State of Nevada
Governor's Finance Office
Division of Internal Audits

Audit Report

Nevada Department of Corrections
Mental Health Services

DIA Report No. 20-04
November 7, 2019

EXECUTIVE SUMMARY
Nevada Department of Corrections

Objective: Improve Oversight of Mental Health Services

Establishing performance measures will ensure NDOC Mental Health Services (MHS) comply with the National Commission on Correctional Health Care standards, help reduce recidivism with targeted programs for mental health inmates and potentially benefit the state by $2.7 million.

NDOC does not have performance measures for MHS to monitor the success of its programs. Performance measurement data is not collected, analyzed, or used by NDOC to measure the effectiveness of the mental health programs, including evidence based programs. As a result, NDOC cannot determine or measure the success of its mental health programs and the effectiveness of state funding for inmates with mental health diagnoses.

We found that NDOC's recidivism rate among mental health inmates that participated in its evidenced based programs was 22%. We estimate it costs the state $12.1 million to house and care for these inmates. In 2018, the Pew Charitable Trust study reported recidivism rates dropped by 23% in 23 states that have implemented evidence based programs. When NDOC's evidence based program is functioning as designed, a reduction in recidivism rates similar to those attained by other states that have implemented evidence based program could be possible.

Establishing a coordinated relationship with other state agencies and community partners will ensure inmates have continuity of care after being discharged into the community and benefit the state by approximately $1.6 million.

NDOC creates a Primary Release Plan (PRP) for inmates 90 days before they are released and re-enter into the community. NDOC does not measure the effectiveness of its PRPs. We reviewed weekly data for three months during calendar year 2019. Seventeen PRPs (2%) per week were not submitted by NDOC as required per their administrative regulations. Additionally, 65 PRPs (7%) per week were deemed nonviable and denied by Parole and Probation and new plans had to be created. P&P determines PRPs are nonviable if housing arrangements are inadequate.

We found on average 65 inmates were waiting for release an average of 125 days past their parole eligibility date due to nonviable PRPs prepared by NDOC. By consulting P&P regarding housing arrangements before finalizing any proposed PRP, NDOC would avoid PRPs being deemed nonviable. Coordinating with P&P at the start of the PRP would ensure PRPs are viable and reduce time inmates wait to be released.

Inmates with mental health illnesses require additional care and follow up as they reintegrate into the community. For the period January 2018 through August 2019, more than 31% of inmates released from prison received no post release supervision or case management in the community. Of this total, approximately 7% were mental health inmates. As these inmates are released into the community, most are released without any support other than their initial PRP.

State resources such as Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS) provide mental health treatment and could help bridge the gap from incarceration to integration into the community. NDOC does not partner or work with NNAMHS and SNAMHS to ensure continuity of care for inmates after being released. Other community partners also have resources to support inmates with mental illnesses reintegrate into the communities.

Federal audits show working with community partners helps reduce recidivism and recommends the Bureau of Prisons (BOP) expand work with community partners to ensure continuity of care for inmates released into the community. The audits credit continuity of care as part of the reason for BOP's reduction in its recidivism rates.

INTRODUCTION

At the direction of the Executive Branch Audit Committee, the Division of Internal Audits conducted an audit of the Nevada Department of Corrections. Our audit focused on Mental Health Services. The audit's scope and methodology, background, and acknowledgements are included in Appendix A.

Our audit objective was to develop recommendations to:

- ✓ Improve oversight of Mental Health Services.

Nevada Department of Corrections Response and Implementation Plan

We provided draft copies of this report to the Nevada Department of Corrections (NDOC) for its review and comments. NDOC's comments have been considered in the preparation of this report and are included in Appendix B. In its response, NDOC accepted our recommendations. Appendix C includes a timetable to implement our recommendations.

NRS 353A.090 requires within six months after the final report is issued to the Executive Branch Audit Committee, the Administrator of the Division of Internal Audits shall evaluate the steps NDOC has taken to implement the recommendations and shall determine whether the steps are achieving the desired results. The administrator shall report the six month follow-up results to the committee and NDOC.

