Assembly Bill 2 of the 22\textsuperscript{nd} Special Session (Chapter 1, \textit{Statutes of Nevada 2005}) required the Legislative Committee on Health Care to conduct an interim study of the organizational and delivery structure of services for the treatment and prevention of substance abuse in Nevada. During the October 25, 2005, meeting of the Legislative Committee on Health Care, Senator Maurice E. Washington, Chair, appointed the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse to conduct the study.

**MEMBERS**

Assemblywoman Sheila Leslie, Chair  
Senator Joe Heck  
Senator Steven A. Horsford  
Assemblyman Joe Hardy

**MEETINGS**

The subcommittee met three times. The first meeting was held in Las Vegas, Nevada, on February 2, 2006; the second in Carson City, Nevada, on March 14, 2006; and the third in Las Vegas on April 25, 2006. All three meetings were broadcast live on the Internet and videoconferenced between the Grant Sawyer State Office Building in Las Vegas and the Legislative Building in Carson City.

**ACTIVITIES**

The Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse considered a variety of issues related to substance abuse. Following are brief summaries of the subcommittee’s activities at each of the three meetings. For more complete information, please refer to the minutes and exhibits of the meetings, available at [www.leg.state.nv.us](http://www.leg.state.nv.us).
Meeting 1: February 2, 2006

The first meeting of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse began with an overview of the subcommittee’s activities, responsibilities, and work plan. The subcommittee also heard the following testimony:

- Presentations from divisions within the Department of Health and Human Services (DHHS) that examined: (1) the transfer plan for the Bureau of Alcohol and Drug Abuse (BADA) from the Health Division to the Division of Mental Health and Developmental Services; (2) the organizational and delivery structure of the services the divisions provide for the prevention and treatment of substance abuse; and (3) the collaboration among the different divisions to provide substance abuse services;

- Presentations that examined the provision of services for the prevention of substance abuse by: The Juvenile Justice Programs Office, Division of Child and Family Services, DHHS; the Safe and Drug-Free Schools and Communities Program, Nevada Department of Education; the Office of Criminal Justice Assistance, Nevada’s Department of Public Safety; the Statewide Coalition Partnership, Dayton, Nevada; and the Nevada Substance Abuse Prevention Council, Las Vegas, Nevada;

- Presentations that examined the provision of services for the treatment of substance abuse by: The Juvenile Justice Programs Office, Nevada Division of Child and Family Services, DHHS; Nevada’s Department of Corrections; the Office of Criminal Justice Assistance, Nevada’s Department of Public Safety; the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (Nevada AADAPTS); and the Center for the Application of Substance Abuse Technologies, University of Nevada, Reno; and

- Presentations that examined the barriers people who are diagnosed with both a mental illness and a substance abuse problem face in receiving appropriate services by: The Carson City Justice and Municipal Court; the Eighth Judicial District Mental Health Court, Clark County, Nevada; the Second Judicial District Mental Health Court, Washoe County, Nevada; the Division of Mental Health and Developmental Services, DHHS; NAMI (the National Alliance on Mental Illness) of Southern Nevada; and Nevada AADAPTS.

Meeting 2: March 14, 2006

The second meeting of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse included a presentation by Carol L. Chervenak, M.D., Medical Director of the ABC House for the Linn and Benton Counties Child Victim Assessment Center in Albany, Oregon. Dr. Chervenak provided an extensive discussion of the devastating effects of methamphetamine use on individuals and families. The subcommittee also heard the following testimony:
• Presentations that examined the issues surrounding methamphetamine abuse in Nevada by: Join Together Northern Nevada; the Carson City Drug Abuse Coalition; Partnership of Community Resources; Douglas County’s Substance Abuse Prevention Coalition; Goshen Community Development Coalition; and the Investigation Division of Nevada’s Department of Public Safety;

• Presentations that examined the adequacy of services available in Nevada for incarcerated persons with substance abuse problems by: The Eighth Judicial District Drug Court, Clark County, Nevada; the Second Judicial District Drug Court, Washoe County, Nevada; the Las Vegas Metropolitan Police Department; the Washoe County Sheriff’s Office; Nevada’s Department of Corrections; and Vitality Unlimited, Elko, Nevada; and

• Presentations that examined the issues concerning children receiving county and family services because their parents or guardians have substance abuse problems by: The Washoe County Department of Social Services; the Clark County Department of Family Services; and the Division of Child and Family Services, DHHS;

