Power	25	3.04	5	3	6	8	3
14	Uncertainty	26	3.46	0	3	12	7	4
15	Interdependence	26	3.12	4	6	3	9	4
16	Initiating Leadership-1 (Respect)	25	3.32	2	4	8	6	5
17	Initiating Leadership-2 (Fair)	25	3.56	3	2	5	8	7
18	Procedural Arrangements	25	2.84	2	9	8	3	3
19	Knowledge Generation	26	3.5	2	3	6	10	5
20	Knowledge Sharing	26	3.12	2	8	6	5	5
21	Use of Technology	26	3.69	0	2	9	10	5
22	Resource Contribution	26	4.04	0	0	3	19	4
23	Resource Accommodation	26	3.73	1	2	5	13	5
24	Trust	26	3.35	3	4	5	9	5
25	Appreciation and Tolerance of Differences	26	3.69	1	1	9	9	6
26	Internal Legitimacy	26	3.58	2	3	4	12	5
27	Commitment	26	3.69	1	3	5	11	6
28	Responsibility	26	3.81	1	3	3	12	7
29	Collaborative Motivation	26	3.58	1	5	3	12	5

Note: N- total number of responses for a survey item

Degree centrality is measured by the number of ties held by one particular node (Wasserman & Faust, 1994). Since the SCIG social network data are associated with a directed network, degree centrality is measured by the outdegree and indegree centrality. Degree centrality at the individual level usually measures the social capital of the network player (Monge and Contractor, 2003) whereas degree centrality at the network level measures the distribution of power in the network by assessing ability of each member to voice their opinion and be heard during the meetings of the collaborative (Laumann, Knoke, & Kim, 1985; Laumann & Pappi, 1976).

Betweenness centrality measures the degree to which a network actor is directly connected to those nodes in the network that happen not to be connected directly to each other (Wasserman & Faust, 1994). Betweenness in the interorganizational networks assesses the presence of liaisons who connect individuals, groups and organizations not connected previously to the network (Prell, 2012). The presence of one network actor with high betweenness centrality suggests the control of information flow (Prell, 2012) and potential problems with sustainability of such network (Kolpakov, 2012).

Eigenvector centrality is built on the concept of degree centrality by measuring degree centrality of other network actors connected to a specific network actor. Simply speaking, it measures the popularity of a network actor. The higher score of overall eigenvector centrality, the more influential network members are present in a particular network. The detailed information on computed centrality measures of all formal and informal relations in the SCIG network can be found in Table 6.

Table 6: SCIG Network: Centrality Measures

Relation	Outdegree Centrality	Indegree Centrality	Betweenness	Eigenvector centrality
Advice providing	33.73%	17.92%	23.16%	45.01%
Advice receiving	24.83%	24.83%	33.31%	37.75%
Finance providing	21.48%	2.76%	1.79%	-
Finance receiving	19.60%	5.04%	3.17%	-
Information providing	30.88%	26.72%	29.23%	38.71%
Information receiving	24.83%	33.15%	40.25%	38.16%
Negotiations	22.53%	16.70%	23.98%	62.81%
Operations	33.28%	25.79%	33.19%	36.36%
Planning	30.94%	26.78%	32.85%	34.69%
Personal knowledge	14.75%	16.42%	37.25%	33.65%
Social relations	16.80%	20.96%	33.99%	36.33%
Trust	35.39%	38.72%	33.33%	26.97%

Notes: - no statistical parameter was not computed

The density of a network measures the number of existing ties between the network actors compared to the number of maximally possible ties among these network actors (Wasserman & Faust, 1994). Network density traditionally measures cohesion of the network (Prell, 2012) as well as degree of involvement of the network actor. Lower network density also indicates the higher

level of network effectiveness (Provan and Sebastian, 1998) especially for public management network.

Reciprocity or mutuality relates to the number of symmetric ties among the network actors and can be found by dividing the number of symmetric ties by the number of potentially symmetric ties (Wasserman & Pattison, 1996). Symmetric ties take place when two network actors have ties with each other. Reciprocity serves as an indicator to the development of trust, mutual support, and exchange of resources among the network participants (Contractor, Wasserman, & Faust, 2006)

Transitivity is measured by a transitivity index that can be found by dividing the number of transitive triads by the number of potentially transitive triads (Wasserman & Faust, 1994). Transitive triads occur when a network actor **A** has a connection or tie to a network actor **B**, a network actor **B** extends a tie to a network actor **C** and network actor **A** is in turn connected to a network actor **C**. The high count of transitive triads point at the presence of clearly hierarchy with a clear chain of command (Contractor, Wasserman, & Faust, 2006). The detailed information on computed cohesion measures of all formal and informal relations in the SCIG network can be found in Table 7.

Table 7: SCIG Network: Cohesion Measures

Relation	Density (value)	Density (proportion)	Reciprocity	Transitivity
Advice providing	0.530	18.46%	41.18%	47.43%
Advice receiving	0.520	18.15%	43.90%	44.71%
Finance providing	0.054	1.85%	0.00%	0.00%
Finance receiving	0.046	1.85%	0.01%	9.52%
Information providing	0.640	21.85%	47.92%	51.45%
Information receiving	0.606	20.92%	47.60%	50.00%
Negotiations	0.277	9.23%	42.86%	31.65%
Operations	0.64	22.00%	0.43 %	56.34%
Planning	0.67	23.54%	45.71%	55.20%
Personal knowledge	0.531	26.46%	44.54%	55.99%
Social relations	0.32	26.15%	42.86%	56.21%
Trust	1.06	26.31%	43.70%	56.37%

Homophily is defined as “the degree to which pairs of individuals who interact are similar in identity or organizational group affiliations” (Ibarra, 1993, p. 61). Homophily is best measured by the **E-I** index. It is calculated by dividing the difference of the number of ties external to the groups and the number of ties that are internal to the group by the total number of ties. The possible values of the **E-I** index ranges from 1 to -1. The values between 0 and -1 indicates the presence of homophily, whereas values between 0.1 and 1 point at the absence of homophily in the network. The presence of homophily based on the individual characteristic such as gender, race, age or presence of some experience hurt the collaborative processes in the public management networks since members of the same social group prefer working or communicating with their respected group. This prevents effective utilization of the resources and inhibits innovation. In addition, homophily reduces sustainability of the network overtime Newman and Dale (2007).

Table 8 SCIG Network: Network: Gender Homophily

Relation	Gender E-I Index	Male E-I Index	Female E-I Index	Gender Homophily Index
Advice providing	-0.153	0.5	-0.41	-0.2286
Advice receiving	-0.195	0.467	-0.445	-0.2515
Finance providing	-0.667	1	-0.818	-0.6571
Finance receiving	-0.455	1	-0.684	-0.4667
Information providing	-0.188	0.529	-0.447	-0.2349
Information receiving	-0.183	0.652	-0.457	-0.2132
Negotiations	-0.286	0.579	-0.538	-0.4
Operations	-0.16	0.615	-0.432	-0.2212
Planning	-0.124	0.533	-0.387	-0.3043
Personal knowledge	-0.176	0.556	-0.44	-0.1884
Social relations	-0.176	0.556	-0.44	-0.161
Trust	-0.176	0.556	-0.44	-0.2238

The present assessment study only looks at the homophily of the Second Chance Grant project members based on gender, previous experience with collaboration and membership in the Planning Team. The results of homophily of the formal and informal relations based on gender, previous experience with collaboration and membership in the Planning Team are presented in Table 8, 9 and 10. It can be concluded that gender of survey participants does not any effect of the formation of both formal and relations meaning both male and female project participants equally work and communicate with each other. Previous collaboration experience, on the contrary, has a moderate, but statistically signification effect on planning relation in the SCIG collaborative meaning that project members with previous collaborative experience prefer planning the SCIG activities more with each other rather with those members lack this experience.