The following report (DIA Report No. 20-04) contains our *findings, conclusions,* and *recommendations*.

Improve Oversight of Mental Health Services

The Nevada Department of Corrections (NDOC) can improve oversight of Mental Health Services by:

- Establishing performance measures for Mental Health Services, and
- Establishing coordinated relationships with other state agencies and community partners.

Improving oversight of Mental Health Services will help ensure compliance with national standards; promote reintegration for inmates with mental illness into the community upon release; reduce recidivism; and potentially benefit the state $4.3 million annually.

Establish Performance Measures for Mental Health Services

NDOC should establish performance measures to assess the success of its mental health programs for inmates. Performance measures will ensure Mental Health Services (MHS) comply with the National Commission on Correctional Health Care (NCCHC) standards; help reduce recidivism with targeted programs; and potentially benefit the state $2.7 million annually.[1,2]

No Performance Measures for Mental Health Services

NDOC does not have performance measures for MHS to monitor the success of its programs. Performance measurement data is not collected or used by NDOC to measure the effectiveness of the mental health programs, including evidence based programs.[3] As a result, NDOC cannot determine or measure the success of its mental health programs and the effectiveness of state funding to support inmates with mental health diagnoses. NDOC MHS staff stated they have limited resources to track and monitor performance goals and measures; however, in 2019 Legislative Session, NDOC was approved for one statistician position to support data analysis and may be available to assist with mental health service data requirements.

[1] The National Commission on Correctional Health Care (NCCHC) is an independent, non-profit organization whose mission is to evaluate and develop policy and programs for a variety of fields. NCCHC is widely recognized for its standards for health services in correctional facilities. NCCHC is supported by major national organizations representing the fields of health, law and corrections. Supporters include: American Bar Association; American Medical Association; and American College of Correctional Physicians.

[2] Appendix D – Annual cost savings for mentally ill inmates that recidivate.

[3] An evidence based program is a program that has been rigorously evaluated based on sound theory informed by research and shown to successfully rehabilitate inmates and reduce recidivism.

Mental Health Data Not Tracked or Analyzed

NDOC maintains data on the general inmate population in the Nevada Offender Tracking Information System (NOTIS). This data includes inmate medications, treatment information, inmate movement between correctional facilities, and initial screening information. Even though mental health data is available in the NOTIS system, there is no effort to extract this data to analyze and assess the effectiveness of mental health programs.

The Prison Medical Division collects and analyzes data for all prisoners being treated in its medical facilities, such as number of inmates served and chronic disease treatments. Data specific to inmates with mental illness are not separately tracked or analyzed. For example, the number of inmates with mental illness that have been prescribed psychotropic medication is not obtainable through the system without going through inmates' individual charts.[4] Some psychotropic medications can be used to treat certain non-mental health conditions and some non-psychotropic medications can be used to treat certain mental health conditions.[5] NDOC could determine effectiveness and costs of using psychotropic medications in its mental health programs by tracking those inmates with mental illness receiving psychotropic medication.

Recidivism Rates of Inmates with Mental Health Issues Not Being Tracked

NDOC reports the three-year recidivism rate for Nevada is 29%. In 2018 a Pew Charitable Trust study reported the three-year recidivism rates in 23 states among inmates released in 2005 and 2012 decreased 23% over seven years as a result of evidenced based programs.[6]

No Goals Established to Measure Recidivism

NDOC implemented evidenced based programs as part of their mental health services to help reduce recidivism. However, NDOC did not establish goals or measures to determine if the programs are reducing recidivism.

Although NDOC has data on the total inmate population in its NOTIS system, NDOC does not calculate the recidivism rates for mental health inmates. We requested information to compute the recidivism rates of mental health inmates

[4] Psychotropic drugs are licensed psychoactive drug taken to exert an effect on the chemical makeup of the brain and nervous system. Thus, these medications are used to treat mental illnesses. Usually prescribed in psychiatric settings, these medications are typically made of synthetic chemical compounds.

[5] Other uses include for example antihistamines used to treat allergies and suvorexant to treat insomnia are considered psychotropic medications.

