

BDR 16-574

SB 351

EXECUTIVE AGENCY FISCAL NOTE

AGENCY'S ESTIMATES

Date Prepared: April 3, 2015

Agency Submitting: Nevada Department of Corrections

Items of Revenue or Expense, or Both	Fiscal Year 2014-15	Fiscal Year 2015-16	Fiscal Year 2016-17	Effect on Future Biennia
Personnel Services (Expense)		\$4,395,298	\$5,884,136	\$12,163,260
Equipment (Expense)		\$248,818		
Capital Improvement Project (construction) (Expense)		\$93,100,000		
Operating (Expense)		\$22,877	\$22,877	\$45,755
Employee Physicals (Expense)		\$28,424	\$5,685	\$11,370
Bed/Mattress Replacement (Expense)		\$55,000	\$11,000	\$22,000
Total	0	\$97,850,417	\$5,923,698	\$12,242,385

Explanation

(Use Additional Sheets of Attachments, if required)

The Nevada Department of Corrections (NDOC) has reviewed BDR 16-574 and Section 12.1 requires an offender housed in long-term isolated confinement to be evaluated by a mental health (MH) clinician at least once every 30 days and Sec. 20.4(b) for offenders placed in a MH and special needs step-down unit. Enhanced frequency of assessments from 90 days to 30 days would necessitate increased staffing levels. Sec. 12.2(b) requires the evaluation to be conducted in person and not through the door of a cell or glass wall. For outside the cell interviewing to be realized the labor force from custody would need to be enhanced to honor all segregation offenders a more private audience with the clinician. Sec. 20.1(a)(b) requires treatment plans for the offender's MH or habilitation must be developed and explained by a MH clinician or other medical staff. This will require the hiring of additional staff to perform and monitor offender compliance with the MH and behavioral goals individually noted in each plan. Sec. 20.2 will require more staff to participate in a collaborative effort between MH clinicians, other medical staff, and other officers and employees of the NDOC in the discipline process. Sec. 21.1 (a)(b) requires that a housing unit be physically separated from other housing units that would qualify as a MH and special needs step-down unit to serve long-term disciplinary segregated offenders who have been diagnosed with a MH disorder. To establish such a stand-alone housing unit one would need to be built. Sec. 21.2 (a) tasks existing MH staff with performing initial clinical assessments to determine therapeutic and habilitative needs. Sec. 21.3(a) requires at least 4 hours each day of therapeutic programs and MH treatment and Sec. 23 requires participation in a "joint case management committee". Clinical staffing numbers would need to be bolstered to perform the noted therapeutic programs and the psychological treatment requested.

Name Scott K. Sisco

Title Deputy Director

DEPARTMENT OF ADMINISTRATION'S COMMENTS

Date Thursday, March 26, 2015

Agency's response appears reasonable

Name James R. Wells

Title Director

NEVADA DEPARTMENT OF CORRECTIONS

BSR 16-574 Senate Bill No. 351

Establishes certain provisions governing the placement of offenders in isolated confinement in facilities and institutions of the Department of Corrections.

	YR 1	YR 2	Future Biennium
1-ADMIN ASSISTANT 2	\$ 38,047	\$ 51,600	\$ 108,360
1-CORRECTIONAL CASE WORK SPEC 1	\$ 69,484	\$ 91,529	\$ 192,211
1-CORRECTIONAL CASE WORK SPEC 2	\$ 75,504	\$ 99,393	\$ 208,725
1-CORRECTIONAL LIEUTENANT	\$ 84,269	\$ 110,877	\$ 232,842
11-CORRECTIONAL OFFICERS (includes shift relief)	\$ 513,810	\$ 696,795	\$ 1,463,270
2-CORRECTIONAL SERGEANTS	\$ 148,902	\$ 195,842	\$ 411,268
2-MAINTENANCE REPAIR WORKER 2	\$ 90,622	\$ 119,870	\$ 251,727
20-PSYCHOLOGIST 3 (step 5, must be licensed)	\$ 1,510,080	\$ 2,050,660	\$ 4,306,386
4-SR CORRECTIONAL OFFICER	\$ 274,388	\$ 361,120	\$ 758,352
9-SR PSYCHIATRIST (RANGE C)	\$ 1,463,679	\$ 1,934,253	\$ 3,868,506
3-THERAPEUTIC RECREATION SPEC 1	\$ 126,513	\$ 172,197	\$ 361,614
Total Personnel Cost (55 FTE)	<u>\$ 4,395,298</u>	<u>\$ 5,884,136</u>	<u>\$ 12,163,260</u>
Desktop Computer, software and surge protector	\$ 42,848		
Network Printers (1 per 10 FTE)	\$ 14,370		
2-ADA Medical Transport vans	\$ 135,110		
Office Furniture - Executive (30 FTE/2 shared work stations)	\$ 44,550		
Office Furniture - Secretarial (6 FTE)	\$ 11,940		
Total Equipment	<u>\$ 248,818</u>	<u>\$ -</u>	<u>\$ -</u>
Construction to "Maximum" Facility Standards, program and staff office space. The size of the facility would be approximately 93,000 SF for 500 single cell housing units.	\$ 93,100,000		
Operating Supplies (includes gasoline and maintenance for two medical transport vans, copy machine lease, cell phones, printing, copying, and operating supplies.	\$ 22,877	\$ 22,877	\$ 45,755
Employee Physicals (required for all CO's + subsequent turnover 18 x 19.2% = 3.46 or 3)	\$ 28,424	\$ 5,685	\$ 11,370
Bed/Mattress Replacement (500 new/20% replacement)	\$ 55,000	\$ 11,000	\$ 22,000
	<u>\$ 106,301</u>	<u>\$ 39,562</u>	<u>\$ 79,124</u>
Total	<u>\$ 97,850,417</u>	<u>\$ 5,923,698</u>	<u>\$ 12,242,385</u>