Table 9: SCIG: Collaborative Experience Homophily

Relation	Collaborative Experience E-I index	Collaborative Experience E-I index	No Collaborative Experience Index	Collaborative Experience Homophily Index
Advice providing	-0.271	-0.527	0.59	-0.2343
Advice receiving	-0.293	-0.521	0.349	-0.2281
Finance providing	-0.333	-0.6	1	-0.2571
Finance receiving	-0.818**	-0.905**	1**	-0.8**
Information providing	-0.25	-0.5	0.5	-0.2058
Information receiving	-0.204	-0.46	0.51	-0.1929
Negotiations	-0.143	-0.379	0.385	-0.0556
Operations	-0.3	-0.536	0.429	-0.2452
Planning	-0.314**	-0.556**	0.5**	-0.2677**
Personal knowledge	-0.227	-0.471	0.438	-0.1768
Social relations	-0.227	-0.471	0.438	-0.1902

Notes: *p<.10, **p<0.05, ***p<0.01 (two-tailed test)

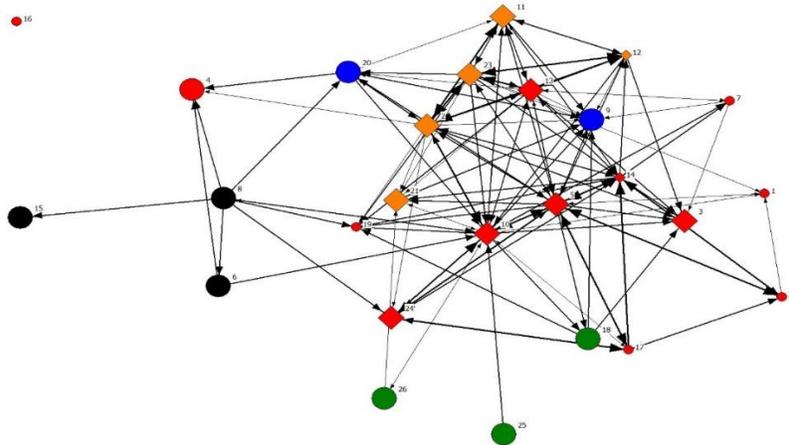
Table 10: SCIG: Planning Team (PT) Membership Homophily

Relation	Planning Team E-I Index	PT Member E-I Index	Non-member of PT E-I Index	Planning Team Homophily Index
Advice Providing	-0.153**	-0.357**	0.241**	-0.3543**
Advice receiving	-0.195**	-0.383**	0.158**	-0.3567**
Finance providing	0.167	-0.176	1	0.2
Finance receiving	-0.273	-0.556	1	-0.2667
Information providing	-0.146**	-0.333**	0.188**	-0.3269**
Information receiving	-0.161**	-0.345**	0.164**	-0.3147**
Negotiation	-0.286**	-0.508**	0.304**	-0.322**
Operations	-0.14**	-0.344**	0.246**	-0.019**
Planning	-0.105	-0.314	0.288	-0.3043
Personal knowledge	-0.092	-0.27	0.2	-0.229
Social relations	-0.092	-0.27	0.2	-0.2488
Trust	-0.092	-0.27	0.2	-0.1599

Notes: *p<.10, **p<0.05, ***p<0.01 (two-tailed test)

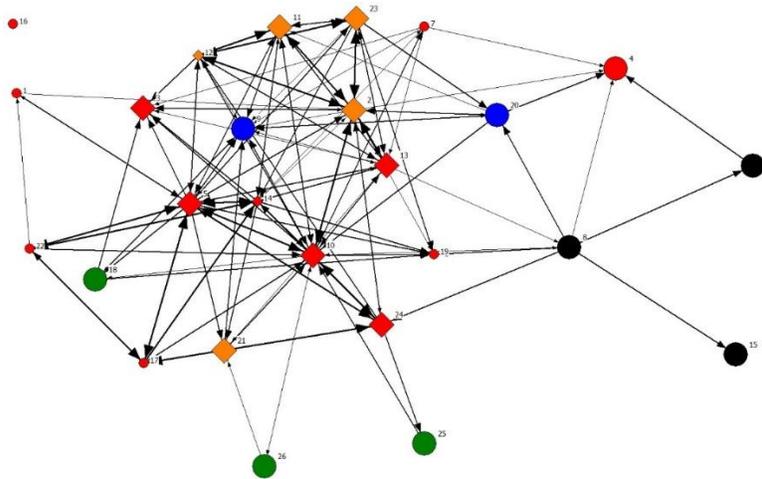
Section 3: Social Network Analyses Figures

Figure 1: SCIG Operations Network



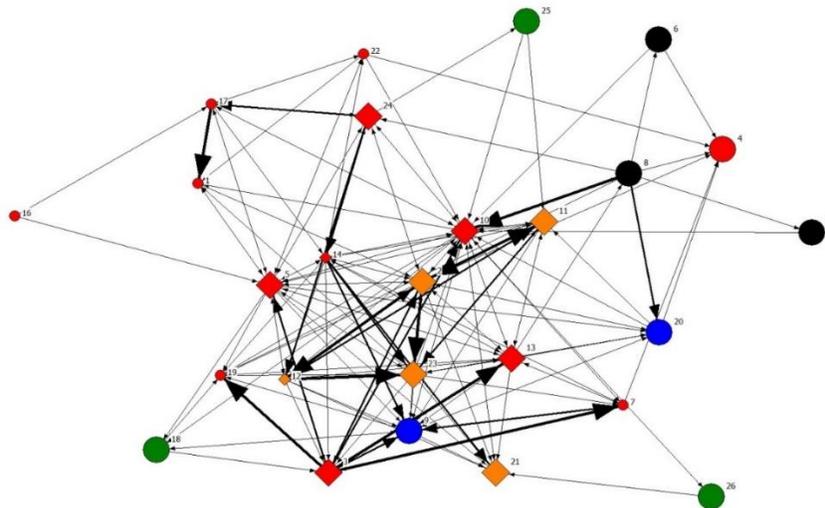
Notes: Planning Team: member – diamond; nonmember – circle. Organizational affiliation: NDOC – red; Parole and Probation – blue; Research Partners – orange; Nevada state agencies – black; Community justice partners – green; Size of the node: Larger nodes - experience with collaborative projects. Strength of relation: thickness of the linkage.

Figure 2: SCIG Information Exchange Network (providing information to others)



Notes: Planning Team: member – diamond; nonmember – circle. Organizational affiliation: NDOC – red; Parole and Probation – blue; Research Partners – orange; Nevada state agencies – black; Community justice partners – green; Size of the node: Larger nodes - experience with collaborative projects. Strength of relation: thickness of the link

Figure 3: SCIG Social Relations Network



Notes: Planning Team: member – diamond; nonmember – circle. Organizational affiliation: NDOC – red; Parole and Probation – blue; Research Partners – orange; Nevada state agencies – black; Community justice partners – green; Size of the node: Larger nodes - experience with collaborative projects. Strength of relation: thickness of the link

Section 4: Grant Collaborative Performance Assessment Survey

STRATEGIC RECIDIVISM REDUCTION (SRR) GRANT COLLABORATIVE PERFORMANCE ASSESSMENT SURVEY

Implied Consent Form

Implied consent statements will be included in each tool for the evaluation. This statement will read as follows:

Thank you for completing this survey. You have been asked to participate because of your involvement in the Strategic Recidivism Reduction grant. This tool will help us to better understand how people and organizations are working together to reduce recidivism and increase the safety of our communities. Your answers will be confidential and will only be presented in combination with the responses of others. All efforts will be made to ensure your confidentiality, however, your participation within this project is public and others within the network may recognize your point of view.

This survey will take no more than 20-30 minutes of your time and will provide us with valuable feedback, which will help us to improve collaboration among the stakeholders of SRR grant. The Department of Political Science (DPS) and Grant Sawyer Center for Justice Studies (GSCJS) located at the University of Nevada, Reno will perform the collaborative performance assessment as outside evaluators of this grant. Your participation is voluntary and you may choose to answer or not answer any of the questions. You are not required to complete the survey in one sitting. If you choose to complete the survey over two or more sittings, the survey system will automatically save your place when you exit the survey, and direct you back to the same page when you return to complete it.

Thank you for your assistance and participation. If you have any questions about the results of this survey, you can contact Dr. Aleksey Kolpakov at akolpakov@unr.edu or Dr. Veronica Dahir at veronicad@unr.edu. If you have any questions about your rights as a participant in research, you may contact Nancy Moody, Director of the Research Integrity Office, University of Nevada, Reno at (775) 327-2367. If you encounter any technical difficulties while completing this survey, please contact Mr. Brian Lee at blee2@med.unr.edu. By signing below, you are agreeing that:

- You have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered.
- You have been informed of potential risks and they have been explained to your satisfaction.
- You understand University of Nevada, Reno has no funds set aside for any injuries you might receive as a result of participating in this study.
- You are 18 years of age or older.
- Your participation in this research is completely voluntary.
- You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.

Please check whether or not you consent:

Yes, I consent

No, I do NOT consent

**STRATEGIC RECIDIVISM REDUCTION GRANT
COLLABORATIVE PERFORMANCE ASSESSMENT SURVEY**

PART 1: PROFESSIONAL AND COLLABORATIVE EXPERIENCE

1. How long have you been at your current job?

_____ Years _____ Months

2. Have you been involved in the development of collaborative projects like SRR grant project?

_____ Yes _____ No

3. If you responded “Yes” to the previous question, please indicate the number of collaborative projects in which you have been engaged during your professional career?