[6] Pew Charitable Trusts is a non-governmental organization dedicated to research and public policy. Pew Charitable Trusts (2018) *The Changing State of Recidivism: Fewer People Going Back to Prison.*

who participated in the evidence based programs. To calculate the recidivism rate, we obtained 2016 data for the three years for which recidivism information is available. We reviewed 20 of NDOC's evidenced based programs and analyzed recidivism rates of mental health inmates; 153 out of 700 (22%) mentally ill inmates who participated in the programs recidivated. Additionally, 25% of mentally ill inmates who did not participate in the programs recidivated.

We estimate it costs the state $12.1 million to house and care for these inmates.[7] NDOC is not tracking or analyzing information regarding the recidivism rates of mental health inmates to modify programming to achieve better results and reduce costs.

No Continuous Quality Improvement Program

NDOC does not have a continuous quality improvement program for MHS or a quality improvement committee to oversee MHS. The NCCHC quality improvement program identifies health care aspects to be monitored, helps implement and monitor corrective action when necessary, and helps determine the effectiveness of the corrective action plans. In addition, NCCHC recommends use of the following quality performance measures in evaluating mental health care programs:

- Accessibility – measures access to care (sick call, medication services, intake processing and intra-system transfers);
- Appropriateness of care – medical professional training and certification;
- Continuity of care – identifies pre-existing conditions and follow up;
- Effectiveness – measures clinical outcomes of mental illness;
- Efficiency – measures the costs of treatment;
- Quality of clinician-patient interaction – measures clinician attentiveness and communication skills; and
- Safety – identifies concerns of the physical environment such as suicide risks.

These performance measures are recommended for major mental health service areas such as: intake processing, primary care, medication services, and basic mental health services. A monitoring system is needed to log and track the success of the programs. Performance measurement is essential in determining if evidenced based programs are achieving program goals and objectives.

[7] Appendix D – Annual cost to house and care for mentally ill inmate.

Framework Exists to Reduce Recidivism Among Mental Health Inmates

The Government Accountability Office reports a framework exists to reduce recidivism and promote recovery among inmates with mental illness.[8,9] The framework calls for correctional agencies to assess individuals' recidivism risk and substance abuse and mental health needs, and target treatment to those with the highest risk of offending. Substance Abuse and Mental Health Services Administration developed guidance which specifically requires correctional facilities to: collect and analyze data to evaluate program performance; identify gaps in performance; and plan for long-term sustainability. NDOC does not collect and analyze data to evaluate performance, identify gaps in performance, and plan for long-term sustainability of its mental health programs.

No Evidence Based Program Goals And Results Not Measured

NDOC implemented evidence based programs; however, there are no evidence based program goals established specifically for the mental health services. In addition, evidence based program data is not collected or analyzed to measure the results of the program.

No Goals Established to Measure Evidence Based Programs' Effectiveness

NDOC implemented evidenced based programs in 2017 in accordance with their strategic plan to help reduce recidivism but did not establish goals to measure the effectiveness of its programs on mentally ill inmates. When NDOC's evidence based programs are functioning as designed, a reduction in recidivism rates similar to those attained by other states that have implemented evidence based programs could be possible; however, without measurement, NDOC cannot determine if its programs are achieving desired goals.

Based on the current recidivism rates of mental health inmates, we estimate a 5% decrease in the current mental health recidivism rate could potentially benefit the state by $2.7 million annually.

[8] The framework was developed by the following agencies: Council of State Governments Justice Center, Department of Justice National Institute of Corrections, Bureau of Justice Assistance, Substance Abuse and Mental Health Services Administration, and other experts from correctional, mental health, and substance abuse associations.

[9] Government Accountability Office (February 2018) Federal Prisons: Information on Inmates with Serious Mental Illness and Strategies to Reduce Recidivism (Publication No. GAO-18-182).

Conclusion

NDOC MHS does not have performance measures to assess the success of its mental health programs. In addition, NDOC does not collect, analyze, or review specific data regarding mental health inmates. Establishing performance measures for MHS will ensure NDOC complies with the NCCHC standards; help reduce recidivism with targeted programs for mental health inmates; and potentially benefit the state $2.7 million annually.