Meeting 3: April 25, 2006

The third meeting of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse included a work session and the following testimony:

• Presentations that examined the barriers that pregnant women encounter in attempting to receive appropriate services for the treatment of substance abuse by: STEP 2, Inc.; the Washoe County Public Defender’s Office; CASA of Carson City; and the Perinatal Substance Abuse Prevention Subcommittee (PSAP);

• A presentation that examined the connection between methamphetamine use and technological crimes by the Advisory Board for the Nevada Task Force for Technological Crime; and

• Presentations that examined the role of faith-based organizations in the treatment and prevention of substance abuse by: The Salvation Army Adult Rehabilitation Programs in Las Vegas and Reno, Nevada; The Ridge House; and LDS Family Services.
RECOMMENDATIONS

During the subcommittee’s final meeting on April 25, 2006, the members conducted a work session and voted to forward certain recommendations to the Legislative Committee on Health Care for consideration. The subcommittee recommends that the Legislative Committee on Health Care take the following actions:

1. Request the drafting of a bill that creates the Licensed Professional Counselors (LPC) credential in Nevada. It was noted that Nevada is one of only two states that do not recognize the LPC credential. The subcommittee heard testimony about the prevalence of co-occurring disorders and the problem of individuals needing to visit with more than one counselor to have all their needs met. Licensed Professional Counselors are trained and licensed to provide a broad range of services including substance abuse and mental health counseling, which may help the efficiency and effectiveness of treatment. Concern was raised about the creation of a new licensing board for this group, and the suggestion was made to expand the jurisdiction of the licensing boards that currently exist. The subcommittee did not resolve the licensing board issue, preferring to leave such specific decisions for later discussion.

2. Request the drafting of a bill that funds a pilot program that provides a long-term residential treatment facility for substance abusers, with an emphasis on providing comprehensive prevention and treatment services and programs. The program would provide intensive case management and wrap-around services to be administered by a community-based or faith-based organization. It is the subcommittee’s expectation that such a pilot program will provide outcomes that will help establish best practices for residential treatment and prevention services in the State.

3. Request the drafting of a bill that funds comprehensive post-incarceration treatment programs to enable non-violent offenders to successfully transition back into society. The bill would provide the opportunity for more individuals to receive treatment during the transition process by providing the opportunity to be paroled sooner and receive treatment while on parole. Funding mechanisms that can be used in Nevada’s Department of Correction’s budget to increase funding for treatment should be explored so that cost savings will be maximized. For example, the bill could require Nevada’s Department of Corrections to determine the savings by releasing offenders into treatment, including money saved from not housing them in prison and any reduction in recidivism. The savings could be redistributed to pay for post-incarceration treatment for a greater number of inmates.

4. Send a letter to the DHHS to encourage the funding of Nevada’s two community triage centers in its budget for the Division of Mental Health and Developmental Services. The letter will express the committee’s support for ongoing State funding of community triage centers at least at the current level (adjusted for inflation). If triage centers are not included in the DHHS budget, the committee should request the drafting of a bill that
would continue the State’s contribution of matching funds using the same formula followed during the 2005-2007 biennium pursuant to Assembly Bill 175 (Chapter 446, Statutes of Nevada 2005).

5. Send a letter to the following medical groups: The Medical School at the University of Nevada, Reno; residency programs in Family Practice, Pediatrics, and Obstetrics/Gynecology in Nevada; the Clark County Medical Society, the Washoe County Medical Society, the Nevada State Medical Association; entities offering continuing education credits; and other relevant groups. The letter will: (1) emphasize the committee’s strong support for children to have access to diagnosis and therapy for fetal alcohol spectrum disorders (FASD); (2) highlight the need for additional professionals qualified to diagnose FASD in Nevada; (3) emphasize the importance of prevention; and (4) encourage the groups to educate their members how to diagnose FASD so doctors in Nevada will be knowledgeable and comfortable diagnosing the disorder.

The subcommittee heard testimony that there is a long waiting list in Nevada for children and adults to be diagnosed with FASD. This results in delayed therapy, and foster and adoptive parents are not eligible to qualify for additional funding unless the child has been diagnosed as having a special need. The wait for diagnosis is long because there is only one geneticist in Nevada who specializes in diagnosing FASD. It was suggested to the subcommittee that the Legislature should fund another geneticist at the University of Nevada School of Medicine, but members decided that funding one more geneticist would not sufficiently reduce the enormous waiting list that exists.