4. What is your role/involvement with SRR collaborative? (Indicate all that apply).

- Reentry Planning and Tracking Work Group
- Offender Programming Work Group
- Re-entry Network & Employment Development Work Group
- Family Involvement in Re-Entry Work Group
- Offender Supervision Work Group
- Community Justice Partnerships and Policy-Making Work Group
- Quality Assurance
- Policy Analysis
- Policy or Regulation
- Program Evaluation
- Offender Recruitment
- Providing Technical Support/Training
- Correctional Case Management
- Evidence-Based Program Support (Re-Entry Employment, Life or Personal Skills Training)
- Housing Services
- Family Services
- Victim Services
- Mental Health Counseling or Services (in Prison)
- Mental Health Counseling or Services (Community provider)
- Community Programming
- Residential Substance Abuse Treatment or Education
- EPICS-I Services (Community supervision)
- Graduated Sanctions
- Other (please specify):

PART 2: ASSESSING CURRENT SRR PROJECT COLLABORATION

Circle *ONE* of the following responses for each of the items below.

*5 = Strongly Agree, 4 = Agree, 3 = Neither Agree nor Disagree, 2 = Disagree, and 1 = Strongly Disagree
0 = Not Applicable (NA)*

5. Communication - the SRR grant collaboration has open lines of communication.

5 4 3 2 1 0=NA

6. Sustainability - the SRR grant collaboration has a plan for sustaining membership and resources. This involves membership guidelines relating to terms of office and replacement of members.

5 4 3 2 1 0=NA

- 7. Research and Evaluation - the SRR collaboration has obtained information to establish its goals and will continue to collect data to measure goal achievement. (Please select one)**
5 4 3 2 1 0=NA
- 8. Political Climate - - the history and environment surrounding power and decision-making in the SRR grant is positive.**
5 4 3 2 1 0=NA
- 9. Resources - the SRR collaborative has access to needed resources including knowledgeable people, information, finances and facilities.**
5 4 3 2 1 0=NA
- 10. Catalysts - the SRR collaborative was started because of existing problem(s) or the reason(s) for collaboration to exist required a comprehensive approach.**
5 4 3 2 1 0=NA
- 11. Policies/Laws/Regulations - the SRR collaborative has changed policies, laws, and/or regulations that allow the collaboration to function effectively.**
5 4 3 2 1 0=NA
- 12. History - the SRR collaborative has a history of working cooperatively and solving problems.**
5 4 3 2 1 0=NA
- 13. Connectedness - members of the SRR collaborative are connected and have established informal and formal communication networks at all levels.**
5 4 3 2 1 0=NA
- 14. Leadership - the leadership of the SRR collaborative facilitates and supports team building, and capitalizes upon individual, group and organizational strengths.**
5 4 3 2 1 0=NA
- 15. Political Support– decision makers provide considerable support to the SRR efforts and initiatives.**
5 4 3 2 1 0=NA
- 16. Political Polarization–there is a low level of political polarization among the SRR collaborative stakeholders.**
5 4 3 2 1 0=NA
- 17. Distribution of power– the SRR stakeholders believe they have a voice in the process of this project.**
5 4 3 2 1 0=NA
- 18. Uncertainty – there is an existing or expressed need to reduce, diffuse, and share risk among the SRR collaborative stakeholders.**
5 4 3 2 1 0=NA
- 19. Interdependence - there is a “work together” attitude that encourages cooperation among SRR collaborative stakeholders.**
5 4 3 2 1 0=NA
- 20. Initiating Leadership 1- the SRR collaborative leaders are broadly respected by stakeholders.**
5 4 3 2 1 0=NA
- 21. Initiating Leadership 2 - the SRR leaders are fair-minded.**
5 4 3 2 1 0=NA
- 22. Procedural Arrangements - ground rules, operating protocols, decision making rules or other rules facilitate collaboration of the SRR grant.**
5 4 3 2 1 0=NA
- 22. Knowledge Generation – relevant knowledge is being generated and developed as a result of the SRR collaborative project activities.**
5 4 3 2 1 0=NA
- 23. Knowledge sharing - high-quality information is being presented, made accessible, and understandable by participants of the SRR collaborative.**
5 4 3 2 1 0=NA
- 24. Use of technology - technology is being used to aid in knowledge generation and management of the SRR collaborative**

	5	4	3	2	1	0=NA
25. Resource Contribution – SRR stakeholders participate and contribute their time, knowledge and resources to the SRR project.						
	5	4	3	2	1	0=NA
26. Resource Accommodation- every SRR grant stakeholder tries to accommodate the diversity of resources and capacities of others in the SRR collaborative.						
	5	4	3	2	1	0=NA
27. Trust – SRR stakeholders believe that members of the SRR project are trustworthy.						
	5	4	3	2	1	0=NA
28. Appreciation and Tolerance of Differences – the SRR collaborative stakeholders identify and respect differences among themselves.						
	5	4	3	2	1	0=NA
29. Internal Legitimacy - the SRR collaborative stakeholders deem the SRR participants to be knowledgeable in the expert areas.						
	5	4	3	2	1	0=NA
30. Commitment - the SRR collaborative stakeholders are committed to the SRR collaborative, its goals and objectives.						
	5	4	3	2	1	0=NA
31. Responsibility - the SRR collaborative stakeholders feel responsible for outcomes.						
	5	4	3	2	1	0=NA
32. Collaborative Motivation - the SRR collaborative stakeholders are motivated to achieve outcomes together.						
	5	4	3	2	1	0=NA

PART 4: ASSESSING CURRENT COLLABORATIVE RELATIONS

33. Please list the people with whom you are directly or indirectly involved as part of working on the implementation of SRR Project from the list below.

Then, respond to the statements listed below and enter them into the corresponding numbers on the next page using the list of SRR project members you selected in the previous step (Note: the rating scale for Number 34-35 is different from Numbers 36-45, which have the same rating scale).

(In the web-based survey, these items will appear in a grid next to the response categories, for the ease of participants who will be completing the survey)

34: This person is:

1=just my colleague 2= acquaintance 3= friend 4= distant relative 5=close relative

35: I have known this person for:

1=Less than one year 2=1-2 years 3=2-3 years 4=3-5 years 5=More than 5 years

36: I trust this person: (reverse scale)

1=strongly disagree 2=disagree 3= neither agree nor disagree 4=agree 5= strongly agree

37: I provide information to this person on SRR-related topics.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

38: I turn to this person to receive information on SRR-related topics.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

39: I provide financial resources to this person for SRR-related activities.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

40: I turn to this person to receive financial resources for SRR-related activities.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

41: I participate in SRR-related planning sessions with this person.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

42: I **provide advice** to this person for SRR-related activities.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

43: I turn to this person to **receive advice** for SRR-related activities.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

44: I participate in **SRR-related project activities** with this person.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

45: I **negotiate changes in operations** with this person.

0=never 1=yearly 2=quarterly 3=monthly 4=weekly 5=daily

Name	Agency	Social relation	Years known	Trust	Provide info	Receive info	Provide finances	Receive finances	Joint planning	Provide advice	Receive advice	Service delivery	Negotiation
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
.....													
Last participant													

Note: Participants will be given opportunity to select other networks partners they forgot to mention

PART 5: INFORMATION ABOUT RESPONDENT

Please answer the following demographic questions: (Respondents can opt out not to answer these questions)

46. What is your gender? Male _____ Female _____ (Please select) Other _____ (Please describe)

47. What is your race/ethnicity? (Please select)

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. _____

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. _____

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa. _____

Native Hawaiian or Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. _____

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. _____

Native American or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. _____

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races. _____

48. What is your age? _____

49. What is the highest level of education you have completed? (Please select one)

____ Some high school, but did not finish

____ Completed high school/GED

____ Some college, but did not finish

____ Two-year college degree /A.A./A.S.

____ Four-year college degree /B.A./B.S.

____ Some graduate work

____ Completed Masters or professional degree

____ Advanced graduate work or Ph.D.

____ Prefer not to answer

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December 29, 2017

Director James Dzurenda
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89701

Dear Director Dzurenda:

As you are aware, a meeting of the Committee on Industrial Programs was held on September 25, 2017, and December 11, 2017, to discuss three potential new Prison Industry programs and the effect these programs would have on private sector jobs. Pursuant to NRS 209.4818(1)(f), the Committee on Industrial Programs is submitting its recommendations to implement the three new proposed programs. The proposed new industries include Terra Firma Organics, Inc, Erickson Framing NV, LLC, and Sewing Collection, Inc.

The Nevada Department of Corrections fulfilled its reporting requirements pursuant to NRS 209.459 and NRS 209.461, to provide the Committee on Industrial Programs with a report, which contained the potential impact of each of the programs listed above on private employers and labor in Nevada. Based on this report and the testimony provided to the Committee during its September 25, 2017, and December 11, 2017, meetings, the Committee recommends that you continue pursuit of contract negotiations to implement the three proposed industries following the presentation of the final recommendations for approval by the Board of Prison Commissioners and contract approval by the Board of Examiners.