Recommendation

1. Establish performance measures for Mental Health Services.

Establish Coordinated Relationships with Other State Agencies and Community Partners

NDOC should establish a coordinated relationship with other state agencies and community partners to ensure inmates have continuity of care after being discharged into the community.[10] Coordinated relationships with other state agencies could benefit the state approximately $1.6 million annually. Additionally, a coordinated relationship with community partners would help ensure inmates have continuity of care after being discharged into the community.

Re-Entry Plans Are Inadequate

NDOC creates a Primary Release Plan (PRP) for inmates 90 days before they are released and re-enter into the community. NDOC's social worker meets with the inmate to set up an individualized PRP that includes enrolling in Social Security Insurance, welfare, housing, food stamps, Medicaid, as well as scheduling appointments with mental health services within the community if necessary.

The PRP is vetted by the Division of Parole and Probation (P&P) to ensure housing is viable. If the PRP is nonviable and denied, P&P's Embedded Specialists at the correctional facilities rework the PRP and help prepare inmates for release.[11] Once inmates are released to the supervision of P&P or discharged into the community, NDOC is no longer involved with the release process.

Inmates Are Waiting to be Released
Because NDOC's PRPs Are Inadequate

NDOC does not measure the effectiveness of its PRPs. We reviewed weekly data for three months during calendar year 2019. Seventeen PRPs (2%) per week were not submitted by NDOC as required by their administrative regulations. Additionally, 65 PRPs (7%) per week were deemed nonviable and denied by P&P and new plans had to be created by P&P. P&P determines PRPs are nonviable if housing arrangements are inadequate.

P&P maintains a Parole Eligibility Date report that shows when an inmate is eligible for release by correctional facility and reasons why they have not been released.[12] One reason an inmate could be waiting to be released is due to a nonviable plan. NDOC's nonviable PRPs affect the timely release of inmates.

We found on average 65 inmates per week were waiting for release an average of 125 days past their parole eligibility date due to nonviable PRPs prepared by

[10] Community partners are businesses and non-profit organizations that provide mental health services.
[11] Embedded Specialists, as outlined in NRS 213.140, help the inmate develop a plan for his or her placement upon release when the inmate's original plan is not approved by Parole and Probation.
[12] Parole Eligibility Date reports - 12 weekly listings between April 2019 through July 2019.

NDOC.[13] Having inmates waiting to be released because of inadequate PRPs costs the state approximately $1.6 million annually.[14]

NDOC would avoid PRPs being deemed nonviable and denied if they consulted with P&P on proposed housing arrangements prior to finalizing the PRP. A viable PRP could reduce time inmates wait to be released.

Partnering with Other Agencies Reduces Recidivism

Inmates with mental illness require additional care and follow up as they reintegrate into the community. For the period January 2018 through August 2019, more than 31% of inmates (3,509 of 11,100 inmates) released from prison received no post release supervision or case management in the community. Of these released inmates, approximately 7% were mental health inmates (246 inmates). These inmates are released into the community without any support other than their initial PRP. Partnering with other state agencies and community partners may allow for inmates to receive the care and follow up they require.

Department of Health and Human Services has resources such as Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS) to provide both inpatient and outpatient treatment and could help bridge the gap from incarceration to integration into the community. NDOC does not partner or work with NNAMHS and SNAMHS to ensure continuity of care for inmates after being released. Other community partners also have resources to support inmates with mental illness reintegrate into the communities such as mental health services, housing, medication, and food.

Other reports show working with community partners helps reduce recidivism. For example, the Government Accountability Office (GAO) recommends the Bureau of Prisons (BOP) expand work with community partners to facilitate continuity of care for inmates released into the community. GAO also recommends BOP implement strategies to promote direct linkages to post-release treatment and supervision agencies. GAO cites one of six selected states established a reentry program for female inmates with serious mental illness that is designed to provide continuity of care as the inmates leave prison approximately 120 days prior to the inmates' release from prison. In addition to intensive mental health treatment pre-release, the program provides inmates with access to community-based case management services post-release.[15] GAO's report credits continuity of care as part of the reason for BOP's reduction in its rates of recidivism.