6. Send a letter to the DHHS recommending that the budget request for BADA include a formula for case load growth in funding substance abuse treatment and prevention programs. The subcommittee heard testimony that treatment programs are not able to grow with the demand for services because funding for substance abuse treatment through BADA has never included a formula for caseload growth.

7. Send a letter to the Legislative Commission’s Subcommittee to Study Sentencing and Pardons, and Parole and Probation (Assembly Concurrent Resolution No. 17, File No. 98, Statutes of Nevada 2005) emphasizing the committee’s concerns related to substance abuse treatment services for incarcerated persons. The letter will emphasize the committee’s concern for the health of inmates and acknowledge that related issues fall within the jurisdiction of the judiciary committees. The letter will encourage the A.C.R. 17 Subcommittee to examine the following concerns: (1) treatment programs for incarcerated persons have lost federal funding; (2) treatment needs to be comprehensive and of adequate time to include both in-custody and transitional services; (3) the number of inmates that receive treatment should be increased to better serve the growing number in need; (4) the system of corrections should make the treatment of substance abuse a priority; and (5) the need to expand comprehensive post-incarceration treatment and explore funding options that consider cost savings.
8. Send a letter to members of the 2007 Legislature in both houses to encourage their support of and participation in substance abuse prevention coalitions in their communities. The subcommittee heard extensive testimony about the dedicated community coalitions that are fighting methamphetamine and substance abuse throughout the State and believes the coalitions’ efforts should be supported.

**ISSUES OF CONCERN**

In addition to the recommendations listed above, at the final meeting, members voiced concern about a number of issues that they believe warrant reporting to the Legislative Committee on Health Care and further discussion:

1. The subcommittee members expressed concern regarding the lack of waiting list data and the uncertainty inherent in calculating the unmet need for substance abuse treatment in the State. Currently, publicly supported providers in Nevada are required to report waiting list data only for their priority populations (pregnant women and intravenous drug users). Public providers are not required to report on non-priority populations, and private providers are not required to report any waiting list information. The Bureau of Alcohol and Drug Abuse is planning to distribute an annual, voluntary survey to treatment providers in the State, beginning in July 2006, to gather more information about services in Nevada. The subcommittee voted to sign a letter, jointly with BADA, that will accompany the survey. The letter will request voluntary submission of data related to people seeking substance abuse treatment services in order to gain more information about the unmet need in Nevada.

2. The subcommittee members heard testimony about the need for more professionals licensed to practice substance abuse treatment in Nevada and recognize this as an important issue. As in other health fields in the State, reciprocity provisions for substance abuse counselors make it difficult for professionals who are licensed in other states to become licensed in Nevada. Members expressed interest in working with the other members of the Legislative Committee on Health Care and relevant groups to change licensing provisions to make it easier for qualified professionals to be licensed. Members also recognize the importance of protecting the health and welfare of citizens when changing licensing requirements.

3. The subcommittee members recognize the importance of substance abuse prevention strategies in the State and are concerned about the recent and anticipated losses of federal funds for prevention programs. Specifically, in Fiscal Year 2008-2009, Nevada is expected to lose the following federal funding: $150,445 due to cuts in the Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA); $3 million due to the expiration of the three-year State Incentive Grant from the Center for Substance Abuse Prevention, SAMHSA; and $171,818 due to cuts in the Safe and Drug Free Schools program from the U.S. Department of Education.
4. The subcommittee members expressed concern about the need for appropriate State funding for long-term programs that provide integrated treatment for persons with co-occurring disorders. Many current programs offer parallel treatment requiring the client to visit one counselor for their substance abuse problem and another for mental health services. The ideal treatment would integrate both mental health and substance abuse counseling to treat the whole person at once.

5. The subcommittee heard testimony about the special cognitive and long-term treatment needs that are specific to methamphetamine users and believe it essential that current, appropriate practices for methamphetamine treatment be utilized by entities providing treatment in Nevada. Members expressed concern that the most recent research on best practices for methamphetamine treatment may not be distributed to providers and used in practice as effectively as it could be. Additionally, members believe that methamphetamine use is a public health issue and that all entities that provide public health education in the State should disseminate information about methamphetamine prevention and treatment in the correspondence they already distribute to the community.

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