While the Committee on Industrial Programs supports the three proposed industries, it expressed concerns relating to the new industries during the Committee's December 11, 2017, meeting and requests that the Department of Corrections:

- 1) Accurately track contraband incidents at its facilities where the new industries will operate, to determine if the new programs have an adverse impact on contraband incidents;

Director James Dzurenda
December 29, 2017
Page 2

- 2) Include language in the new industry contracts, which would create opportunities for offenders to gain employment with the company upon release from prison; and,
- 3) Include language in the Erickson Framing NV, LLC contract, confirming that it will not sell products outside of the State of Nevada that are produced by inmates, and if such products are in fact sold outside the State of Nevada that Erickson Framing NV, LLC will incur the financial costs associated under federal law with selling products produced by inmates out of state.

The Committee on Industrial Programs will be requesting updates and information regarding the contract negotiations and implementation of the new programs at future meetings.

Sincerely,



Senator David Parks
Chairman, Interim Finance Committee's
Committee on Industrial Programs

cc: Members of the Committee on Industrial Programs
Brian Sandoval, Nevada State Governor
Mike Willden, Chief of Staff to the Governor
David Tristan, Deputy Director, Nevada Department of Corrections
Mark Krmpotic, Senate Fiscal Analyst
Cindy Jones, Assembly Fiscal Analyst
Sarah Coffman, Principal Deputy Fiscal Analyst
Alex Haartz, Principal Deputy Fiscal Analyst
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Brian Sandoval
Governor

James Dzurenda
Director

State of Nevada Department of Corrections

DATE: November 9, 2017
TO: Committee on Industrial Programs
FROM: James E. Dzurenda, Director
SUBJECT: Impact studies for new industries

Silver State Industries (SSI) would like to partner with three companies that desire to use offender labor for their operations. We are presenting Erickson Framing NV, LLC, Terra Firma Organics, Inc., and Sewing Collection Inc. for your consideration.

Per NRS 209.459 and 209.461, the Director of the Department of Corrections is required to obtain a detailed written analysis on the estimated impact of the contract on private industry in Nevada. As required, SSI has reached out to the Department of Employment, Training and Rehabilitation (DETR), the Department of Business and Industry (DBI), the Governor's Office on Economic Development (GOED), and Representatives of organized labor in this state.

The written analysis must include, without limitation:

1. The number of private companies in this State currently providing the types of products and services offered in the proposed contract.
2. The number of residents of this State currently employed by such private companies.
3. The number of offenders that would be employed under the contract.
4. The skills that the offenders would acquire under the contract.

The Department of Business and Industry was not able to contribute any information and referred us to DETR. Organized labor stated that they do not have any issues with the three companies. Attached are copies of both e-mails. DETR and the Governor's Office on Economic Development provided the information below. Also included are the actual reports from DETR and GOED.

Based on NDOC's analysis, it appears that these proposed partners will make significant contributions to the state and to the economy. These companies will create more valuable offender job training, assist NDOC with room and board as deductions are taken out of offender's pay, more contributions will be made to the Victim of Crime fund and SSI's Capital Improvement fund, and SSI's financial position will be enhanced. GOED has reported that these companies will also make valuable contributions to the economy as illustrated below. NDOC is making the recommendation that all three companies be approved.

Erickson Framing NV, LLC is in the business of fabrication and assembly of wooden trusses, wall panels, doors and trims for the Nevada residential housing market. They would like to start with 12 to 14 offenders working in Reno. Erickson determined that the workers would fall under Team Assemblers. The offenders would learn construction skills, customer service, interpersonal skills, oral communication, diversity, a work ethic, responsibility, dependability, teamwork, strategic thinking, motivation, planning/organizing, professionalism, the importance of quality and quantity, safety and security, adaptability, initiative, etc.

DETR provided employment and wage estimates for Erickson Framing for workers based in Washoe County along with data on team assemblers. Team assemblers work as part of a team having responsibility for assembling an entire product or component in the assembly process and rotate through all or most of the various fabrications.

DETR provided data that showed a total of 4,740 individuals are employed as assemblers in Nevada. Their mean hourly wage is \$13.65. The 10th percentile wage is \$9.11 while the 90th percentile wage is \$20.97 per hour.

The Governor's Office on Economic Development determined that the effect in the state by adding 14 jobs to Truss Manufacturing is a \$684,185 initial effect, a \$183,831 direct effect, a \$38,688 indirect effect, and a \$173,279 induced effect with a \$1,079,983 change in earnings to the state as a whole, 21 change in jobs, and \$116,561 change in taxes on production and imports. The direct effect is three jobs, the indirect effect is one job and the induced effect is three jobs. The effect on taxes on production and imports is \$53,069 locally in Washoe County, \$46,038 for the state, and \$17,454 federally. Scenario results for industries are as follows: The economy would add fifteen additional jobs in manufacturing, one wholesale trade job, one transportation and warehousing job, one professional, scientific, and technical services job, one health care and social assistance job, one other services job, one management job, one business and financial operations job, one architecture and engineering job, one sales and related occupations job, two office and administrative support jobs, one construction and extraction job, one installation, maintenance, and repair job, eight production jobs, and three transportation and material moving jobs.

Terra Firma Organics Inc. is in the business of turning organic waste such as trees, shrubs, lawn clippings, etc. into compost. They would like to start with 10 to 12 offenders at the Prison Ranch in Carson City. The offenders would be considered Recycling and Reclamation Workers. The workers would learn about soil quality, the composting process, equipment operation, green waste processing, customer service, interpersonal skills, oral communication, diversity, a work ethic, responsibility, dependability, teamwork, strategic thinking, motivation, adaptability, initiative, planning/organizing, professionalism, the importance of quality and quantity, safety and security, adaptability, initiative, etc.

Terra Firma Organics Inc. data is based on workers in Carson City. Terra Firma workers were considered Production Workers, All Other by DETR. This classification includes all production workers not included separately. This classification includes recycling and reclamation workers in Nevada.

DETR provided data that a total of 630 individuals work in Nevada as Production Workers, All Other. The mean hourly wage is \$16.40 per hour. The 10th percentile is \$9.37 per hour while the 90th percentile is \$25.17 per hour.

The Governor's Office on Economic Development determined that adding ten jobs to fertilizer manufacturing would result in an initial boost to the economy of \$695,427, an \$183,192 direct effect, a \$29,551 indirect effect, and a \$129,148 induced effect. This also would result in a \$1,037,319 change in earnings, 16 additional jobs, and a \$237,388 change in taxes on production and imports. The effect on

jobs would be ten initially, three direct, one indirect, and three induced. The projected effect on taxes on production and imports would be a \$109,660 boost to the economy locally, \$94,744 for the state and \$32,984 federally.

Scenario results illustrated that manufacturing would add ten jobs, while office and administrative support would add two jobs, production three jobs, transportation and material moving two jobs. One job would be added to each of the following occupations; wholesale trade; professional, scientific, and technical; health care and social assistance; management, business and financial operations; architecture and engineering; sales and related occupations; installation, maintenance, and repair; and unclassified occupations.

Sewing Collection Inc. (SCI) is in the business of recycling clothes hangers. They pick up used plastic clothes hangers from many retail stores such as Dillard's, Sears, and Macy's. They would have offenders sort down the hangers by size and type and then re-box them. They would like to start with 12 inmates at High Desert State Prison who would learn customer service, interpersonal skills, oral communication, diversity, a work ethic, responsibility, dependability, teamwork, strategic thinking, motivation, planning/organizing, professionalism, the importance of quality and quantity, safety and security, adaptability, initiative, etc.

SCI data is based on Clark County statistics. Their workers will fall under office clerk, general; production workers, all other; and helpers-production workers. Office clerks perform various office duties such as bookkeeping, typing, word processing, stenography, office machines operation, and filing. Production workers, as mentioned for Terra Firma, include all production workers not included separately. It includes recycling and reclamation workers. Helpers-production workers perform duties that require less skill than production workers. Duties include supplying or holding materials or tools, and cleaning work areas and equipment.

DETR provided data that industry firms in Nevada have a total of 27,320 office clerks, 630 production workers, and 1,280 helpers-production workers. The mean hourly wage for office clerks is \$17.16 per hour, the 10th percentile is \$10.08 per hour, and the 90th percentile is \$25.33 per hour. Production workers have a mean wage of \$16.40 per hour. The 10th percentile is \$9.37 compared to the 90th percentile at \$25.17 per hour. Helpers-Production workers have a mean wage of \$12.49 per hour. The 10th percentile is \$8.59 per hour while the 90th percentile is \$18.20 hourly.