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[13] We also found that on average for the period 2015 through August 2018, there were 91 nonviable PRPs. We were unable to determine how long those inmates waited to be released.

[14] 65 Average inmates per week X 2.92 (365/125 days) X 125 days X $66 Cost per inmate per day (annualized) = $1,565,850 ~ $1.6 million.

[15] The Government Accountability Office selected six states for their study: California; New York; Ohio; Texas, Virginia; and Washington.

NDOC Plans for Re-Entry Packet to Follow Inmate After Release

NDOC is currently working on a plan to create a packet of information that encompasses everything the inmate has participated in during their incarceration including mental health restrictions, programming, jobs, medications, treatments, and other additional comments.

NDOC needs to establish a communications plan with community partners to implement its re-entry packet initiative. Currently, there is limited communication between NDOC and other agencies to ensure information regarding the inmate's mental health treatment and other programming follow the inmate through re-entry and reintegration into the community to enhance continuity of care. NDOC's re-entry packet would help ensure information regarding the inmate's mental health treatment needs are communicated to other state agencies and community partners. This communication will help create coordinated efforts for continuity of care for the inmate as they reintegrate into the community. Better coordination between agencies and community partners would help ensure released inmates are getting the resources to successfully reintegrate into communities and reduce recidivism.

Conclusion

NDOC does not have coordinated relationships with other state agencies and community partners to help inmates reintegrate into the community. NDOC should establish coordinated relationships with other state agencies and community partners to ensure inmates have continuity of care after being released into the community. Establishing coordinated relationships with other state agencies could benefit the state by approximately $1.6 million annually. Additionally, establishing coordinated relationships with community partners will ensure inmates have continuity of care after being discharged.

Recommendation

2. Establish coordinated relationships with other state agencies and community partners.

Exhibit I

Summary of Audit Benefits

	Recommendation	Benefit
1	Establish performance measures for Mental Health Services.	$2.7 million annually
2	Establish coordinated relationship with other state agencies and community partners.	$1.6 million annually
	Total estimated benefit:	**$4.3 million annually**

Appendix A

Scope and Methodology, Background, Acknowledgements

Scope and Methodology

We began the audit in February 2019. In the course of our work, we interviewed management and staff and discussed processes inherent to Nevada Department of Corrections' (NDOC) responsibilities. We reviewed NDOC records for fiscal years 2018 through 2019, applicable Nevada Revised Statutes and other state guidelines. We also surveyed other states and federal agencies comparing correctional mental health care guidelines.

The audit included a compilation and detailed analysis of multiple data sets, including NDOC medical records, program records, and interviews with NDOC mental health and medical staff. We concluded fieldwork in September 2019.