NEVADA DEPARTMENT OF CORRECTIONS
ANALYSIS OF SENATE BILL NO. 351

* Sec. 5. Approximate number of serious mental ill (SMI) offenders currently in the DOC segregation units that may qualify for this type of special housing unit (Mental Health and Special Needs Step-down Unit) would be 504 including offenders housed under maximum security conditions at Ely State Prison.

* Sec. 6.2- Currently, the DOC has no requirement for clinical mental health staff to be licensed by any state licensing boards. An exclusionary NRS allows for the hiring of unlicensed mental health staff to work inside NDOC prison and correctional centers. In order to satisfy this requirement the Department would need to grandfather in current treatment staff and attempt to hire licensed personnel for future vacancies.

* Sec. 7.5 - Severe personality disorders with the noted manifestations in this section would, by definition, not qualify for a SMI inclusion but would be characterized by behavioral problems that issue forth from a personality disorder, rather than from "episodes of psychosis or depression."

* Sec. 12.1 - This evaluation is conducted every 90 days for offenders in segregation units that are not mentally ill. Enhanced frequency of assessments to 30 days for the non-mentally ill would necessitate an increased staffing effort for this function to be more frequently participated in.

* Sec. 12.2 (b) - These evaluations happen both through the door and outside the cell in a separate interview room. For this condition of outside the cell interviewing to be realized the labor force from custody would need to be enhanced to honor all segregation offenders a more private audience with the clinician when assessing for mental health symptoms.

* Sec. 12.2 (c 1, 2, &3) - Currently, these three conditions are being routinely performed as a matter of assessment and treatment protocols within the DOC.

* Sec. 12.3 - This requirement can be achieved without additional treatment staffing.

* Sec. 15.2 (a) - This condition is in place now within the DOC and performed when clinically necessary for all offenders and would be implemented for those under the "individual plan" noted in this section.

* Sec. 20.1 (a), (b) - Treatment plans are routinely developed for individual SMI offenders in SHU locations throughout the Department as a matter of course. The amount of treatment plans that this requirement is directing to be developed may require the hiring of additional staff to perform and monitor offender compliance with the mental health and behavioral goals individually noted in each plan.

* Sec. 20.2 - To participate in a collaborative effort with other DOC staff regarding the discipline process within a forecasted mental health and special needs step-down unit, may require expanded mental health staff depending upon the number of such collaborative meetings.

* Sec. 20.4 (a), (b) - Updating treatment plans every 30 days would necessitate enhanced monitoring and increased clinical involvement that, depending upon the number of patients in treatment, would require additional mental health staff to work within the proposed mental health and special needs step-down unit.

* Sec. 21.1 (a), (b) - Currently, within the DOC there is not a housing unit that is physically separated from other housing units that would qualify as a mental health and special needs step-down unit to serve long-term disciplinary segregated offenders who have been diagnosed with a mental health disorder. To establish such a stand-alone housing unit may require the reallocation of a current housing

unit(s), the hiring of additional mental health staff to work within the designated special housing unit(s) and provide the clinical assessments that determine appropriate offender population placement and treatment.

*Sec. 21.2 (a) - Tasking existing mental health staff with performing the initial clinical assessments to determine therapeutic and habilitative needs, would require additional clinical personnel.

*Sec. 21.3 (a), (b) &(c) - Current mental health staffing numbers would not support clinical services referenced in this section. Clinical staffing numbers would need to be bolstered to perform the noted therapeutic programs and the psychological treatment requested to take place in the proposed mental health and special needs step-down unit.

*Sec. 23.1, 2, 4 (a), (b), (c) Membership and participation in a "joint case management committee" for the purposes outlined may require the presence of three separate mental health staff personnel that may require the hiring of additional staff.