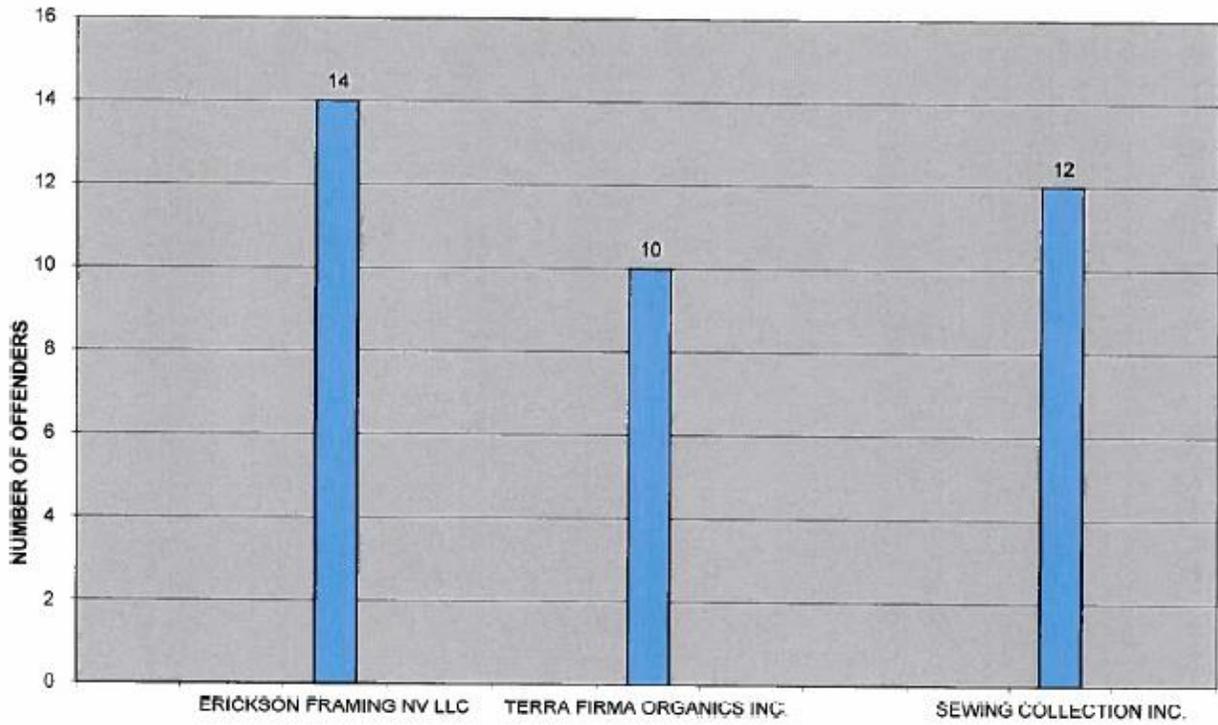
The Governor's Office on Economic Development classified SCI as a recyclable material merchant wholesaler. By adding 12 jobs, the economy would benefit initially by \$395,466, directly by \$68,601, indirectly by \$14,577 and induced by \$200,016. The changes in earnings totals \$678,660 and changes in taxes on production and imports totals \$211,494. The effect on jobs would be 12 initially, 1 direct, none indirectly, and 4 induced. The effect on taxes on production and imports may be \$97,425 locally, \$84,071 for the state, and \$29,998 federally.

The Governor's Office on Economic Development's scenario results illustrated that the resulting positive change on wholesale trade jobs would be 12 sales and related occupations, 3 office and administrative support, 3 transportation and 5 material moving and one each for retail trade; health care and social assistance; government; management, business and financial operations, installation, maintenance, and repair; and finally production occupations.

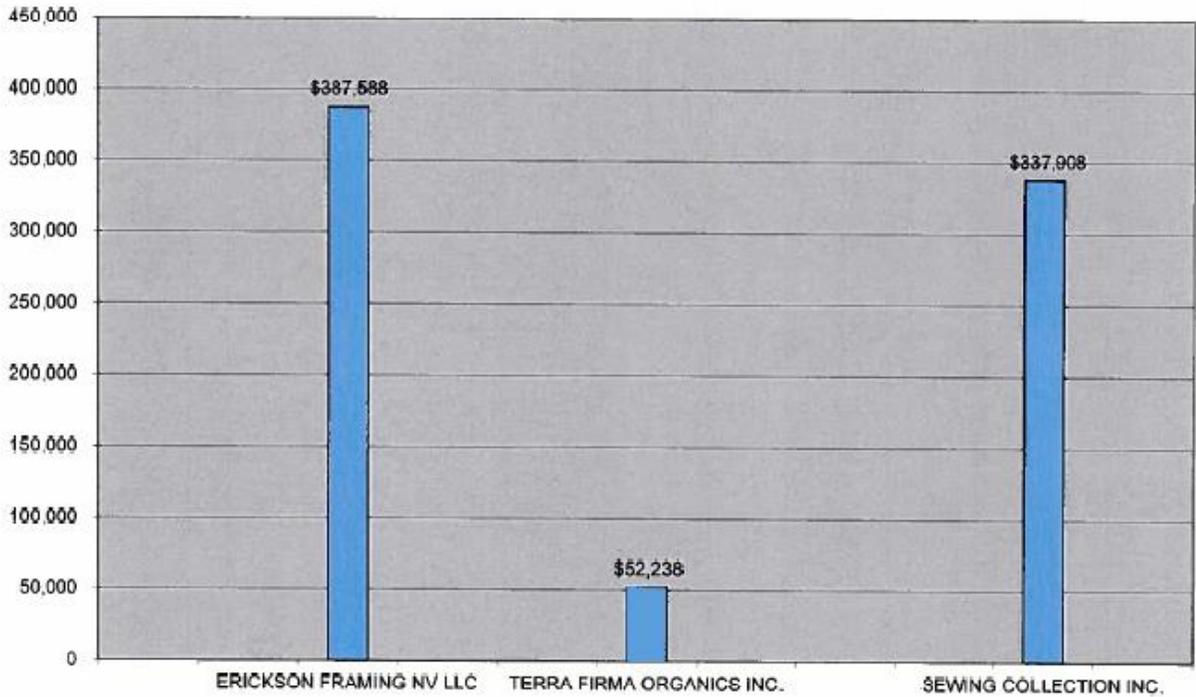
It appears that the state would greatly benefit from these three new programs. Please approve all three companies to partner with SSI.

Thank you for your consideration.

PROPOSED NUMBER OF OFFENDERS



PROPOSED ANNUAL CONTRACT DOLLAR AMOUNTS



Erickson Framing impact studies from Economic Development

Occupations for Erickson Framing NV, LLC
Employment and Wage Estimates for Nevada, May 2016

Industry 238131 Residential Framing Contractors
Firms in NV 62 Employment 3754

SOC	Title	Total Employment	Mean Hourly Wage	Hourly Wage				
				10th Percentile	20th Percentile	50th Percentile (Median)	75th Percentile	90th Percentile
47-2031	Carpenters	9,940	\$23.48	\$13.06	\$16.17	\$21.57	\$29.57	\$38.37
47-2061	Construction Laborers	8,730	\$18.90	\$11.61	\$13.63	\$17.15	\$23.74	\$29.51
47-3012	Carpenters - Helpers	330	\$13.87	\$10.04	\$11.01	\$13.08	\$15.65	\$18.63
51-2092	Team Assemblers	4,740	\$13.65	\$9.11	\$10.39	\$12.30	\$15.07	\$20.97
51-7041	Sawing Machine Setters, Operators, and Tenders, Wood Woodworking Machine Setters, Operators, and Tenders,	60	\$13.78	\$10.49	\$11.93	\$13.36	\$14.84	\$18.29
51-7042	Except Sawing	140	100	N/A	N/A	N/A	N/A	N/A

Occupational Definitions from O*NET

Carpenters (47-2031)

Construct, erect, install, or repair structures and fixtures made of wood, such as concrete forms; building frameworks, including partitions, joists, studding, and rafters; and wood stairways, window and door frames, and hardwood floors. May also install cabinets, siding, drywall and batt or roll insulation. Includes brattice builders who build doors or brattices (ventilation walls or partitions) in underground passageways.

Construction Laborers (47-2061)

Perform tasks involving physical labor at construction sites. May operate hand and power tools of all types: air hammers, earth tampers, cement mixers, small mechanical hoists, surveying and measuring equipment, and a variety of other equipment and instruments. May clean and prepare sites, dig trenches, set braces to support the sides of excavations, erect scaffolding, and clean up rubble, debris and other waste materials. May assist other craft workers.

Carpenters - Helpers (47-3012)

Help carpenters by performing duties requiring less skill. Duties include using, supplying or holding materials or tools, and cleaning work area and equipment.