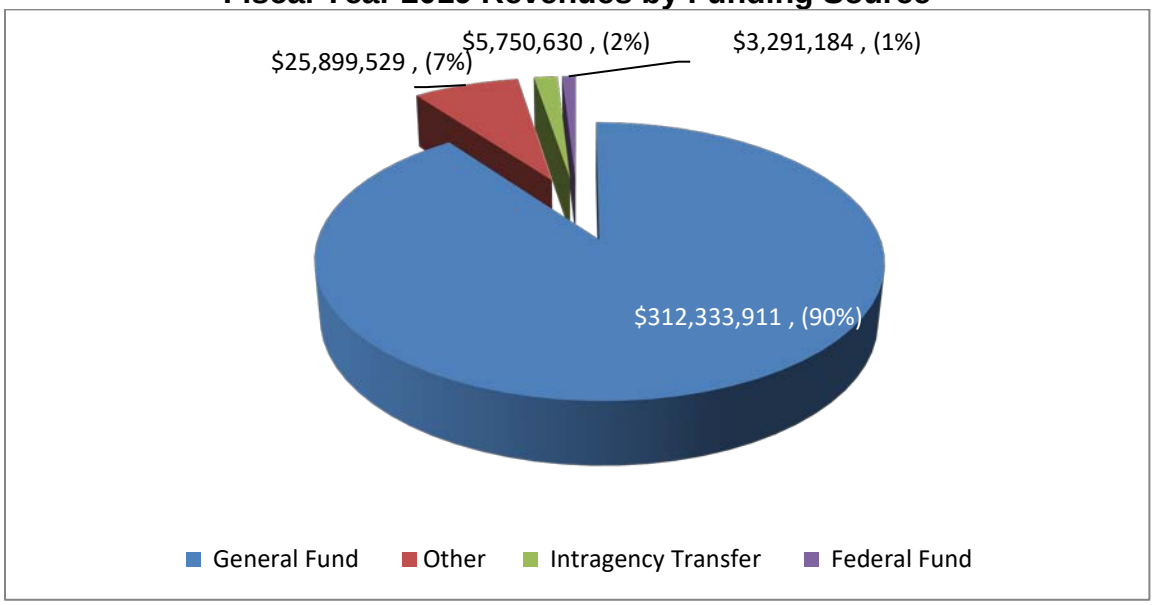
We conducted our audit in conformance with the *International Standards for the Professional Practice of Internal Auditing.*

Background

NDOC's mission is to improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into Nevada's communities. NDOC's budget for fiscal year 2019 was approximately $347 million. Exhibit II summarizes NDOC's funding sources for fiscal year 2019.

Exhibit II

Nevada Department of Corrections
Fiscal Year 2019 Revenues by Funding Source



Source: 2019 Legislatively Approved Budget.
Note:
[a] "Other" includes balance forward from prior year and appropriations.

NDOC is responsible for providing inmates with health care, including mental health care that is consistent with a level of care that would be received in the community.[16] As of August 2019, NDOC's current inmate population is about 13,300; about 2,300, or 17%, are those with mental health diagnoses. NDOC's Medical Division's fiscal year 2019 budget is $46.8 million, however, costs associated with mental health are not tracked separately.

NDOC's mental health unit is located in Carson City, Nevada at the Northern Nevada Correctional Center (NNCC). NNCC is a medium custody facility and serves as the Intake Center for the Northern Region. The Regional Medical Facility for Nevada is also located within NNCC and includes an in-patient medical and the mental health unit. In addition, NDOC has Medical Intermediate Care (MIC) and Structured Care Unit (SCU) units for those inmates whose medical and mental health situations are stable but require additional staff monitoring.

[16] Nevada Revised Statutes 209.382

Acknowledgments

We express appreciation to the Governor's Finance Office, Budget Division and NDOC staff for their cooperation and assistance throughout the audit.

Contributors to this report included:

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Appendix B

Nevada Department of Corrections
Response and Implementation Plan

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State of Nevada
Department of Corrections

October 15, 2019

Warren K. Lowman, Administrator
State of Nevada, Governor's Finance Office
Division of Internal Audits
209 East Musser Street, Suite 302
Carson City, Nevada 89701

Mr. Lowman,

Thank you for the opportunity to meet with your audit staff in pursuit of improving the accountability of Mental Health Services in the Nevada Department of Corrections (NDOC). We found your team to be courteous, thoughtful, and thorough during the entire audit process. The NDOC is in receipt of your audit team's findings and provides this response regarding the proposed actions. The NDOC will begin to explore to implement the recommendations and improve oversight of Mental Health Services. We appreciate your team's recognition that Mental Health Services provides valuable programs and care to our offenders, while providing recommendations that can further expand the development and growth to serve the mental health needs of NDOC inmates. These audit findings will help provide the framework on which to build these improvements.

Recommendation #1:
Establishing Performance Measures for Mental Health Services

The NDOC agrees with this recommendation.

The success of any program cannot be determined without goal setting and regular monitoring. Although basic monthly statistics are being calculated for our inmate participation in various mental health programs, those numbers have yielded no real value for analytic purposes.