Team Assemblers (51-2092)

Work as part of a team having responsibility for assembling an entire product or component of a product. Team assemblers can perform all tasks conducted by the team in the assembly process and rotate through all or most of them rather than being assigned to a specific task on a permanent basis. May participate in making management decisions affecting the work. Includes team leaders who work as part of the team.

Sawing Machine Setters, Operators, and Tenders, Wood (51-7041)

Set up, operate, or tend wood sawing machines. May operate CNC equipment. Includes lead sawyers.

Woodworking Machine Setters, Operators, and Tenders, Except Sawing (51-7042)

Set up, operate, or tend woodworking machines, such as drill presses, lathes, shapers, routers, sanders, planers, and wood nailing machines. May operate CNC equipment.

Detailed descriptions of the skills required for these occupations can be found at <https://www.onetonline.org>

Parameters

Regions

Code	Description
32031	Washoe County, NV

Industry Scenario

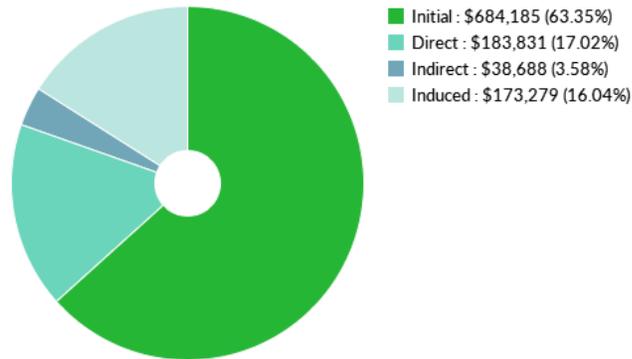
Code	Description	Change Type	Change Value
321214	Truss Manufacturing	Jobs	14

Input-Output Year 2016 Changes to Truss Manufacturing

\$1,079,983 Change in Earnings 1.58 Multiplier	21 Change in Jobs 1.53 Multiplier	\$116,561 Change in Taxes on Production and Imports (TPI)
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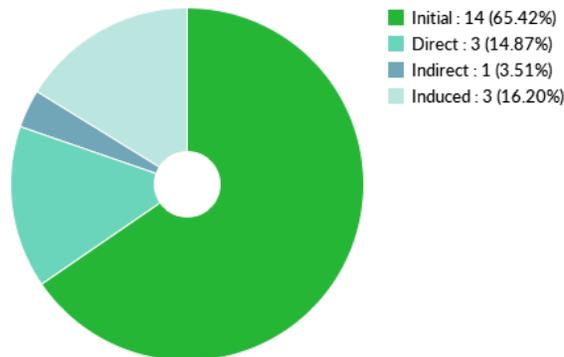
Effect on earnings from adding 14 jobs to Truss Manufacturing

\$684,185 Initial 1.00 Multiplier	\$183,831 Direct 0.27 Multiplier	\$38,688 Indirect 0.06 Multiplier	\$173,279 Induced 0.25 Multiplier
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Effect on jobs from adding 14 jobs to Truss Manufacturing

14 Initial 1.00 Multiplier	3 Direct 0.23 Multiplier	1 Indirect 0.05 Multiplier	3 Induced 0.25 Multiplier
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Effect on taxes on production and imports from adding 14 jobs to Truss Manufacturing

\$53,069 Local	\$46,038 State	\$17,454 Federal
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Scenario Results - Industry

NAICS	Industry	Change in Jobs
11	Crop and Animal Production	0
21	Mining, Quarrying, and Oil and Gas Extraction	0
22	Utilities	0
23	Construction	0
31	Manufacturing	15 
42	Wholesale Trade	1 
44	Retail Trade	0
48	Transportation and Warehousing	1 
51	Information	0
52	Finance and Insurance	0
53	Real Estate and Rental and Leasing	0
54	Professional, Scientific, and Technical Services	1 
55	Management of Companies and Enterprises	0
56	Administrative and Support and Waste Management and Remediation Services	0
61	Educational Services	0
62	Health Care and Social Assistance	1 
71	Arts, Entertainment, and Recreation	0
72	Accommodation and Food Services	0
81	Other Services (except Public Administration)	1 
90	Government	0

Scenario Results - Occupation

SOC	Occupation	Change in Jobs
11-0000	Management Occupations	1 

13-0000	Business and Financial Operations Occupations	1	
15-0000	Computer and Mathematical Occupations	0	
17-0000	Architecture and Engineering Occupations	1	
19-0000	Life, Physical, and Social Science Occupations	0	
21-0000	Community and Social Service Occupations	0	
23-0000	Legal Occupations	0	
25-0000	Education, Training, and Library Occupations	0	
27-0000	Arts, Design, Entertainment, Sports, and Media Occupations	0	
29-0000	Healthcare Practitioners and Technical Occupations	0	
31-0000	Healthcare Support Occupations	0	
33-0000	Protective Service Occupations	0	
35-0000	Food Preparation and Serving Related Occupations	0	
37-0000	Building and Grounds Cleaning and Maintenance Occupations	0	
39-0000	Personal Care and Service Occupations	0	
41-0000	Sales and Related Occupations	1	
43-0000	Office and Administrative Support Occupations	2	
45-0000	Farming, Fishing, and Forestry Occupations	0	
47-0000	Construction and Extraction Occupations	1	
49-0000	Installation, Maintenance, and Repair Occupations	1	
51-0000	Production Occupations	8	
53-0000	Transportation and Material Moving Occupations	3	
55-0000	Military occupations	0	
99-0000	Unclassified Occupation	0	

Scenario Results - Demographics

Demographics	Change in Jobs
Female 14-18	0
Male 14-18	0
Female 19-21	0
Male 19-21	0
Female 22-24	1 
Male 22-24	1 
Female 25-34	2 
Male 25-34	3 
Female 35-44	2 
Male 35-44	3 
Female 45-54	1 
Male 45-54	3 
Female 55-64	1 
Male 55-64	2 
Female 65-99	1 
Male 65-99	1 

Appendix A - Data Sources and Calculations

Input-Output Data

The input-output model in this report is Emsi's gravitational flows multi-regional social account matrix model (MR-SAM). It is based on data from the Census Bureau's Current Population Survey and American Community Survey; as well as the Bureau of Economic Analysis' National Income and Product Accounts, Input-Output Make and Use Tables, and Gross State Product data. In addition, several Emsi in-house data sets are used, as well as data from Oak Ridge National Labs on the cost of transportation between counties.

State Data Sources

This report uses state data from the following agencies: Nevada Department of Employment, Training and Rehabilitation, Information Development and Processing Division, Research and Analysis Bureau

Sewing Collection impact study from Economic Development

Occupations for Sewing Collections Inc
Employment and Wage Estimates for Nevada, May 2016

Industry 423930 Recyclable Merchant Wholesalers
Firms in NV 58 Employment 763

SOC	Title	Total Employment	Mean Hourly Wage	Hourly Wage				
				10th Percentile	20th Percentile	50th Percentile (Median)	75th Percentile	90th Percentile
43-5061	Production, Planning, and Expediting Clerks	1650	\$22.16	\$15.09	\$17.14	\$20.55	\$26.70	\$31.76
43-9061	Office Clerks, General	27320	\$17.16	\$10.08	\$12.30	\$16.46	\$21.15	\$25.33
51-9061	Inspectors, Testers, Sorters, Samplers & Weighers	2550	\$19.04	\$10.50	\$12.80	\$16.88	\$23.22	\$32.47
51-9198	Helpers--Production Workers	1280	\$12.49	\$8.59	\$9.92	\$11.56	\$15.02	\$18.20
51-9199	Production Workers, All Other	630	\$16.40	\$9.37	\$11.12	\$14.17	\$20.64	\$25.17
53-7062	Laborers and Freight, Stock, and Material Movers, Hand	26770	\$14.09	\$9.03	\$10.57	\$13.02	\$16.60	\$21.21
53-7064	Packers and Packagers, Hand	4190	\$10.68	\$7.92	\$8.54	\$9.68	\$11.78	\$14.55

Occupational Definitions from O*NET

Production, Planning, and Expediting Clerks (43-5061)

Coordinate and expedite the flow of work and materials within or between departments of an establishment according to production schedule. Duties include reviewing and distributing production, work, and shipment schedules; conferring with department supervisors to determine progress of work and completion dates; and compiling reports on progress of work, inventory levels, costs, and production problems.

Office Clerks, General (43-5071)

Perform duties too varied and diverse to be classified in any specific office clerical occupation, requiring knowledge of office systems and procedures. Clerical duties may be assigned in accordance with the office procedures of individual establishments and may include a combination of answering telephones, bookkeeping, typing or word processing, stenography, office machine operation, and filing.