The Nevada Offender Tracking Information System (NOTIS) functions as an electronic record keeping system for the NDOC. The program also has database capabilities which can be used to perform statistical analyses. As a result of the audit's findings, NDOC will explore the expansion of existing tools available in NOTIS while also identifying tools needed to enhance existing data collection needs. These improvements may allow a greater ability to generate various types of reports on such things as psychological examinations and psychological assessments which will ultimately lead to enhanced medical/mental health data for use by treatment teams and classification hearings. As demonstrated during the audit, statistical analyses were performed at the request of the auditors using the data in NOTIS, but delays were encountered if targeted datasets were not readily available within the system. As it takes at least three years of consistent data, the NDOC will determine and refine germane data points to perform regular reviews on Mental Health Services program efficacy especially as it relates to recidivism.

Action Plan:
A workgroup including mental health staff, statisticians, NOTIS experts, financial specialists, and executive staff will be created to delineate methods to capture relevant data to measure both program efficacy and recidivism rates. This performance measurement issue is one that the NDOC takes extremely seriously and has proactively searched out alternatives to improve our infrastructure, systems and to facilitate module upgrades to the NOTIS system. As a direct result of this audit, we will continue to search out the additional resources necessary to improve data collection and increase NOTIS capabilities that are essential to this process.

Timeline: NDOC will assemble a working group immediately. However, additional investments will be required. The agency commits to submitting a funding request with the agency requested budget by August 31, 2020. Although there are several variables that could decrease or increase the time necessary for implementation, the NDOC estimates that completion of this course of action to be by July 01, 2022.

It is also correct that Mental Health Services has not fully developed a Continuous Quality Improvement (CQI) system in place similar to those established by the Medical Division. In response to the audit recommendations, NDOC Mental Health Services is reviewing our overall capability to provide staggered monthly CQI studies that will be implemented in the following critical areas in their department:

- Mental Health Infirmary Care
- Mental Health Intakes
- Classification of the Mentally Ill
- Mental Health Staff Training
- Suicide Prevention Program
- Documentation (Proper Use of SOAPE Notes)
- Psychotropic Medication Compliance
- Static 99 Reports to Parole and Probation

Timeline: NDOC will begin implementing CQI studies within the next 90 days. However, additional investments may be required. The agency commits to submitting a funding request with the agency requested budget by August 31, 2020. Estimated time for full integration and implementation of this recommendation to be by July 01, 2022.

Programming within the NDOC is targeted to offenders measured as most at-risk to recidivate by the Nevada Recidivism Assessment System (NRAS). By utilizing evidence-based approaches that have been shown by university and independent research to be effective, our programming is specifically designed to meet our goal of reducing recidivism in Nevada. For these reasons, the combination of Nevada Risk Assessment System (NRAS) training and utilization and an inclusive culture based on Core Correctional Practices and incorporating evidence-based programming (EBP), has provided the foundation for a humane environment that incorporates proven rehabilitative initiatives to prepare offenders for successful reintegration into our communities.

The Division of Internal Audits concluded accurately that Mental Health Services programs are not regularly evaluated for treatment efficacy. The following steps have been or will be implemented:

Treatment plans for all participants.
Pre/post testing in each program to demonstrate mastery of the program content.
Review current literature to ensure programs are up to date.
Ensure all data is entered into NOTIS for statistical analysis.

Timeline: NDOC intends to have these actions implemented by the next Biennium although additional resources may be required to carry out these systematic improvements. If necessary, the agency commits to submitting a funding request with the agency requested budget by August 31, 2020. Estimated time for full integration and implementation of this recommendation to be by July 01, 2022.

Recommendation #2:
Establishing Coordinated Relationships with Other State Agencies and Community Partners

NDOC agrees with this recommendation.

While many collaborative relationships already exist, the NDOC believes that we can strengthen and better define some of these relationships while locating additional resources. Mental Health Services welcomes the opportunity to enhance existing relationships with community agencies. In an effort to improve collaborative efforts and to maximize our continuity of care for offenders with mental health needs, Mental Health Services has already incorporated the LOCUS (Level of Care Utilization System) utilized by the Nevada Department of Health and Human Services (DHHS). This assessment is specifically used as part of our mission to ensure the continuity of care for offenders upon their release and to streamline the process during the transition from the NDOC to our community partners.