Inspectors, Testers, Sorters, Samplers & Weighers (51-9061)

Inspect, test, sort, sample, or weigh nonagricultural raw materials or processed, machined, fabricated, or assembled parts or products for defects, wear, and deviations from specifications. May use precision measuring instruments and complex test equipment.

Helpers--Production Workers (51-9198)

Help production workers by performing duties requiring less skill. Duties include supplying or holding materials or tools, and cleaning work area and equipment.

Production Workers, All Other (51-9199)

All production workers not listed separately.

Laborers and Freight, Stock, and Material Movers, Hand (53-7062)

Manually move freight, stock, or other materials or perform other general labor. Includes all manual laborers not elsewhere classified.

Packers and Packagers, Hand (53-7064)

Pack or package by hand a wide variety of products and materials.

Detailed descriptions of the skills required for these occupations can be found at <https://www.onetonline.org>

Parameters

Regions

Code	Description
32003	Clark County, NV

Industry Scenario

Code	Description	Change Type	Change Value
423930	Recyclable Material Merchant Wholesalers	Jobs	12

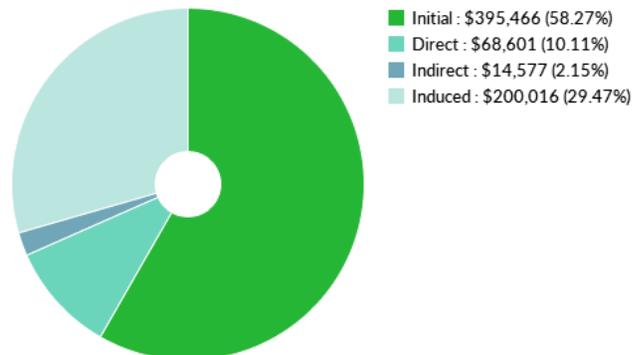
Input-Output Year 2016

Changes to Recyclable Material Merchant Wholesalers

\$678,660	17	\$211,494
Change in Earnings	Change in Jobs	Change in Taxes on Production and Imports (TPI)
1.72 Multiplier	1.45 Multiplier	

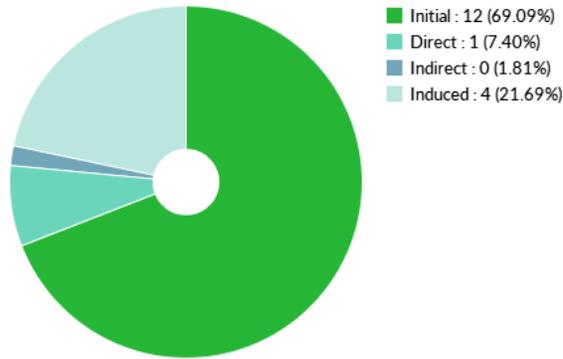
Effect on earnings from adding 12 jobs to Recyclable Material Merchant Wholesalers

\$395,466	\$68,601	\$14,577	\$200,016
Initial	Direct	Indirect	Induced
1.00 Multiplier	0.17 Multiplier	0.04 Multiplier	0.51 Multiplier



Effect on jobs from adding 12 jobs to Recyclable Material Merchant Wholesalers

12	1	0	4
Initial	Direct	Indirect	Induced
1.00 Multiplier	0.11 Multiplier	0.03 Multiplier	0.31 Multiplier



Effect on taxes on production and imports from adding 12 jobs to Recyclable Material Merchant Wholesalers

	\$97,425	\$84,071	\$29,998
	Local	State	Federal

* Scenario Effect on Taxes on Production and Imports - Settings

Scenario Results - Industry

NAICS	Industry	Change in Jobs
11	Crop and Animal Production	0
21	Mining, Quarrying, and Oil and Gas Extraction	0
22	Utilities	0
23	Construction	0
31	Manufacturing	0
42	Wholesale Trade	12
44	Retail Trade	1
48	Transportation and Warehousing	0
51	Information	0
52	Finance and Insurance	0
53	Real Estate and Rental and Leasing	0
54	Professional, Scientific, and Technical Services	0
55	Management of Companies and Enterprises	0
56	Administrative and Support and Waste Management and Remediation Services	0

61	Educational Services	0
62	Health Care and Social Assistance	1 ■
71	Arts, Entertainment, and Recreation	0
72	Accommodation and Food Services	0
81	Other Services (except Public Administration)	0
90	Government	1 ■

Scenario Results - Occupation

SOC	Occupation	Change in Jobs
11-0000	Management Occupations	1 ■■■
13-0000	Business and Financial Operations Occupations	1 ■■■
15-0000	Computer and Mathematical Occupations	0
17-0000	Architecture and Engineering Occupations	0
19-0000	Life, Physical, and Social Science Occupations	0
21-0000	Community and Social Service Occupations	0
23-0000	Legal Occupations	0
25-0000	Education, Training, and Library Occupations	0
27-0000	Arts, Design, Entertainment, Sports, and Media Occupations	0
29-0000	Healthcare Practitioners and Technical Occupations	0
31-0000	Healthcare Support Occupations	0
33-0000	Protective Service Occupations	0
35-0000	Food Preparation and Serving Related Occupations	0
37-0000	Building and Grounds Cleaning and Maintenance Occupations	0
39-0000	Personal Care and Service	0

Occupations		
41-0000	Sales and Related Occupations	3 
43-0000	Office and Administrative Support Occupations	3 
45-0000	Farming, Fishing, and Forestry Occupations	0
47-0000	Construction and Extraction Occupations	0
49-0000	Installation, Maintenance, and Repair Occupations	1 
51-0000	Production Occupations	1 
53-0000	Transportation and Material Moving Occupations	5 
55-0000	Military occupations	0
99-0000	Unclassified Occupation	0

Scenario Results - Demographics

Demographics	Change in Jobs
Female 14-18	0
Male 14-18	0
Female 19-21	0
Male 19-21	0
Female 22-24	0
Male 22-24	0
Female 25-34	1 
Male 25-34	2 
Female 35-44	2 
Male 35-44	2 
Female 45-54	2 
Male 45-54	2 
Female 55-64	1 
Male 55-64	2 
Female 65-99	1 
Male 65-99	1 

Appendix A - Data Sources and Calculations

Input-Output Data

The input-output model in this report is Emsi's gravitational flows multi-regional social account matrix model (MR-SAM). It is based on data from the Census Bureau's Current Population Survey and American Community Survey; as well as the Bureau of Economic Analysis' National Income and Product Accounts, Input-Output Make and Use Tables, and Gross State Product data. In addition, several Emsi in-house data sets are used, as well as data from Oak Ridge National Labs on the cost of transportation between counties.

State Data Sources

This report uses state data from the following agencies: Nevada Department of Employment, Training and Rehabilitation, Information Development and Processing Division, Research and Analysis Bureau

Terra Firma Organics impact study from Economic Development

Occupations for Terra Firma Organics Inc
Employment and Wage Estimates for Nevada, May 2016

Industry 325314 Fertilizer (Mixing Only) Manufacturing
Firms in NV 9 Employment 44

SOC	Title	Total Employment	Mean Hourly Wage	Hourly Wage				
				10th Percentile	20th Percentile	50th Percentile (Median)	75th Percentile	90th Percentile
51-9023	Mixing and Blending Machine Setters, Operators, and Tenders	530	\$16.07	\$8.25	\$10.74	\$16.38	\$18.56	\$23.15
51-9011	Chemical Equipment Operators and Tenders	100	\$23.57	\$15.56	\$17.87	\$25.05	\$28.49	\$30.99
51-9111	Packaging and Filling Machine Operators and Tenders	1,230	\$15.06	\$10.33	\$12.10	\$13.99	\$17.78	\$22.39
53-7062	Laborers and Freight, Stock, and Material Movers, Hand	26,770	\$14.09	\$9.03	\$10.57	\$13.02	\$16.60	\$21.21
51-9199	Production Workers, All Other	630	\$16.40	\$9.37	\$11.12	\$14.17	\$20.64	\$25.17

Occupational Definitions from O*NET

Mixing and Blending Machine Setters, Operators, and Tenders

Set up, operate, or tend machines to mix or blend materials, such as chemicals, tobacco, liquids, color pigments, or explosive ingredients.

Chemical Equipment Operators and Tenders

Operate or tend equipment to control chemical changes or reactions in the processing of industrial or consumer products. Equipment used includes devulcanizers, steam-jacketed kettles, and reactor vessels.

Packaging and Filling Machine Operators and Tenders

Operate or tend machines to prepare industrial or consumer products for storage or shipment. Includes cannery workers who pack food products.

Laborers and Freight, Stock, and Material Movers, Hand

Manually move freight, stock, or other materials or perform other general labor. Includes all manual laborers not elsewhere classified.