Action Plan:
We will continue working with the State of Nevada Department of Parole & Probation (P&P) to ensure that they receive the adequate mental health information they will require to better supervise offenders under their care. These continuing collaborative efforts with P&P will extend to the submission of Primary Release Plans (PRP's) that are provided to P&P 90 days prior to possible re-entry of the offender into the community. The assigned staff member responsible for assisting in this re-entry process will coordinate with the P&P embedded specialists to determine a better methodology and a review of alternative options for this difficult to place segment of our population. Institutional supervisors will include reviews of these caseloads and dispositions to ensure that the timely submission of PRP's for releasing offenders is being met.

Timeline: NDOC has already begun addressing some of these issues. However, additional investments may be required. The agency commits to submitting a funding request with the agency requested budget by August 31, 2020 as needed to appropriately address the recommendations of this audit. Although community partner engagement will be a continual and ongoing process, the estimated time for full integration and implementation of this recommendation to be by July 01, 2022.

In closing, we would again like to thank you and your team for your outstanding efforts and providing the NDOC with an external review of our Mental Health Services. It was extremely beneficial to our team to see that an external agency noted the same areas of improvement that we have previously identified and are beginning to make efforts at addressing. Utilizing these recommendations, we will renew our efforts in locating the resources necessary to strengthen our infrastructure and improve our capabilities while trying to address these recommendations with resources that may currently be available. It is recognized that if the NDOC is able to maximize the effectiveness of these recommendations, the projected savings although not absorbed internally within the NDOC's budget, should be seen across the entire State of Nevada and the many agencies, municipalities and systems involved in this process which could unilaterally see the effects of a possible savings of $4.3 million dollars.

Thank you,

Kim T. Thomas, J.D.
NDOC Deputy Director, Programs

Appendix C

Timetable for Implementing Audit Recommendations

In consultation with the Nevada Department of Corrections (NDOC), the Division of Internal Audits categorized the two recommendations contained within this report into one of two separate implementation time frames (i.e., *Category 1* – less than six months; *Category 2* – more than six months). NDOC should begin taking steps to implement all recommendations as soon as possible. NDOC's target completion dates are incorporated from Appendix B.

Category 2: Recommendations with an anticipated implementation period more than six months.

Recommendation	Time Frame
1. Establish performance measures for Mental Health Services. (page 2)	Jul 2022
2. Establish coordinated relationship with other state agencies and community partners. (page 7)	Jul 2022

The Division of Internal Audits shall evaluate the action taken by NDOC concerning the report recommendations within six months from the issuance of this report. The Division of Internal Audits must report the results of its evaluation to the Executive Branch Audit Committee and NDOC.

Appendix D

Evidence Based Programs

Estimated Cost Savings

Current Costs to Care and House Inmates that Recidivated:

As of August 2019, total mental health inmate population = 2,287.

Current recidivism rate for inmates with mental illness = 22%.

NDOC's total daily inmate cost = $66.

One Year = 365 days

The cost to the state for recidivating inmates that served one year:[17]

Current annual cost = 2,287 x 22% x $66 x 365 = $12,120,643 ~ $12.1 million.

Cost Saving based on Effective Evidence Based Programs[18]

The Pew Charitable Trust Study reports a drop of 23% in recidivism rates among prisoner released 2005 compared to releases in 2012.

Based on the Pew Report, an effective evidence based program in Nevada could reduce the current recidivism rate by 5%.[19]

Annual cost based on a 17% recidivism rate = 2,287 x 17% x $66 x 365 = $9,365,951.

Estimated Annual Cost Savings

$12.1 million – $9.4 million = **$2.7 million**

[17] Cost data provided by NDOC.
[18] Pew Charitable Trust reports 10 to 20% reduction on recidivism rates based on results of evidence based programs.
[19] Calculation of new rate based on 5% reduction = 17% (22% - (22% x 23%).