Production Workers, All Other

All production workers not included separately. Includes recycling and reclamation workers (51-9199.01). Detailed employment and wage information is not available for recycling and reclamation workers in Nevada.

Detailed descriptions of the skills required for these occupations can be found at <https://www.onetonline.org>

Parameters Regions

Code	Description
16180	Carson City, NV

Industry Scenario

Code	Description	Change Type	Change Value
325314	Fertilizer (Mixing Only) Manufacturing	Jobs	10

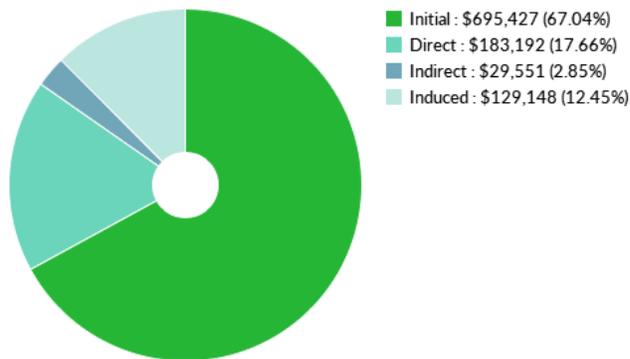
Input-Output Year 2016

Changes to Fertilizer (Mixing Only) Manufacturing

\$1,037,319	16	\$237,388
Change in Earnings	Change in Jobs	Change in Taxes on Production and Imports (TPI)
1.49 Multiplier	1.63 Multiplier	

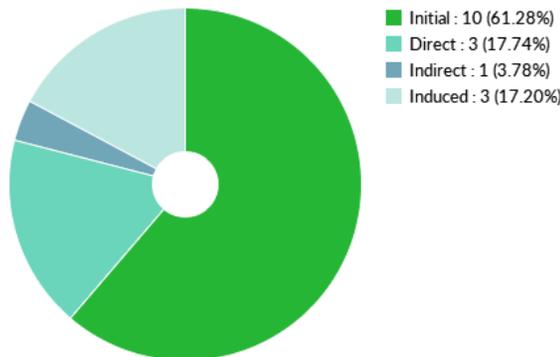
Effect on earnings from adding 10 jobs to Fertilizer (Mixing Only) Manufacturing

\$695,427	\$183,192	\$29,551	\$129,148
Initial	Direct	Indirect	Induced
1.00 Multiplier	0.26 Multiplier	0.04 Multiplier	0.19 Multiplier



Effect on jobs from adding 10 jobs to Fertilizer (Mixing Only) Manufacturing

10	3	1	3
Initial	Direct	Indirect	Induced
1.00 Multiplier	0.29 Multiplier	0.06 Multiplier	0.28 Multiplier



Effect on taxes on production and imports from adding 10 jobs to Fertilizer (Mixing Only) Manufacturing

\$109,660	\$94,744	\$32,984
Local	State	Federal

Scenario Results - Industry

NAICS	Industry	Change in Jobs
11	Crop and Animal Production	0
21	Mining, Quarrying, and Oil and Gas Extraction	0
22	Utilities	0
23	Construction	0
31	Manufacturing	10 
42	Wholesale Trade	1 
44	Retail Trade	0
48	Transportation and Warehousing	0
51	Information	0
52	Finance and Insurance	0
53	Real Estate and Rental and Leasing	0
54	Professional, Scientific, and Technical Services	1 
55	Management of Companies and Enterprises	0
56	Administrative and Support and Waste Management and Remediation Services	0
61	Educational Services	0
62	Health Care and Social Assistance	1 
71	Arts, Entertainment, and Recreation	0
72	Accommodation and Food Services	0
81	Other Services (except Public Administration)	0
90	Government	0

Scenario Results - Occupation

SOC	Occupation	Change in Jobs
11-0000	Management Occupations	1 
13-0000	Business and Financial Operations Occupations	1 
15-0000	Computer and Mathematical Occupations	0
17-0000	Architecture and Engineering Occupations	1 
19-0000	Life, Physical, and Social Science Occupations	0
21-0000	Community and Social Service Occupations	0
23-0000	Legal Occupations	0
25-0000	Education, Training, and Library Occupations	0
27-0000	Arts, Design, Entertainment, Sports, and Media Occupations	0
29-0000	Healthcare Practitioners and Technical Occupations	0
31-0000	Healthcare Support Occupations	0
33-0000	Protective Service Occupations	0
35-0000	Food Preparation and Serving Related Occupations	0
37-0000	Building and Grounds Cleaning and Maintenance Occupations	0
39-0000	Personal Care and Service Occupations	0
41-0000	Sales and Related Occupations	1 
43-0000	Office and Administrative Support Occupations	2 
45-0000	Farming, Fishing, and Forestry Occupations	0
47-0000	Construction and Extraction Occupations	0
49-0000	Installation, Maintenance, and Repair Occupations	1 
51-0000	Production Occupations	3 

53-0000	Transportation and Material Moving Occupations	2	
55-0000	Military occupations	0	
99-0000	Unclassified Occupation	1	

Scenario Results - Demographics

Demographics	Change in Jobs
Female 14-18	0
Male 14-18	0
Female 19-21	0
Male 19-21	0
Female 22-24	0
Male 22-24	0
Female 25-34	1 
Male 25-34	2 
Female 35-44	1 
Male 35-44	2 
Female 45-54	1 
Male 45-54	3 
Female 55-64	1 
Male 55-64	3 
Female 65-99	0
Male 65-99	1 

Appendix A - Data Sources and Calculations

Input-Output Data

The input-output model in this report is Emsi's gravitational flows multi-regional social account matrix model (MR-SAM). It is based on data from the Census Bureau's Current Population Survey and American Community Survey; as well as the Bureau of Economic Analysis' National Income and Product Accounts, Input-Output Make and Use Tables, and Gross State Product data. In addition, several Emsi in-house data sets are used, as well as data from Oak Ridge National Labs on the cost of transportation between counties.

State Data Sources

This report uses state data from the following agencies: Nevada Department of Employment, Training and Rehabilitation, Information Development and Processing Division, Research and Analysis Bureau

Emails:

Diane Dastal - Impact Studies

From: "Beverly Williams" <beverlywilliams@teamsters986.org>
To: "ddastal@doc.nv.gov" <ddastal@doc.nv.gov>
Date: 9/27/2017 10:01 AM
Subject: Impact Studies

Good Morning Diane,

Per your request to have an Impact Study done on the three (3) companies that will be presenting an overview of the their businesses at the Industrial Program meeting this quarter I have reached out to the International Brotherhood of Teamsters headquarters. For the three (3) companies Erickson Framing NV, LLC, Terra Firma Organics Inc., and Sewing Collection Inc. our findings show that Teamsters do not present any of these three (3) companies.

Beverly

Beverly J. Williams
Business Representative
Teamsters Local 986 LV
300 Shadow Lane
Las Vegas, NV 89106
702-385-0995 x207 office
702-266-5418 cell
702-385-4410 fax

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Diane Dastal - RE: impact study needed

From: Marcel Schaerer <marcelfschaerer@business.nv.gov>
To: Diane Dastal <ddastal@doc.nv.gov>
Date: 9/13/2017 8:00 AM
Subject: RE: impact study needed

Good morning Diane,

We reviewed the cited NRS and did an analysis of your request. I was informed that our former director Bruce Breslow also addressed this issue with Corrections. Under the NRS, the Department of Business & Industry (B&I) is not responsible for performing the impact studies for the referenced businesses. We're simply one of their potential contacts for due diligence in getting the information that might help them perform those impact studies.

B&I is willing to provide relevant available information within its areas of responsibility that might assist Corrections in performing its impact studies. Unfortunately, in this instance, (1) B&I does not track data associated with items 1 or 2; and (2) B&I has no basis on which to provide data or information for items 3 and 4, given none of the three firms listed by Corrections appear to be in an industry regulated by B&I. The Nevada Secretary of State is a recommended source, and given that DETR is the department with state responsibility for employment, training and rehabilitation issues, and tracks company and employment data by NAICS codes, DETR would be a better source for the information Corrections is seeking.

If we can be of further assistance, let us know.

Marcel F. Schaerer
Deputy Director - Las Vegas
Department of Business & Industry
3300 W Sahara Avenue, Suite 425
Las Vegas, NV 89102
[\(702\) 486-4492](tel:7024864492)
www.business.nv.gov



**Nevada Department of
Business and Industry**

Facilitating business in Nevada

From: Diane Dastal [ddastal@doc.nv.gov]
Sent: Thursday, September 07, 2017 3:02 PM
To: Marcel Schaerer <marcelfschaerer@business.nv.gov>
Subject: RE: Impact study needed

Thank you so much!